CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

BEHAVIORAL HEALTH TRANSFORMATION
QUALITY AND EQUITY ADVISORY COMMITTEE
MEETING #2

Date: Thursday, January 9, 2025

Time: 9:00 a.m. – 11:00 a.m. (120 minutes)

Meeting Format: Virtual

Presenters:

- **Anna Naify**, PsyD, Consulting Psychologist, BHT Quality and Equity Workstream Lead
- **Palav Babaria**, MD, Deputy Director & Chief, Quality and Medical Officer, Quality and Population, Health Management
- **David Nessim**, MD, Medical Consultant II, Program Product Owner Performance Measure Dashboards

Number of Committee Members Present: **19**

Materials:

Committee Membership Roll Call:

- Amie Miller; Present
- Brenda Grealish; Present
- Catherine Teare; Present
- Elissa Feld; Present
- Elizabeth Bromley; Present
- Elizabeth Oseguera; Present
- Jackie Pierson; Present
- Jei Africa; Present
- Julie Seibert; Present
- Kara Taguchi; Present
- Kenna Chic; Present
- Kimberly Lewis; Present
- Kiran Savage-Sangwan; Present
- Kirsten Barlow; Present
- Lishaun Francis; Present
- Lynn Thull; Present
- Marina Toulou-Shams; Present
- Noel J. O'Neill LMFT; Present

- Theresa Comstock; Present
- Albert Senella; Not Present
- Karen Larsen; Not Present
- Le Ondra Clark Harvey; Not Present
- Mark Bontrager; Not Present
- Melissa Martin-Mollard; Not Present
- Samantha Spangler; Not Present
- Tom Insel; Not Present

Agenda:

- Welcome and Opening Remarks
- Person with Lived Experience
- The Population Behavioral Health Framework
- Phased Approach to Measure Selection
- Phase One Population Level Behavioral Health Measure Selection Process
- Top-Ranked Measures for Each Goal for Reduction & Goal for Improvement
- Next Steps

Welcome and Opening Remarks

The meeting began with a welcome and opening remarks. Presenters introduced themselves and DHCS took roll call.

Person with Lived BH Experience – Jessica Grove

Jessica Grove, Deputy Director at the Department of Rehabilitation for the Policy and Resources Division, shared her powerful journey of long-term recovery from addiction, emphasizing the critical role of mental health treatment, whole-person care, and employment in sustaining recovery.

The Population Behavioral Health Framework

- DHCS presented on the importance of a full delivery system effort and highlighted the cross-system collaboration required to meet the diverse behavioral health needs of Californians.
- The approach considers the entire population, including individuals at risk of behavioral health needs, and emphasizes a coordinated delivery system.

Phased Approach to Measure Selection

- **Phase One**: Focuses on publicly available aggregate data for planning purposes. These measures help counties "know their community" and will be used for planning and resource allocation, not for accountability purposes.
- **Phase Two**: Will involve more detailed, individual-level data and will be used for accountability and enforcement.

Phase One Population Level Behavioral Health Measure Selection Process

- The measure review process has included surveys and discussions to evaluate measures based on relevance, impact, usability, comparability, public availability, and validity. Members also emphasized the importance of the ability to stratify by demographics to enable analyses of equity.
- Presenters reviewed and discussed the Population Behavioral Health Framework, the phased approach to quality and equity measurement, and proposed measures for the first five Goals for Reduction:
  - Suicides
  - Overdoses
  - Untreated Behavioral Health Conditions
  - Homelessness
  - Removal of Children from Home.

Top-Ranked Measures for Each Goal for Reduction & Goal for Improvement

- **Suicide Measures:** The top-ranked measures for suicide included the suicide death rate and non-fatal emergency department visits due to self-harm. These measures were chosen for their reliability and ability to be stratified by demographics. Committee members raised concerns about limitations on counties' funding for early intervention. A QEAC member noted the low numbers of non-fatal ED visits due to self-harm, making the data less actionable and publicly shareable. Members emphasized the importance of stratifying data by demographics to identify and address disparities effectively.
- **Overdose Measures**: For overdose, the top-ranked measures included overdose-related deaths and emergency department visits. The committee discussed the reliability of these measures and their ability to capture the impact of overdose prevention efforts. There was an emphasis on the need for timely data to respond effectively to overdose trends.
- **Untreated Behavioral Health Conditions**: Top-ranked measures include follow-up after emergency department visits for substance use and mental health, and survey data on adults with serious psychological distress who had no visits to a professional for related issues. Committee members questioned the ability to capture comprehensive data on mental health service access, including services provided by managed care plans and other systems. Members highlighted the importance of follow-up care in preventing further crises and improving long-term outcomes.
- **Homelessness Measures**: The top-ranked measures for homelessness include the point-in-time count and people accessing services from a continuum of care.

Committee members mentioned the need to avoid conflating homelessness with behavioral health issues broadly, ensuring that the measures accurately reflect the specific needs and circumstances of the homeless population. The committee discussed the challenges of capturing accurate data on homelessness and the importance of integrating housing and behavioral health services.

- **Child Welfare Measures**: The top-ranked measures for reducing the removal of children from home include the rate of children in foster care and mental health penetration rates for open child welfare cases. Committee members noted that the measure related to children in foster care may not be specific to behavioral health needs, suggesting the need for more targeted data on behavioral health service utilization. The committee emphasized the importance of ensuring that children in the child welfare system receive the necessary behavioral health services to support their well-being and stability.

Next Steps

- The team will consider all feedback received when finalizing Phase 1 measures for public comment and begin work on Phase 2.

DHCS intends to continue to engage with the technical subcommittee and the public for feedback during Phase 2