Building on Progress:
A Roadmap for California's Next Phase of Behavioral Health Reform

Creating a Unified Behavioral Health System for All

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EXECUTIVE SUMMARY

California has made behavioral health one of the state's defining policy priorities. Through historic initiatives, substantial reforms and unprecedented financial resources have been committed to expanding and modernizing services, strengthening infrastructure, and improving accountability.

1. SYSTEMS, SERVICES, AND FUNDING REMAIN FRAGMENTED
2. DATA IS NOT LEVERAGED TO IMPROVE CARE
3. ENFORCEMENT IS WEAK
4. THE WORKFORCE IS STRAINED

The state has now entered a pivotal new phase of behavioral health reform, marked by a new set of challenges. Landmark initiatives have the potential to fundamentally reshape how behavioral health care is financed, delivered, and evaluated — but implementation remains challenging. On top of that, the following structural challenges persist:

With billions of dollars in initiatives currently being implemented, **the state is responsible for ensuring investments deliver on their promises.**

The next phase of behavioral health reform is not simply about expanding services, creating new programs, or increasing funding — it is about ensuring these historic initiatives function together as part of a coordinated system that delivers better outcomes for all Californians with behavioral health conditions.

To build on California's progress, this roadmap recommends four executive actions that together create a more integrated, accountable, and patient-centered behavioral health system:

LEVER 1:
Launch a Statewide Behavioral Health Systems Integration Initiative to reduce fragmentation between Medi-Cal managed care plans and county behavioral health systems (including by piloting CalAIM's Full Integration Plans), establish a blueprint for shared operational infrastructure, and expand access to integrated models of care.

LEVER 2:
Establish a Statewide Behavioral Health Outcomes and Learning Strategy that makes measurement-informed care the standard of practice, strengthens statewide learning from behavioral health outcomes, and uses linked data to improve cross-system decision-making.

LEVER 3:
Modernize Accountability and Transparency by creating unified statewide frameworks for monitoring the performance of multiple systems and improving the patient experience across public and private behavioral health systems.

LEVER 4:
Develop a Statewide Behavioral Health Workforce Strategy that strengthens workforce planning across systems, strategically deploys both licensed and non-licensed professionals, and responsibly leverages emerging technologies to expand workforce capacity.

Collectively, these four executive actions provide a governing agenda for the state to build the strongest behavioral health system in the nation. Throughout this roadmap, the behavioral health system serves as the organizing center for reform. While other systems — such as housing and homelessness, criminal justice, and education — have an essential role in supporting recovery, the recommendations focus on strengthening California's behavioral health system, including by ensuring it can coordinate effectively with the other systems that influence outcomes for individuals with behavioral health conditions.

A PIVOTAL MOMENT

California's behavioral health system is undergoing a profound transformation. The past 20+ years created an era of investment that has strengthened the system and led to initiatives that have nearly tripled the amount of funding for behavioral health in the past decade. Together, these efforts resulted in the most historic period of behavioral health reform, moving the field from the margins of public policy to the forefront of the state's agenda.

BEHAVIORAL HEALTH INITIATIVES, 2000-2015

2004
Mental Health Services Act (MHSA)
Voters approve Proposition 63, the Mental Health Services Act (MHSA), which levies a 1 percent tax on all incomes over $1 million and dedicates revenues to community mental health services.

2010
Patient Protection & Affordable Care Act (ACA)
Landmark federal law that makes affordable health insurance available to more people.

2011
Realignment
California enacts its second "realignment" of mental health and substance use disorder treatment services to relieve pressure on the state General Fund.

2015
Drug Medi-Cal Organized Delivery System (DMC-ODS)
California receives federal government approval for the Drug Medi-Cal Organized Delivery System waiver, a program that provides a continuum of care and delivery for SUD treatment services.

The state's current initiatives aim to improve its systems and address persistent challenges around fragmentation, workforce shortages, funding, and accountability. California's ongoing efforts match a growing national momentum. In recent years, the federal government has elevated behavioral health as a national priority, emphasizing the importance of integrated services.

