

AB 686 (Arambula) California Community-Based Behavioral Health Outcomes and Accountability Review

The Problem

The considerable mandatory reporting requirements counties must meet demonstrate their fidelity in expending public behavioral health funds across multiple categorical funding streams and regulatory oversight entities. However, to date, no action has been taken to develop a comprehensive joint plan for a coordinated evaluation of client outcomes for the community-based behavioral health system. Currently in California, there are several significant efforts underway to support the development of measurable outcomes for Medi-Cal beneficiaries, including the Department of Health Care Services (DHCS) newly developed senior staff roles to focus on quality, disparities, and outcomes for the department; current efforts to develop outcomes under CalAIM; and the Mental Health Services Outcome and Accountability Commission's (MHSOAC) continued work on their Transparency Suite to name a few.

Although these efforts are laudable, they focus on distinct, but often interrelated aspects of the public behavioral health delivery system in siloed approaches oriented primarily around funding streams and using existing data sources. These efforts are not sufficiently coordinated to streamline reporting requirements and to ensure the most valuable data is collected and reported on a statewide basis. Furthermore, while behavioral health is certainly a crucial factor in overall health, it is also mission critical to efforts across multiple other state-funded systems where outcomes may be impacted by a lack of available behavioral health services and supports, including, but not limited to: education, social services, child welfare, public health, criminal justice and corrections, homeless services, public health, emergency response, and more.

Without a comprehensive joint plan that includes measures and outcomes across the varied funding streams which support the delivery of both mental health and substance use disorders (SUDs), any standard reporting that is conducted provides only a partial picture of the county public behavioral health system's interventions. Partial data and siloed reporting leads to misunderstandings, inaccuracies, and restricts the ability of state and local partners to align systems and funding with desired statewide outcome goals.

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Proposed Bill

Historical regulatory and payment rules render the county behavioral health safety net complex by design. County behavioral health agencies and their network of providers are responsible for providing safety net behavioral health and social services to Californians across a broad spectrum of need, including Medi-Cal, uninsured, and privately insured individuals and in coordination with multiple interrelated systems.

- This bill will increase the public and stakeholder’s understanding of the impact of the community-based public behavioral health system, and the accountability of county behavioral health agencies by developing robust statewide outcome and performance measures for adults with serious mental illness, children and youth with serious emotional disturbances, individuals with substance use disorders, and other populations served by county behavioral health.
- Under this bill, the leadership of the California Health and Human Services Agency (CHHS) will convene appropriate state agencies, legislative representatives, counties, a diverse team of subject matter experts, client and family representatives, providers, and data scientists to develop measurable and timely publicly reportable outcomes for the public behavioral health delivery system.
- This bill will build on AB 470 (Arambula, Chapter 550, Statutes of 2017) which required updates to the specialty mental health services (SMHS) performance outcomes report for Medi-Cal services. The bill is modeled after the CalWORKs Outcomes and Accountability Review Act of 2017 under which CHHS led a workgroup to establish three core outcome accountability components for CalWORKs: performance indicators, a county/city self-assessment, and a system improvement plan.
- An outcome of the plan will include identifying a standard statewide method to collect Race, Ethnicity, Language, Sexual Orientation and Gender Identity behavioral health client data, as recommended by the AB 470 Advisory Workgroup.

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Support:

County Behavioral Health Directors Association (co-sponsor)
California Council of Community Behavioral Health Agencies (co-sponsor)
California Pan-Ethnic Health Network (co-Sponsor)

Opposition:

None known