

Public Comment – Behavioral Health

Services Act (BHSA) County Policy Manual

Performance and Equity Measures

Submitted to: California Department of Health Care Services (DHCS)

Public Comment Period: April 20 – May 8

Subject Line: Feedback on Performance and Health Equity Measures

Executive Summary

These comments are submitted in response to the proposed Behavioral Health Services Act (BHSA) County Policy Manual performance and health equity measures. California's Behavioral Health Transformation initiative represents a significant statewide effort to improve transparency, accountability, equity, and data-driven decision making within behavioral health systems. As these performance frameworks are implemented, it is important that performance measurement systems are capable of reflecting actual system conditions rather than relying solely on internally generated administrative outputs. The proposed framework relies heavily on administrative data generated and reported by the same entities responsible for:

- Service delivery
- Documentation and billing
- Internal quality assurance
- Complaint intake and resolution
- Performance reporting

While administrative data is necessary for operational oversight, this structure creates inherent limitations in independent verification. As a result:

- Reported performance may reflect documentation practices rather than actual participant conditions or system functionality
- Administrative barriers and procedural inconsistencies may remain underrepresented in performance metrics
- Complaint outcomes and compliance findings may remain internally controlled with limited external visibility
- Performance benchmarks may be achieved even where unresolved participant-level

concerns or systemic compliance issues persist. These observations do not imply intentional misreporting. Rather, they identify structural limitations that may reduce the reliability of internally generated data as a standalone indicator of compliance, accountability, and actual system performance. To strengthen long-term reliability and public confidence in the Behavioral Health Transformation framework, performance measurement should be more directly connected to:

- Independent verification mechanisms
- Quality assurance findings
- Corrective action implementation
- Measurable and sustained system improvement

Performance systems are most effective when they measure not only activity and outputs, but whether identified deficiencies are meaningfully corrected over time.

I. Core Issue: Independent Verification of

Reported Performance The proposed BHSA performance framework relies primarily on administrative data generated and reported by the same systems responsible for behavioral health service delivery. Although administrative reporting systems are essential for statewide coordination and operational monitoring, reliance on internally generated data creates identifiable limitations in independent verification. When a single organizational structure is responsible for:

- Delivering services
- Producing documentation
- Conducting billing operations
- Performing internal quality review
- Managing complaint intake
- Reporting performance outcomes

performance indicators may primarily reflect internal documentation and reporting practices rather than independently validated participant experiences or operational conditions. This does not invalidate the value of administrative data. However, administrative reporting alone may not provide a fully independent or comprehensive representation of actual system conditions. As California expands statewide behavioral health accountability systems, independent validation mechanisms become increasingly important to ensure performance measures accurately reflect:

- Accessibility of services
- Participant-level barriers
- Administrative consistency
- Procedural compliance
- Corrective effectiveness
- Long-term system improvement

Without mechanisms for external or independently verifiable review, performance outcomes may appear stable even where unresolved operational or compliance concerns continue to affect participants.

II. Structural Limitation in Oversight Design

At both provider and county levels, operational and oversight responsibilities are frequently consolidated within the same administrative structure. These functions may include:

- Program operations
- Clinical documentation and billing
- Internal compliance monitoring
- Quality assurance activities
- Complaint investigation and resolution
- Performance reporting

As a result, oversight systems may rely on data and findings generated by the same organizational structures being evaluated. This creates a closed-loop oversight model in which:

- Internal systems generate performance data
- Internal systems conduct quality review
- Internal systems resolve complaints
- Internal systems report compliance outcomes
- Oversight bodies may rely primarily on these same internally generated findings

In practice, this structure may limit the ability to independently verify whether reported performance accurately reflects participant experience and operational reality. This concern is especially relevant within behavioral health systems where:

- participant vulnerability,
- access barriers,
- procedural inconsistencies,
- communication breakdowns,
- financial assessment disputes,
- technological barriers,
- and unresolved grievances

may not be fully captured through quantitative administrative metrics alone. Performance measurement systems that rely primarily on internally generated outputs risk emphasizing administrative completion rather than independently verified system effectiveness.

III. Implications for Data Reliability and

Accountability The proposed framework presents several identifiable risks if performance reporting remains heavily dependent on internally generated administrative data without integrated validation mechanisms.

A. Documentation May Not Fully Reflect Actual Conditions

Reported performance metrics may primarily reflect:

- completion of documentation,
- entered data,
- administrative processing,

- or internally defined reporting benchmarks

rather than actual participant outcomes or operational consistency. As a result, reported compliance may remain stable even where:

- participants experience unresolved barriers,
- communication failures occur,
- procedural inconsistencies persist,
- or corrective measures fail to produce meaningful improvement.

B. Administrative Barriers May Remain Underrepresented

Performance measures may not fully capture:

- delays in communication,
- scheduling inconsistencies,
- administrative confusion,
- intake or assessment barriers,
- financial process irregularities,
- virtual access issues,
- participant navigation difficulties,
- or unresolved procedural disputes.

These barriers may significantly affect participant access and continuity of care while remaining largely invisible within aggregate performance reporting.