BEHAVIORAL HEALTH INITIATIVES, 2020-2025

2020

Mental Health Parity Act (SB 855, Wiener)

The strongest state parity law in the nation, co-sponsored by the Steinberg Institute and The Kennedy Forum. Requires commercial insurance to provide the same level of coverage for mental health as physical health.

2021

Children and Youth Behavioral Health Initiative (CYBHI)

Five-year, $4 billion+ investment that unites the efforts of health programs, education, and social services to expand access to mental health support for children and youth.

California Advancing and Innovating Medi-Cal (CalAIM)

A set of reforms to expand, transform, and streamline Medi-Cal service delivery and financing. The behavioral health component of CalAIM aims to improve delivery system processes, behavioral health policies, and behavioral health payment reform.

Behavioral Health Continuum Infrastructure Program (BH-CIP)

Initiative to award $2.2 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

Enhanced Care Management and Community Supports

Part of CalAIM, this statewide Medi-Cal benefit offers comprehensive care management and coordinates health and health-related care and services for eligible members with complex needs.

2022

988 Crisis Lifeline (AB 988, Bauer-Kahan)

Establishes annual funding for CA's 988 crisis continuum & connects callers to the National Suicide Prevention Lifeline.

2024

Behavioral Health Services Act (BHSA)

Voters approve the BHSA via Proposition 1. Updates the 2004 MHSA by re-focusing billions of dollars in existing funds to prioritize Californians with the worst mental health needs, living in encampments, or suffering from substance use disorder.

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)

Expands access to and strengthens the continuum of Medi-Cal behavioral health services for individuals living with significant behavioral health and substance use challenges. Includes expansion of evidence-based practices (EBPs) and initiatives to expand the behavioral health workforce.

The next governor will inherit a behavioral health system that is undoubtedly stronger than it was a decade ago. But it remains extremely complex, with structural challenges that will require creative and strategic thinking to resolve. California risks losing the progress it has made if it does not address these structural challenges:

1. Systems, services, and funding remain fragmented
2. Data is not leveraged properly to improve care
3. Enforcement is weak
4. The workforce is strained

FOUR STRATEGIC LEVERS TO DRIVE SYSTEMIC CHANGE

Lasting improvements to the behavioral health system require more than new funding and service expansions. The next phase of reform must change how the system operates and ensure the implementation of current initiatives results in better patient outcomes.

The following four strategic levers translate California's behavioral health challenges into a practical governing agenda going forward. Each recommendation identifies a specific executive action that builds upon efforts already underway, while addressing a major structural barrier preventing the state's behavioral health system from reaching its full potential.

Throughout the roadmap, patient vignettes for each strategic lever help illustrate where the current behavioral health system breaks down and how this impacts the patient experience.

Taken together, these recommendations establish a statewide agenda for ensuring California's historic behavioral health investments achieve lasting results:

1. **STRATEGIC SYSTEMS INTEGRATION**: Launch a **Statewide Behavioral Health Systems Integration Initiative** to reduce fragmentation between Medi-Cal managed care plans and county behavioral health systems (including by piloting CalAIM's Full Integration Plans) and create a more coordinated state behavioral health system for patients. This initiative should also establish an operational blueprint for integrating care delivery and technology, and expand access to evidence-based integrated models of care.

2. **LEVERAGING DATA FOR EFFECTIVE SYSTEMS:** Establish a **Statewide Behavioral Health Outcomes and Learning Strategy** that makes measurement-informed care the standard of practice, strengthens statewide learning from behavioral health outcomes, and creates a formal cross-system process for state departments to use linked data to improve policies and programs. By transforming data into a tool for continuous learning, California can improve patient care while building a smarter behavioral health system over time.

3. **ACCOUNTABILITY AND TRANSPARENCY:** Strengthen accountability by creating unified statewide frameworks that measure both **performance for multiple systems** and the **patient experience** across behavioral health systems. Public reporting, coordinated oversight, and stronger cross-department accountability should ensure that California's investments translate into timely access to high-quality behavioral health care.

