

ASSEMBLY BILL

No. 686

Introduced by Assembly Member Arambula

February 16, 2021

An act to add Part 5.5 (commencing with Section 5920) to Division 5 of the Welfare and Institutions Code, relating to mental health services.

LEGISLATIVE COUNSEL'S DIGEST

AB 686, as introduced, Arambula. California Community-Based Behavioral Health Outcomes and Accountability Review.

Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. Existing law requires the Director of State Hospitals to establish a Performance Outcome Committee, which is charged with developing measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided pursuant to the act.

This bill would require the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review (CBBH-OAR) to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup to establish a workplan by which the CBBH-OAR shall be conducted and to consult on various other components of the CBBH-OAR process.

This bill would require the CHHB-OAR to consist of performance indicators, a county behavioral health agency self-assessment process, and a county behavioral health system improvement plan. The bill would require the CBBH-OAR to be completed every 3 years. The bill would require the agency or its designee to receive, review, and certify all components of county-submitted CHHB-OARs and identify and promote the replication of best practices in community-based behavioral health service delivery. The bill would require a county to fulfill any components of its county behavioral health system improvement plan that it can do with existing resources, but is not required to fulfill any components of its system improvement plan that create new costs unless funds are appropriated for this purpose in the annual Budget Act. By creating new county duties, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Part 5.5 (commencing with Section 5920) is
 2 added to Division 5 of the Welfare and Institutions Code, to read:

3
 4 PART 5.5. EVALUATION OF COUNTY BEHAVIORAL
 5 HEALTH PROGRAMS

6
 7 5920. (a) This section shall be known and may be cited as the
 8 Community-Based Behavioral Health Outcomes and
 9 Accountability Review Act of 2021.

10 (b) Pursuant to paragraph (12) of subdivision (d) of Section
 11 5845 and consistent with Section 5610, the California Health and
 12 Human Services Agency shall establish, by July 1, 2022, the
 13 California Community-Based Behavioral Health Outcomes and
 14 Accountability Review (CBBH-OAR) to facilitate a local

1 accountability system that fosters continuous quality improvement
2 in county behavioral health programs and in the collection and
3 dissemination by the agency, and the departments and other entities
4 within the agency, of best practices in service delivery. The
5 CBBH-OAR shall cover county behavioral health services provided
6 to current and former clients, and shall include the programmatic
7 elements that each county offers as part of its county behavioral
8 health service array, as well as any local program components,
9 and shall consist of performance indicators, a county behavioral
10 health agency self-assessment process, and a county behavioral
11 health system improvement plan. For purposes of this section,
12 “behavioral services” shall include mental health and substance
13 use disorder services provided by county behavioral health agencies
14 and funded through county general funds, 1991 Realignment and
15 2011 Realignment funds, federal Substance Abuse and Mental
16 Health Services Administration grants, Mental Health Services
17 Act funds, and any other source of local, state, or federal funding
18 dedicated to county mental health and substance use disorder
19 services.

20 (c) (1) (A) By October 1, 2022, the agency shall convene a
21 workgroup composed of representatives from county behavioral
22 health agencies, legislative staff, behavioral health provider
23 organizations, interested behavioral health advocacy and academic
24 research organizations, current and former county behavioral health
25 services recipients and their family members, organizations that
26 represent county behavioral health agencies and county boards of
27 supervisors, the California External Quality Review Organization,
28 the State Department of Health Care Services, the State Department
29 of Social Services, the State Department of Public Health, the
30 California Behavioral Health Planning Council, the Mental Health
31 Services Oversight and Accountability Commission, and any other
32 state entities that the agency deems relevant. The workgroup
33 members shall also include individuals with expertise related to
34 outcomes and performance measures for substance abuse disorders
35 and mental health and individuals with expertise in process and
36 outcome measures that are community-defined, culturally centered,
37 and consumer focused. The workgroup shall establish a workplan
38 by which the CBBH-OAR shall be conducted, pursuant to the
39 provisions described in this section, including a process for
40 qualitative peer reviews of counties’ behavioral health services.

1 The workgroup shall discuss potential costs for state and county
2 participation.

3 (B) The agency shall report annually to the Subcommittee on
4 Health and Human Services of the Senate Committee on Budget
5 and Fiscal Review and the Subcommittee on Health and Human
6 Services of the Assembly Committee on Budget during the budget
7 process with an update on the schedule for development of and
8 future changes to the CBBH-OAR.

9 (2) At a minimum, in establishing the work plan, the workgroup
10 shall consider existing county behavioral health performance
11 indicators being measured across various mandates, entitlements,
12 and payer types, alternative, or additional and alternative process
13 and outcome indicators to be measured, development of uniform
14 elements of the county behavioral health agency self-assessment
15 and the county behavioral health system improvement plans,
16 timelines for implementation, recommendations for reducing the
17 existing county behavioral health services data reporting burden
18 in light of new requirements established by the act that added this
19 section and the resulting CBBH-OAR, recommendations for
20 financial incentives to counties for achievement on performance
21 measures, an analysis of the county and state workload associated
22 with implementation of the requirements of this section, and, as
23 recommended as a result of the stakeholder consultation conducted
24 pursuant to Section 14707.7, a standard statewide method for
25 counties to collect race, ethnicity, language, sexual orientation,
26 and gender identity data for behavioral health clients.

