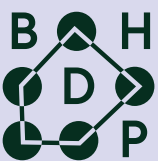
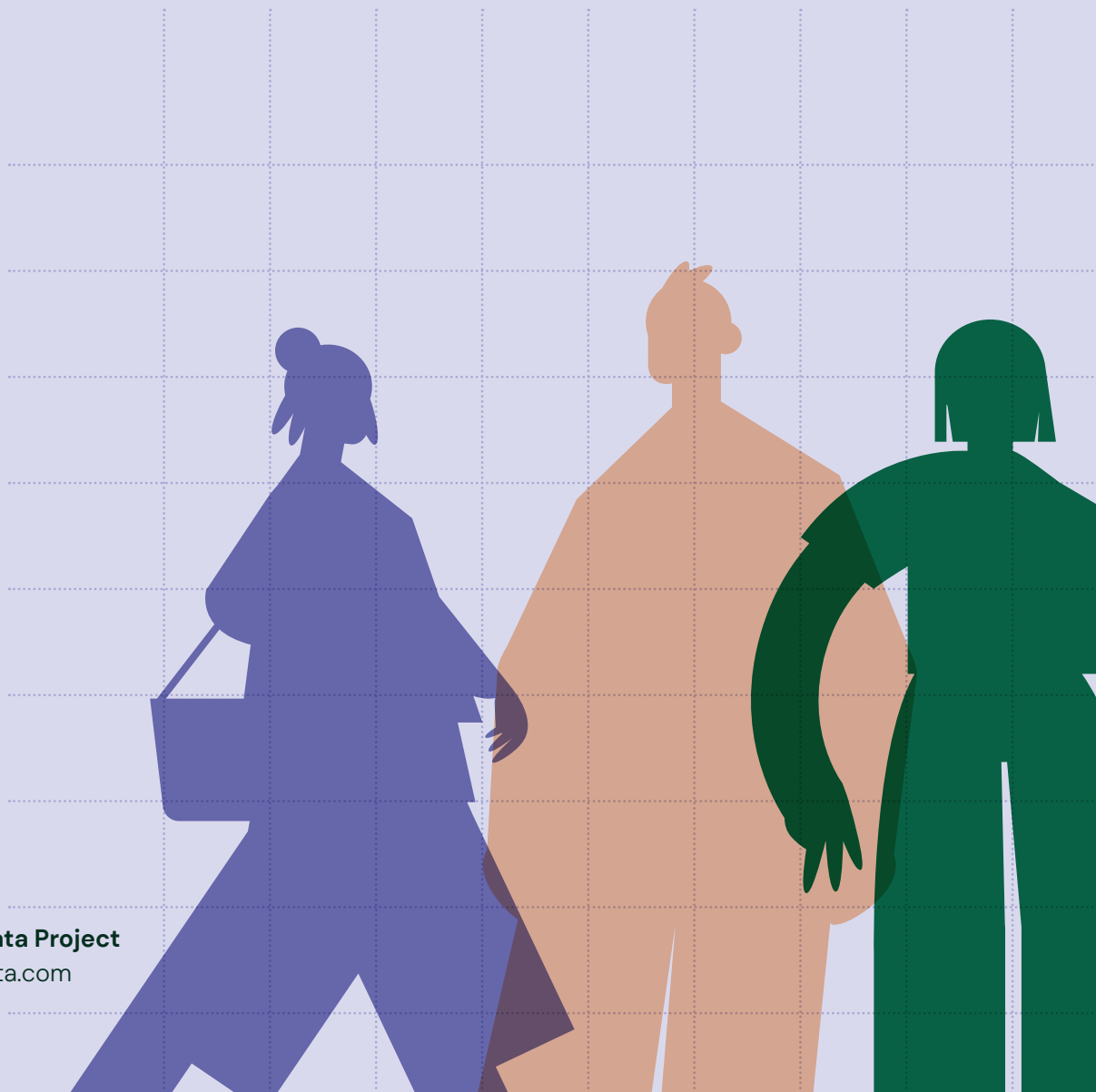


Levels of Measurement

Understanding Common Terms and Jargon in Health Care



Behavioral Health Data Project
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Introduction

California’s public behavioral health system is in the midst of a large-scale transformation effort that strives to improve the way services are provided and the way data is used to understand how well the system is performing.