4. **STRENGTHENING THE WORKFORCE:** Develop a **Statewide Behavioral Health Workforce Strategy** that strengthens workforce planning across systems, strategically deploys both licensed and non-licensed professionals, and responsibly leverages emerging technologies to increase workforce capacity. By helping the workforce work smarter — not simply grow larger — California can better meet the behavioral health needs of communities across the state.

LEVER 1: STRATEGIC BEHAVIORAL HEALTH SYSTEMS INTEGRATION

Michael's Story

One referral, two behavioral health systems

Michael begins experiencing worsening depression and anxiety and seeks help through his Medi-Cal managed care plan. He is connected to outpatient therapy, and as his symptoms become more severe, he is transitioned to his county behavioral health system for Specialty Mental Health Services based on the standard Medi-Cal screening and transition tools.

However, once Michael enters the county behavioral health system, the experience feels like starting over. He completes a new intake process, meets an entirely new treatment team, learns a different patient portal, and must once again explain his history. His primary care physician is not as closely involved in his care. Although Michael was "correctly" assigned to the appropriate delivery system, he experiences the transition as moving through two entirely separate systems rather than progressing through one continuum of care.

Under the recommendations in this roadmap, Michael's transition would be supported by shared operational infrastructure and unified financing across Medi-Cal managed care and county behavioral health. Common technology, coordinated, integrated care teams, and uniform processes and payment would allow Michael to move seamlessly across levels of behavioral health treatment as his needs change. From his perspective, the behavioral health system would function as one connected system focused on his recovery.

To break down the state's fragmented behavioral health system, the next governor should launch a **statewide strategic behavioral health systems integration initiative** to establish a unified vision for California's behavioral health system and make reducing fragmentation between Medi-Cal managed care plans and county behavioral health systems the state's next major priority.

At the clinical level, the state knows what works. In recent years, the state's major behavioral health initiatives have invested in proven, evidence-based, integrated, team-based programs like Full Service Partnerships — with fidelity to Assertive Community Treatment and Forensic Assertive Community Treatment, the Collaborative Care Model, and Coordinated Specialty Care. In addition, new programs like Enhanced Care Management and new BHSA systems planning processes provide greater service coordination and help bridge the gap to integrated care for patients by facilitating greater relationship-building across these two systems. These efforts all embody the future of behavioral health care; they

The Challenge:

Dual, fragmented behavioral health systems with different operations and financial incentives prevent integrated, team-based care from being the default experience for patients, make it harder to achieve desired outcomes through value-based payments, and impede connections to outside systems.

The Recommendation:

Launch a statewide strategic behavioral health systems integration initiative with a pilot of CalAIM's Full Integration Plans to align the state's dual public behavioral health systems around a shared vision for integrated, team-based service delivery, operational infrastructure, and financing to facilitate value-based payment.

demonstrate that behavioral health outcomes improve when care is organized around proactive outreach and engagement, multidisciplinary teams, coordinated service delivery, and whole-person care.

