

4/26/2026

From:

Kayla Collins

Tulare County Resident & Behavioral Health System Participant

Executive Summary

The proposed Behavioral Health Transformation (BHT) performance framework relies primarily on administrative data generated and reported by the same entities responsible for service delivery.

This creates a structural limitation in independent verification, as service delivery, documentation, quality assurance, and performance reporting may occur within the same system.

As a result:

- Reported performance may reflect documentation practices rather than actual service conditions
- Administrative barriers and participant-level issues may not be captured in performance metrics
- Complaint outcomes and compliance findings may remain internally controlled
- Performance benchmarks may be met even where underlying compliance issues persist

Without independent validation, performance data may not reliably reflect actual system conditions, limiting its effectiveness for oversight and accountability.

To strengthen the framework, performance measurement should be linked to:

- Quality assurance findings
- Corrective action implementation
- Measurable system improvement over time

I. Core Issue: Independent Verification of Reported Performance

The proposed BHT performance framework relies on administrative data generated and reported by the same entities responsible for service delivery.

While necessary for operational tracking, this structure limits independent verification. When a single entity is responsible for:

- Service delivery
- Documentation and billing
- Internal quality review
- Performance reporting

the resulting data reflects internal processes rather than independently validated outcomes.

This does not invalidate the data; however, it limits its reliability as a standalone measure of compliance or system performance.

II. Structural Limitation in Oversight Design

At both provider and county levels, key operational and oversight functions are often consolidated, including:

- Program operations
- Clinical documentation and billing
- Internal compliance and quality assurance
- Complaint intake and resolution

As a result, performance data, compliance monitoring, and grievance outcomes may all originate from the same internal systems.

This creates a closed-loop structure in which performance is evaluated using internally produced data, with limited mechanisms for independent validation. Oversight bodies may rely on this same data when assessing system performance.

III. Implications for Data Reliability and Accountability

Given this structure, the framework presents identifiable risks:

- Reported performance may reflect documentation practices rather than actual service conditions
- Administrative barriers (e.g., delays, access issues, procedural inconsistencies) may not be captured

- Complaint outcomes may remain internally controlled without consistent external visibility
- Performance benchmarks may be met even where underlying compliance issues persist

This creates conditions where reported compliance may remain stable even when participant-level barriers persist, limiting the reliability of performance data as an indicator of actual system function.

As a result, oversight decisions based solely on internally generated performance data may not fully reflect actual system conditions.

Without independent validation, performance may appear stable despite unresolved or recurring compliance concerns.

This does not indicate intentional misreporting; however, administrative data alone may not provide a complete or independently verifiable representation of system performance.

IV. Relationship Between Performance Measurement and Compliance

The framework emphasizes outputs and outcomes but does not clearly require verification that services are delivered in accordance with applicable standards.

As structured, performance measurement and compliance oversight operate in parallel, with no defined mechanism requiring performance outcomes to reflect verified compliance.

The framework does not directly assess whether:

- Participant rights and due process protections are upheld
- Administrative and financial processes follow required standards
- Identified deficiencies result in corrective action and sustained improvement

Quality assurance activities, without enforceable corrective action, function as observational rather than corrective mechanisms.

V. Considerations for Strengthening the Framework

To improve reliability and accountability, performance measurement, quality assurance, and corrective action should function as an integrated system.

1. Integration of Quality Assurance and Corrective Action

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

- Reflect findings in performance reporting
- Require corrective action
- Measure whether corrective actions result in sustained improvement

Without this linkage, metrics may reflect compliant outputs despite known deficiencies.

2. Closed-Loop Accountability

The framework would benefit from a formal feedback loop:

- Quality assurance identifies and documents findings
- Findings trigger corrective action plans (CAPs)
- CAP implementation is monitored and time-bound
- Outcomes are incorporated into future reporting

This ensures issues are resolved and measured over time.

3. Visibility into Corrective Action Effectiveness

The framework should include:

- Reporting on corrective action completion
- Evaluation of repeat deficiencies
- Inclusion of corrective action effectiveness in performance benchmarks

This shifts the model from measuring activity to measuring system improvement.

4. Alignment with Oversight and Enforcement

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

- Provide a more accurate representation of system performance
- Reduce reliance on self-reported indicators
- Support earlier identification and remediation of systemic issues

VI. Closing

These comments are submitted to support development of a performance framework that can be reliably used for oversight, accountability, and equitable system improvement.

Performance measurement is most effective when it reflects conditions that can be independently verified. Integrating quality assurance and corrective action into performance measures would strengthen both credibility and long-term effectiveness of the Behavioral Health Transformation Initiative.

Respectfully submitted,

Kayla Collins

Tulare County Resident

Behavioral Health System Participant

Portfolio copy — public comment for DHCS / Behavioral Health Transformation. Not legal advice.