California’s [Behavioral Health Transformation](#) will incorporate programmatic changes through [Behavioral Health Services Act \(BHSA\)](#), alongside other initiatives such as [BH-CONNECT](#) intended to improve public behavioral health services. At the same time, the state will revamp the way it collects and reports behavioral health data. The Department of Health Care Services (DHCS) is leading this effort in partnership with other health and human services agencies and with guidance from their [Quality and Equity Advisory Committee \(QEAC\)](#). DHCS is taking a phased approach to implementing data related changes, beginning with a “population health” approach in Phase 1 and moving into measures that can be used to drive

accountability to [statewide behavioral health goals](#) in Phase 2. Behavioral Health Data Project and California Health Care Foundation wrote about the [pre-transformation landscape of behavioral health data](#) and proposed changes can be tracked via DHCS’ [BHSA Policy Manual](#).

As DHCS continues to communicate their vision and plans for transforming behavioral health data, it is important to establish a shared understanding of the terms and language that are used to describe how California will measure the performance of its behavioral health system moving forward.

Measuring Populations

During Phase 1 of transforming behavioral health data, DHCS will use a population health framework to share data that behavioral health plans can use to inform community planning and resource allocation.



Figure 1. Population Health in California

Population (or **population health**) measures show the status of an entire community or group of people, regardless of whether they receive services or not. Population measures can be defined by geography (e.g., “Californians” or “county residents”) or other characteristics (e.g., “people of Hispanic/Latin descent” or “older adults”) and give a high-level overview of the community’s well-being. For example, reducing overdoses is one of California’s behavioral health goals. Population health measures related to this goal might include measures like fatal and non-fatal overdose rates.

Populations are made up of individuals and population health measures are typically built by measuring characteristics and experiences of individuals within the population. **Individual** measures assess changes that a person experiences, often as a result of receiving services. Individuals may be served by multiple systems and multiple elements within each system. Individual measures may use researched or custom-developed assessment tools or surveys or may track the circumstances of a person's life. Examples of individual measures that contribute to our understanding of overdoses include changes in American Society of Addiction Medicine (ASAM) level of care assessments¹ and the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) assessment².



Goal: Reduce Overdoses	
Population Health Measures	Individual Measures
<ul style="list-style-type: none"> Fatal overdoses Non-fatal overdoses 	<ul style="list-style-type: none"> ASAM level of care TAPS score

Table 1. Population and Individual Measures Related to Overdoses

Measuring Systems

Measuring Service Delivery vs Measuring Outcomes

SERVICE DELIVERY

measures describe the types of services provided, who is served, and how services are provided. They include measures of access to care, service utilization, and the quality of services provided (for example: the time between discharge from inpatient hospitalization for substance use and the first outpatient service).

OUTCOME

measures describe what happens as a result of services. They include changes in health or social conditions at the individual or population level (for example: the number of overdose deaths for people served in the public behavioral health system).

System measures examine processes and outcomes across services with a common purpose. They often have a common regulatory structure and incorporate data from many behavioral health organizations, locations, and program or practice approaches. In California, reducing overdoses is the work of multiple systems, including public and private health care systems, and county and state-level public health agencies. Other systems, such as education, child welfare, and criminal justice also contribute to preventing overdoses.

Systems are made up of many elements, each of which can have their own measurements.

Subsystem measures address smaller systems within a larger system of care. They may be defined by a source of payment, type of service, or criteria for eligibility.