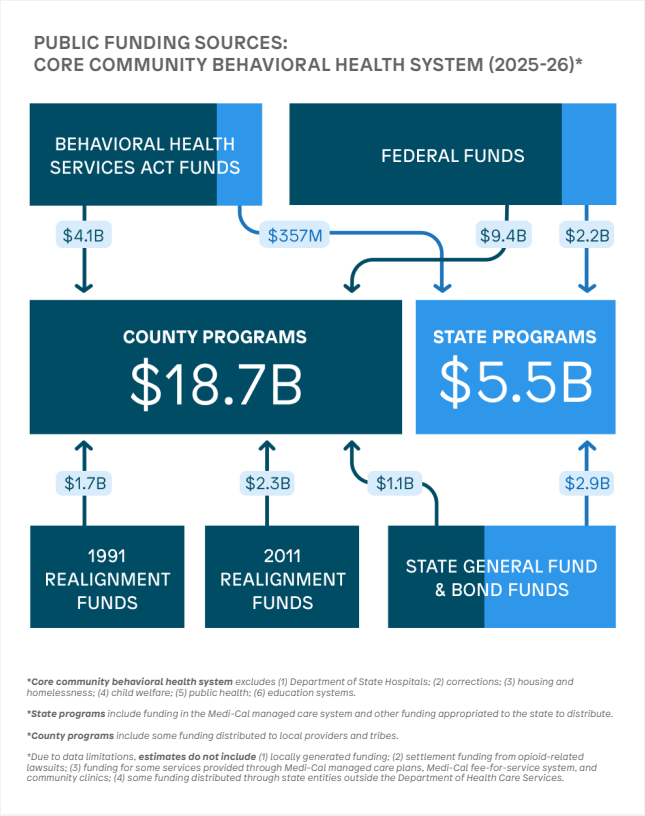
Evidence-based Clinical Models

- **Full Service Partnerships (FSP) Programs:** A California-specific "whatever it takes" intensive outpatient treatment program. Services include: therapy, psychiatry, housing assistance, employment services, money management, and 24/7 crisis response.
- **Assertive Community Treatment (ACT)**: Widely utilized intensive, community-based behavioral health care. Services include psychiatric care, substance use treatment, housing support, employment services, and crisis response.
- **Collaborative Care Model**: A team-based framework designed to treat behavioral health conditions directly in primary care settings. The team implements a measurement-guided care plan based on evidence-based practice guidelines.
- **Coordinated Specialty Care**: An evidence-based, recovery-oriented, team approach to treating early psychosis that promotes shared decision making among specialists, the person experiencing psychosis, and family members.

INTEGRATED FINANCING: THE NEXT STEP IN BEHAVIORAL HEALTH INTEGRATION

Fragmented financing contributes to the state's fragmented behavioral health system. California is unique in that Medi-Cal responsibility for behavioral health care is divided between managed care plans — that oversee physical health services and mental health services for individuals with "mild to moderate" conditions — and county behavioral health systems — that oversee specialty mental health services for serious mental health conditions and substance use disorder treatment. Adding to this fragmentation, multiple funding streams with different requirements flow into each of these two systems.

California is currently implementing significant behavioral health financing reforms: payment reform that moves counties to fee-for-service rather than cost-based reimbursement, stronger coverage requirements, bundled



payment rates, designated billing for team-based models of care and the Collaborative Care Model, and first-in-the-nation financing of housing and criminal justice-related services through Medi-Cal managed care plans. The state anticipates that these changes, among others, will help facilitate Value-Based Payment models.

These reforms mark progress, but the state must go a step further to ensure the behavioral health system truly works for patients. **The next governor should pilot CalAIM's Full Integration Plans to test whether combining Medi-Cal managed care and county behavioral health services under a single responsible entity creates stronger incentives for coordinated, team-based care and provides the foundation for future value-based payment.**

All these efforts exist within a structural divide between Medi-Cal managed care plans and county behavioral health systems. As a result, evidence-based models of care function as successful programs layered onto a fragmented system, rather than reshaping how behavioral health care is routinely delivered to patients. At the same time, financing reforms are still in the beginning stages of implementation and national politics create uncertainty for Medi-Cal funding going forward. As a result, full access to appropriate, integrated, team-based care still depends on where someone lives, what coverage they have, or whether they qualify for a specific program, rather than being the standard experience for anyone seeking behavioral health care, and dual systems of care often find themselves defending existing budgets and financing mechanisms that maximize "their" dollars rather than working together.

The state's fragmented system also hinders a unified approach to developing new behavioral health operational infrastructure made possible by new technology. Rapid advances in telehealth, digital tools, data sharing, and artificial intelligence (AI) continue to create opportunities for improving care. At the same time, issues related to equity, privacy, consent, and billing must be considered. Without a unified approach to these opportunities and issues, a siloed approach risks layering fragmented operational infrastructure on top of an already fragmented system as technology evolves.

The statewide strategic behavioral health systems integration initiative should establish integration between Medi-Cal managed care plans and county behavioral health systems as the guiding principle for the next phase of behavioral health reform. A stronger, unified behavioral health system will also be better positioned to coordinate with the other systems that influence behavioral health outcomes. As part of this initiative, the next governor should:

1. Direct the Department of Health Care Services to **pilot Full Integration Plans in select regions and counties**, testing the efficacy of combining Medi-Cal managed care and county behavioral health services under a single responsible entity as originally envisioned under CalAIM. The purpose is to assess whether behavioral health systems integration ensures that patients participate in team-based models of care that are appropriate to their needs and helps expand value-based payment models that will improve behavioral health care outcomes.