27 (d) The CBBH-OAR shall consist of the following three
28 components: performance indicators, a county behavioral health
29 agency self-assessment, and a county behavioral health system
30 improvement plan.

31 (1) (A) The CBBH-OAR performance indicators shall be
32 consistent with programmatic goals for community-based
33 behavioral health delivery systems, as identified in Sections 5001,
34 5585.10, 5600, 5600.1, 5600.2, 5801, 5802, and 5851, and in
35 Section 3 of Proposition 63 (2004), and shall include both process
36 and outcome measures. These measures shall be established in
37 order to provide baseline and ongoing information about how the
38 state and counties are performing over time and to inform and
39 guide each county behavioral health agency's self-assessment and
40 system improvement plan. These measures shall include

1 performance indicators on addressing behavioral health disparities
2 and promoting behavioral health equity.

3 (i) Process measures shall include measures of participant
4 engagement, county behavioral health service delivery, and
5 participation stratified by standardized socio-demographic
6 characteristics and across payer types. Specific process measures
7 shall be established by the agency, in consultation with the
8 workgroup, and may include measures of engagement as shown
9 by improvement in program participation, timeliness of service
10 provision, rates of utilization of program components, referrals
11 and utilization of services, and shall consider existing sources of
12 these data.

13 (ii) Outcome measures shall include measures of appropriate
14 community-based interventions for adults with severe mental
15 illness, children and youth with serious emotional disturbance,
16 individuals with substance use disorders, and those at risk of these
17 conditions or at the early onset of a behavioral health condition,
18 and may include other indicators of recovery and well-being,
19 including, but not limited to, those that are culturally centered,
20 community defined, and consumer focused, as determined by the
21 agency, in consultation with the workgroup. In developing
22 recommendations for outcome measures, consideration shall be
23 given to cross-system outcome indicators related to well-being,
24 including, but not limited to, other Medi-Cal delivery systems,
25 housing status, education, employment, justice involvement, and
26 any quantifiable disparities.

27 (B) Performance indicator data available in existing county data
28 systems shall be collected by counties and provided to the agency,
29 and performance indicator data available in existing state
30 department data systems shall be collected by the agency or its
31 designee and provided to the counties. This data shall be reported
32 in a manner and on a schedule to be determined by the agency, in
33 consultation with the workgroup, but no less frequently than
34 semiannually.

35 (C) (i) During the first three-year CBBH-OAR cycle,
36 performance indicator data, as reported by each county, shall be
37 used to establish both county and statewide baselines for each of
38 the process measures. After the first review cycle, the agency shall,
39 in consultation with the workgroup, establish standard target
40 thresholds for each of the process measures established by the

1 workgroup with a specific focus on reducing behavioral health
2 disparities in underserved populations.

3 (ii) The agency, in consultation with the workgroup, shall
4 develop a process for resolving any disputes regarding the
5 establishment of standard process thresholds pursuant to clause
6 (i).

7 (D) For subsequent reviews, and based upon availability of
8 additional data from enhancements to any appropriate state data
9 collection system or through interagency data-sharing agreements,
10 the workgroup shall convene, as necessary, to consider whether
11 to establish additional performance indicators that support the
12 programmatic goals for the community-based behavioral health
13 delivery system. Any additional performance indicators established
14 shall also be subject to the process described in subparagraph (C)
15 and include consideration of when data on the additional
16 performance indicators would be available for reporting, if not
17 already available.

18 (E) If, during subsequent reviews, there is sufficient reason to
19 establish statewide performance standards for one or more outcome
20 measures, the agency may, in consultation with the workgroup,
21 establish those standards for each of the agreed-upon outcome
22 measures. In making a determination as to whether there is
23 sufficient reason to establish statewide performance standards for
24 any outcome measure, the agency shall consider whether all
25 counties could reasonably be expected to meet those standards
26 given local variability.

27 (2) (A) The county behavioral health agency self-assessment
28 component of the CBBH-OAR, as established by the workgroup,
29 shall require the county behavioral health agencies to assess their
30 performance on the established process and outcome measures
31 that comprise the performance indicators, identify the strengths
32 and weaknesses in their current practice and resource deployment,
33 identify and describe how local operational decisions and systemic
34 factors affect program outcomes, and consider areas of focus that
35 may be included in the county behavioral health system
36 improvement plan, as described in paragraph (3). The county
37 behavioral health agency self-assessment process shall be designed
38 to identify areas of best practices for replication and for system
39 improvement at the county level, and shall guide the development

1 of the county behavioral health system improvement plan, as
2 described in paragraph (3).