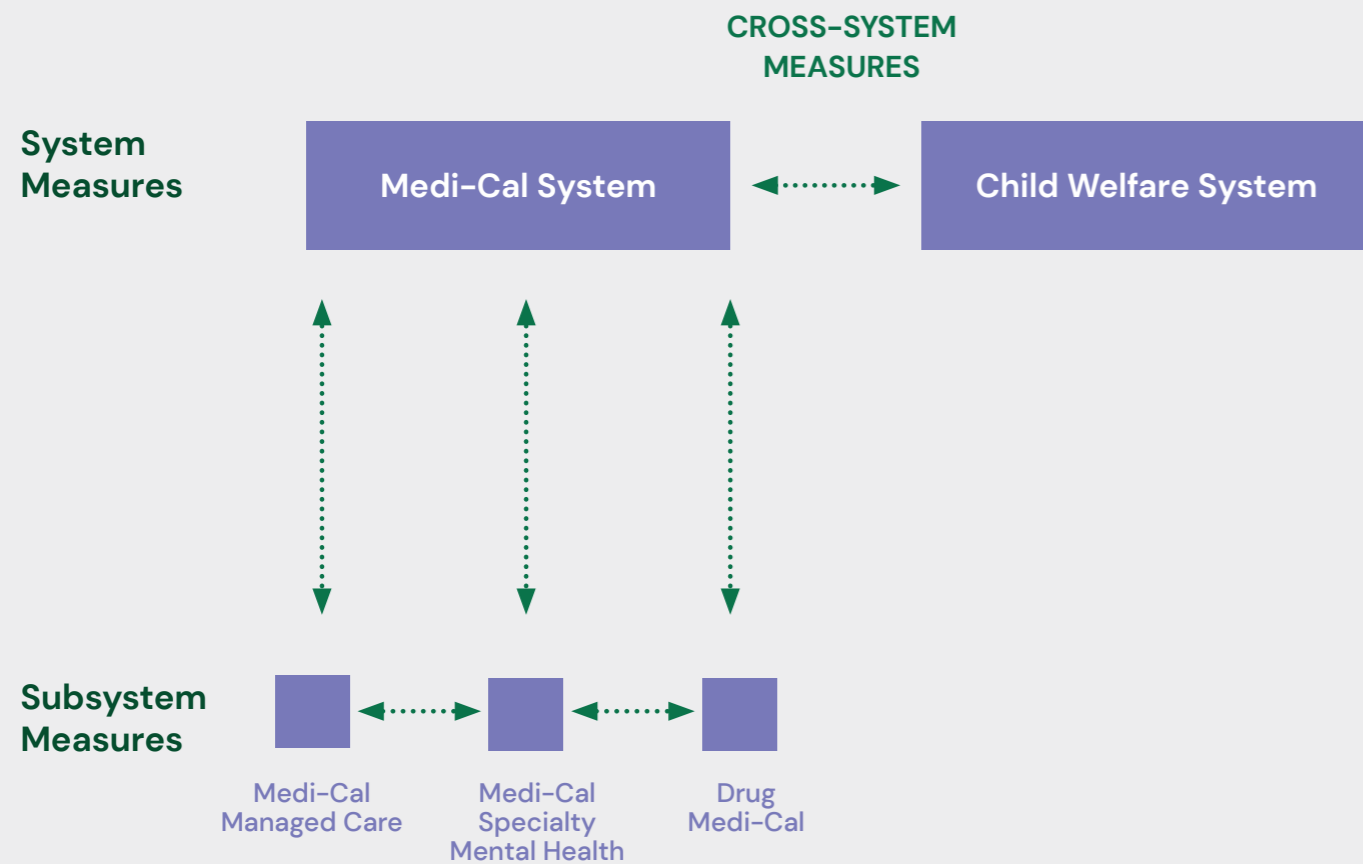


Figure 2. System, Subsystem, and Cross-System Measures

For example, the public behavioral health system for reducing overdoses includes subsystems like Medi-Cal, the Behavioral Health Services Act (BHSA), and Public Health. Subsystem measures are similar to system measures but limited to populations served and services provided within the designated subsystem. They may include tracking the number of people served who visit the emergency department for substance use

or the amount of time between discharge from an inpatient setting to the individual's first outpatient service for substance use.