2. Direct the Department of Health Care Services to **develop and implement a unified behavioral health operational infrastructure blueprint**. The blueprint should establish a shared approach for Medi-Cal managed care plans and county behavioral health systems to develop the next generation of behavioral health infrastructure — including priorities for telehealth, digital tools, data sharing, AI, and other capabilities — ensuring that the use of technology reduces system fragmentation rather than reinforces it.
3. Establish the expectation that all state behavioral health reforms — including the implementation of existing initiatives — are designed and evaluated based on **how effectively they advance systems integration** between Medi-Cal managed care and county behavioral health.
4. Establish a statewide goal that **every Californian receiving behavioral health services is participating in an integrated, team-based model of care** appropriate to their clinical needs, making this the standard experience for patients in the behavioral health system.

By taking these bold steps, the next governor has an opportunity to cement a memorable legacy in transforming how the behavioral health system operates, is financed, and provides care to patients.

LEVER 2: LEVERAGING DATA FOR EFFECTIVE SYSTEMS

Jordan's Story

When providers don't know treatment isn't working

Jordan begins treatment for depression and regularly attends therapy appointments. Although he faithfully participates in care, his providers rely primarily on conversation and clinical judgment to assess his progress. No standardized outcome measures are routinely collected to track whether his symptoms are improving. Over several months, Jordan quietly deteriorates. By the time his worsening condition becomes apparent, he requires emergency psychiatric care that might have been prevented if his declining symptoms had been identified earlier.

Under a statewide behavioral health outcomes and learning strategy, Jordan's providers would routinely use validated outcome measures to monitor his progress and adjust treatment when improvement stalled. At the same time, the state would use aggregated outcome data to identify broader trends, continuously improve behavioral health services, and better understand how other systems influence recovery.

The next governor should establish a **statewide behavioral health outcomes and learning strategy** that guides how the behavioral health system collects, uses, and acts on data to ensure quality patient care.

The strategy should be composed of three complementary levels of learning:

1. Clinical learning
2. Behavioral health system learning
3. Cross-system learning

Together as part of a comprehensive strategy, these components help ensure that data is not used simply for reporting or compliance, but to improve decision-making at every level. Through the implementation of current initiatives, California has already built some of the architecture for data and accountability necessary to support this strategy. However, some missing pieces remain.

The Challenge:

Behavioral health data is not consistently used to improve patient care or help California learn what works across its systems of care, due to fragmented measurement and limited use of linked data.

The Recommendation:

Establish a statewide behavioral health outcomes and learning strategy that makes data a tool for clinical improvement, behavioral health system learning, and cross-system decision-making.

2.1 Clinical Learning: Establish Measurement-Informed Care as the Standard of Practice

Measurement-informed care has been found to improve clinical outcomes, strengthen patient engagement, and support more personalized care by leveraging data through validated tools to track patient outcomes over time and adjust plans as needed. However, despite the benefits of measurement-informed care for patient care, significant barriers to adopting a universal measurement tool persist:

1. While several evidence-based measurement tools exist, there is no uniform consensus on which validated tools are the most appropriate to use — especially for specific populations with unique needs.
2. Specific agencies, payors, health systems, professional associations, or accrediting bodies may have different requirements for measurement-informed care, making a uniform approach difficult to adopt.
3. The state's public behavioral health system is extremely fragmented — with split responsibility between Medi-Cal managed care plans and county behavioral health systems. Furthermore, public and commercial insurance systems are not aligned.

Measurement-Informed Care

An approach that recognizes measurement as a vital, though not exclusive, factor informing behavioral health treatment decisions.

It is a collaborative process that involves using reliable tools for repeated clinical measurements of user-reported outcomes and/or biometric indicators. The patient and provider regularly monitor progress to identify areas for improvement and make better-informed decisions about treatment plans and interventions.