C. Complaint Outcomes May Remain Internally Controlled

Where complaint intake, review, investigation, and resolution occur within the same organizational structure responsible for service delivery, complaint outcomes may lack sufficient external visibility. Even where oversight agencies review complaint findings, those reviews may still rely heavily on internally generated documentation and internally reported conclusions. Without additional validation mechanisms, complaint closure alone may not reliably indicate:

- whether underlying concerns were fully investigated,
- whether systemic conditions improved,
- or whether corrective measures effectively resolved identified issues.

D. Performance Metrics and Compliance Are Not

Necessarily Equivalent Performance outcomes and compliance integrity are related but distinct concepts. A system may technically meet reporting benchmarks while unresolved concerns continue to exist regarding:

- procedural compliance,
- participant rights,
- administrative consistency,
- accessibility,
- due process protections,
- or implementation of corrective actions.

Performance metrics alone may not fully reflect whether regulatory, procedural, and participant- rights requirements are being consistently upheld in practice.

IV. Relationship Between Performance

Measurement and Compliance Oversight The proposed framework appropriately emphasizes outcomes, equity measures, and system performance indicators. However, the framework does not clearly establish how verified compliance findings will interact with performance reporting. As currently structured, performance measurement and compliance oversight appear to operate largely in parallel rather than as an integrated accountability system. The framework does not clearly require performance reporting to reflect:

- substantiated deficiencies,
- unresolved compliance findings,
- corrective action implementation,
- or measurable corrective effectiveness over time.

For example, the framework does not directly assess whether:

- participant rights and due process protections are consistently upheld,
- administrative and financial procedures are implemented consistently,
- identified deficiencies result in enforceable corrective action,
- corrective action plans produce sustained improvement,
- or recurring issues continue following prior intervention.

Without formal integration between quality assurance findings and performance reporting, there is a risk that:

- performance measures may continue to appear compliant,
- while underlying operational or compliance issues remain unresolved.

In this context, quality assurance systems may function primarily as observational mechanisms unless findings are directly tied to measurable corrective accountability.

V. Considerations for Strengthening the

Framework To improve reliability, accountability, and long-term public confidence, performance measurement, quality assurance, corrective action, and compliance oversight should function as an integrated system.

1. Integration of Quality Assurance Findings Into

Performance Reporting Performance reporting should incorporate verified quality assurance findings where deficiencies are identified. Where applicable, the framework should:

- reflect substantiated findings within performance reporting,
- require implementation of corrective actions,
- monitor corrective timelines,
- evaluate sustained improvement,
- and identify recurring deficiencies following intervention.

Without this linkage, performance metrics may continue reflecting compliant outputs despite known operational concerns.

2. Establishment of Closed-Loop Accountability

The framework would benefit from a formalized feedback structure in which:

1. 2. 3. 4. 5. Quality assurance activities generate documented findings

Findings trigger corrective action plans (CAPs) CAP implementation is monitored and time-bound Outcomes are independently evaluated over time Corrective effectiveness is incorporated into future reporting This creates accountability not only for identifying deficiencies, but for demonstrating whether meaningful improvement actually occurred. A performance framework focused solely on identifying problems without measuring corrective effectiveness risks prioritizing documentation over actual resolution.

3. Increased Visibility Into Corrective Action Effectiveness

The framework should consider including public or reportable indicators related to:

- corrective action completion rates,
- repeat deficiencies following intervention,
- timeliness of corrective implementation,
- sustained improvement after remediation,
- and recurring participant-level barriers.

This would shift performance measurement from measuring administrative activity alone toward measuring actual system improvement.

4. Alignment Between Performance Measurement and

Enforcement Functions California's Behavioral Health Transformation initiative emphasizes:

- transparency,
- accountability,
- equity,
- and data-driven decision making.

To fully support these goals, performance reporting should be meaningfully connected to:

- compliance oversight,
- corrective accountability,

- and independently verifiable operational conditions.

Linking quality assurance findings and corrective action outcomes to performance reporting would:

- strengthen confidence in publicly reported outcomes,
- reduce reliance on self-reported indicators as standalone measures,
- support earlier identification of systemic issues,
- improve visibility into unresolved operational barriers,
- and strengthen long-term accountability across behavioral health systems.

VI. Closing

These comments are respectfully submitted to support the continued development of a Behavioral Health Services Act performance framework capable of promoting meaningful accountability, transparency, equity, and long-term system improvement. Performance measurement systems are most effective when they reflect conditions that can be independently evaluated and meaningfully verified. As California continues implementing Behavioral Health Transformation initiatives, integrating:

- quality assurance findings,
- corrective action effectiveness,
- independently verifiable oversight mechanisms,
- and measurable long-term improvement

would significantly strengthen both the credibility and effectiveness of statewide behavioral health accountability systems. The proposed framework represents an important opportunity to ensure that performance measurement reflects not only administrative outputs, but actual operational integrity, participant experience, and sustained system improvement over time. Respectfully submitted,

Respectfully submitted,

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Portfolio copy — public comment submitted to DHCS. Not legal advice.

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