Cross-system measures look at how different systems or subsystems interact with one another. They often examine linkages between different types of services or coordination between different types of service providers. Some examples of cross-system measures

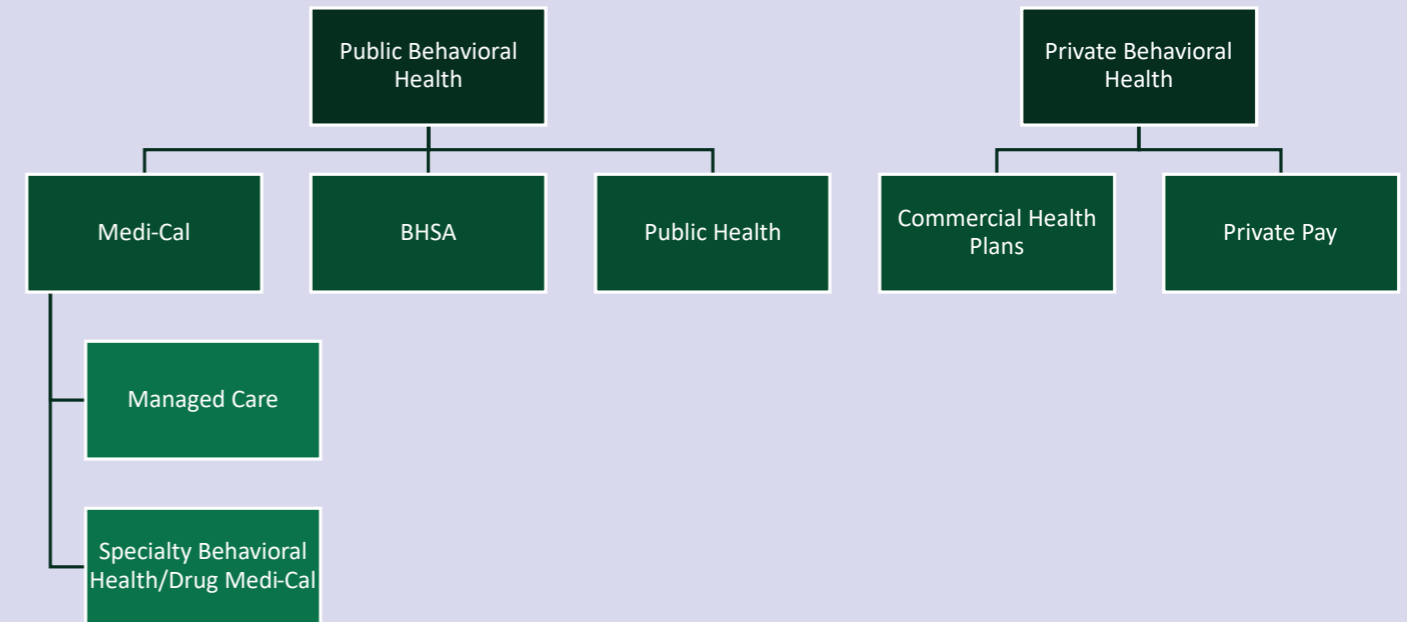


Figure 3. Systems and Subsystems Managing Overdoses Based on Funding Source

in the public behavioral health system include the time between when a Medi-Cal managed care provider identifies and substance use problem and refers someone to specialty behavioral health for residential substance use treatment and when the person begins treatment, or the number of individuals receiving substance use services who are arrested for drug-related offenses.

Systems also include specific components intended to achieve specific goals. These components may vary in size and scale and may be referred to using different terms in different settings. The descriptions below define some common terms and usages of those terms, but terms may be used somewhat interchangeably in everyday practice.

Goal: Reduce Overdoses Public Behavioral Health System		
System Measures		
<ul style="list-style-type: none"> • Percent of Medi-Cal eligible individuals screened for a substance use condition • Percent of Medi-Cal eligible individuals with at least one substance use service • Time from request for substance use services to first assessment and treatment appointment 		
Subsystem Measures		
Medi-Cal	BHSA	Public Health
<ul style="list-style-type: none"> • Number of Medi-Cal enrollees with Emergency Department visit for substance use • Time between discharge from inpatient hospitalization for substance use and first outpatient service • Number of providers implementing Motivational Interviewing to high fidelity 	<ul style="list-style-type: none"> • Number of Full Service Partners with Emergency Department visit for substance use • Time between discharge from inpatient hospitalization for substance use and first outpatient service • Number of substance use conditions identified through early intervention programs 	<ul style="list-style-type: none"> • Number and amount of Fentanyl Overdose Prevention grants awarded • Individuals reached by substance use prevention activities • Individuals reporting decreased stigma related to seeking substance use services
Cross-system Measures		
<ul style="list-style-type: none"> • Number of individuals referred from a prevention program (Public Health) to substance use services (Medi-Cal or BHSA) • Number of individuals referred from Medi-Cal Managed Care to Specialty Behavioral Health for substance use services • Number of individuals referred who engage in services • Time between referral to services and start of services • Number of individuals receiving substance use services who are arrested for a drug-related offense 		