3 (B) (i) The county behavioral health agency self-assessment
4 process shall be completed every three years by the county in
5 consultation and collaboration with local stakeholders and
6 submitted to the agency or its designee.

7 (ii) Local stakeholders shall include county behavioral health
8 administrators, supervisors, and providers; current and former
9 county behavioral health clients; family members of county
10 behavioral health clients; county behavioral health agency partners;
11 and other community-based organizations recognized as
12 trustworthy and culturally competent. Additional specific county
13 behavioral health agency partners shall be determined by the county
14 and may include, but are not limited to, the local Medi-Cal
15 managed care plans, local office of the public guardian, the county
16 probation department, the county welfare agency, the local housing
17 continuum of care, community-based service providers, and
18 organizations that represent behavioral health recipients.

19 (3) (A) (i) The county behavioral health system improvement
20 plan shall consist of uniform elements to be developed by the
21 workgroup. It shall, at a minimum, describe how the county will
22 improve its behavioral health program performance in strategic
23 focus areas based upon information learned through the county
24 behavioral health agency self-assessment process and with a
25 particular focus on reducing behavioral health disparities in
26 underserved populations. The county behavioral health system
27 improvement plan shall be approved in public session by the
28 county's board of supervisors or, as applicable, chief elected
29 official, and submitted to the agency or its designee.

30 (ii) The county behavioral health system improvement plan
31 shall be completed every three years by the county, approved in
32 public session by the county's board of supervisors or, as
33 applicable, chief elected official, and be submitted to the agency
34 or its designee.

35 (B) The county behavioral health system improvement plan
36 shall include a peer county behavioral health services review
37 element, the purpose of which shall be to provide additional insight
38 and technical assistance by peer counties for each county.

39 (C) Strategic focus areas for the county behavioral health system
40 improvement plan shall be determined by the county, informed by

1 the county behavioral health agency self-assessment process, as
2 described in paragraph (2), with targets for improvement based
3 upon what is learned in the county behavioral health agency
4 self-assessment process.

5 (D) The county behavioral health agency shall complete an
6 annual progress report on the status of its system improvement
7 plan and shall submit these reports to the agency or its designee.
8 The agency, in consultation with the workgroup, shall develop
9 uniform elements of the progress report.

10 (e) (1) The agency or its designee shall receive, review, and,
11 based on its determination of the county behavioral health system
12 improvement plan meeting the required elements identified in
13 subparagraph (A) of paragraph (3) of subdivision (d), certify as
14 complete all county-submitted performance indicator data, county
15 behavioral health agency self-assessments, county behavioral
16 health system improvement plans, and annual progress reports,
17 and shall identify and promote the replication of best practices in
18 community-based behavioral health service delivery to achieve
19 the established process and outcome measures.

20 (2) The agency or its designee shall monitor, on an ongoing
21 basis, county performance on the measures developed pursuant to
22 subdivision (d).

23 (3) The agency or its designee shall make data collected pursuant
24 to this section publicly available on its internet website.

25 (4) The agency shall, on an annual basis, submit a report to the
26 Legislature that summarizes county performance on the established
27 process and outcome measures during the reporting period,
28 analyzes county performance trends over time, and makes findings
29 and recommendations for common county behavioral health
30 improvements identified in the county behavioral health agency
31 self-assessments and county behavioral health system improvement
32 plans, including information on common statutory, regulatory,
33 contractual, or fiscal barriers identified as inhibiting system
34 improvements and any recommendations to overcome those
35 barriers.

36 (5) (A) The agency or its designee shall facilitate the provision
37 of, and provide as appropriate, technical assistance to county
38 behavioral health agencies as part of the peer review that supports
39 the county's selected areas for improvement as described in its
40 system improvement plan.

1 (B) If, in the course of its review of county behavioral health
2 system improvement plans and annual updates, or, in the course
3 of its review of regularly submitted performance indicator data,
4 the agency or its designee determines that a county is consistently
5 failing to make progress toward its strategic focus areas for
6 improvement or is consistently failing to meet the process measure
7 standard target thresholds established pursuant to subparagraph
8 (C) of paragraph (1) of subdivision (d), the agency or its designee
9 shall engage the county in a process of targeted technical assistance
10 and support to address and resolve the identified shortcomings. If,
11 after the assistance is provided, the county continues in its failure
12 to meet its goals or performance thresholds, the agency or its
13 designee may engage in corrective action with the county.

14 (f) A county shall execute and fulfill components of its county
15 behavioral health system improvement plan that can be
16 accomplished with existing resources.

17 (g) A county shall not be required to execute and fulfill any
18 components of its behavioral health system improvement plan that
19 creates new county costs, unless funding for those costs are
20 appropriated in the annual Budget Act.

21 SEC. 2. If the Commission on State Mandates determines that
22 this act contains costs mandated by the state, reimbursement to
23 local agencies and school districts for those costs shall be made
24 pursuant to Part 7 (commencing with Section 17500) of Division
25 4 of Title 2 of the Government Code.