Table 2. System, Subsystem, and Cross-System Measures Related to Reducing Overdoses

Initiative measures examine whether those goals are achieved. Some recent initiatives in California’s public behavioral health system that aim to reduce overdoses include the Children and Youth Behavioral Health Initiative (CYBHI), the Governor’s Master Plan for Tackling the Fentanyl and Opioid Crisis, and the Overdose Prevention Initiative. Initiative measures are specific to the initiative’s goals but often align with broader goals that led to the initiative’s creation. Measures for overdose prevention initiatives may include the use of substance use prevention strategies for children and adolescents, and the number of sites that have Naloxone available to reverse a potential overdose.

Programs are structural elements of behavioral health services, wherein service providers implement a defined service model. Full Service Partnerships (FSPs) and Medication Assisted Treatment (MAT) programs provide services that can help reduce overdoses. While behavioral health provider organizations often operate their own FSP and MAT programs, other programs – like Community Assistance, Recovery, and Empowerment (CARE) Court – can be implemented across organizations. Programs can be implemented within initiatives or they

can stand alone. Like initiative measures, program measures align to the program’s goals. Program measures assess processes, outcomes, and impacts of specific programs. Individuals are often enrolled in programs to receive a defined type of services. Some examples of program measures related to overdose prevention are the number of individuals enrolled in substance use programs and the number of individuals who decrease substance use while enrolled.

Behavioral health service providers often use evidence-based (EBPs) or community defined evidence (CDEPs) **practices** when serving individuals and families. EBPs and CDEPs may be implemented across an entire system or subsystem, or within specific initiatives or programs. Practice measures are typically defined by practice developers as they refine and validate the practice and reflect the experience of both providers and people being served. Practice measures track processes and outcomes associated with EBP/CDEP implementation, such as fidelity to the practice model and achievement of outcomes for which the practice was designed (for example: individuals decreasing substance use or overdoses reversed).

Goal: Reduce Overdoses Public Behavioral Health System		
Initiatives	Programs	Practices ³
<ul style="list-style-type: none"> • Children and Youth Behavioral Health Initiative (CYBHI) • Governor’s Master Plan for Tackling the Fentanyl and Opioid Crisis • Overdose Prevention Initiative 	<ul style="list-style-type: none"> • Full Service Partnerships (FSPs) • Medication Assisted Treatment (MAT) Programs • CARE Court 	<ul style="list-style-type: none"> • Motivational Interviewing • Cognitive Behavioral Therapy • Pharmacotherapy (e.g., Buprenorphine, Naloxone)
Measures		
<ul style="list-style-type: none"> • Use of substance use prevention strategies for younger children and adolescents • Number of sites with Naloxone available 	<ul style="list-style-type: none"> • Individuals in FSPs receiving substance use services • Individuals served who decrease substance use • CARE inquiries related to substance use 	<ul style="list-style-type: none"> • Fidelity to Motivational Interviewing practice • Individuals served who decrease substance use • Number of overdoses reversed using Naloxone

Table 3. Initiative, Program, and Practice Measures Related to Reducing Overdoses

²<https://www.asam.org/esam-criteria/about-the-asam-criteria>. Accessed April 18, 2025.

McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al. Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients. *Ann Intern Med*. 2016; 165:690–699. Doi: 10.7326/M16-0317

McGovern MP, Carroll KM. Evidence-based practices for substance use disorders. *Psychiatr Clin North Am*. 2003 Dec;26(4):991-1010. doi: 10.1016/s0193-953x(03)00073-x. PMID: 14711132; PMCID: PMC3678283.

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