At the clinical level, California's behavioral health providers should routinely use measurement-informed care as the standard of practice. The next governor should direct the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance to establish measurement-informed care as the standard of practice across the behavioral health system. Notably, some behavioral health accrediting bodies have already adopted similar expectations and this would

not require the state to mandate a single, statewide measurement tool. Instead, the state should establish an expectation that all providers routinely measure outcomes using validated tools that are appropriate for the populations they serve. In the near term, the state can accelerate progress toward this goal by leveraging its leading health systems to pilot measurement-informed care and demonstrate effective implementation approaches.

As an intermediate step toward statewide adoption, the next governor should encourage leading health systems to pilot measurement-informed care with their providers. These pilots should test how measurement-informed care can integrate into routine clinical workflows, identify implementation barriers, and demonstrate how outcome data can improve treatment decisions across various measurement tools.

These efforts would provide practical lessons for statewide implementation while allowing California's largest health systems to demonstrate measurement-informed care in practice. The state should use lessons from these pilots to inform the broader statewide expectation that behavioral health providers routinely use validated tools that are appropriate for the populations they serve.

2.2 Behavioral Health System Learning: Build on California's Existing Accountability Framework

California has already begun strengthening behavioral health system learning through the BHSA, which requires county behavioral health systems to use established population-level measures to hold systems accountable for performance. Going forward, these measures provide an important foundation for understanding whether the public behavioral health system is improving access, quality, and outcomes across communities. County behavioral health systems and Medi-Cal managed care plans, in partnership with other systems and community stakeholders, are expected to use these measures for systems planning, targeting resources, and refining programs over time. They are also expected to produce intermittent reports that outline progress toward specified goals and provide transparency on the use of funding.

The next governor should build upon this foundation by ensuring that the state learns alongside counties. The next governor should direct the Department of Health Care Services to establish an annual state process that synthesizes the findings emerging from county population-level measures and translates them into statewide policy improvements. Rather than viewing the BHSA primarily as an initiative to hold county behavioral health systems accountable, California should use it as a continuous learning system for the entire state.

Each year, the state should identify trends, successful implementation strategies, and common operational barriers based on required county reporting. It should then evaluate which approaches are producing the strongest outcomes for individuals with behavioral health conditions across counties. This analysis should directly inform future state budget proposals, regulatory guidance, and technical assistance.

Through this process, the state would share responsibility for behavioral health system learning, reduce the burden on individual counties to solve complex challenges on their own, and accelerate the spread of successful practices throughout California's behavioral health system.

2.3 Cross-System Learning: Understand the Factors that Influence Behavioral Health Outcomes

Outcomes for behavioral health patients do not occur in isolation — other social factors often influence whether individuals progress in their recovery. Likewise, behavioral health conditions influence outcomes within other systems of care. Therefore, improving behavioral health outcomes requires state agencies and departments to collectively learn how their systems interact with each other.

California has already begun building some infrastructure needed to better understand these relationships. Medi-Cal Connect provides Medi-Cal managed care plans with an analytics tool to support population-health strategies for patients that interact with multiple systems, and the new statewide Data Exchange Framework provides an important mechanism for improving real-time information sharing among participating entities. Over time, these efforts can help the behavioral health system better understand how individuals with behavioral health conditions move through their care journey.

The next Governor should direct the Department of Health Care Services (as the lead), in coordination with other relevant departments, to establish a formal cross-department learning process that routinely uses linked, cross-system data to evaluate how systems collectively serve individuals with behavioral health conditions. State departments responsible for other systems that serve this common population should regularly collaborate to identify growth opportunities for interoperability, examine available linked data, and identify opportunities for improvement within their respective systems to better serve individuals with behavioral health conditions. These findings should be incorporated into their systems planning, policy development, state budget requests, and operational decisions.

By establishing a statewide governance process for cross-system learning — not simply cross-system data sharing — the next governor can ensure that investments in data infrastructure become a shared resource for improving outcomes across the entire state government, while enabling departments to strengthen their own efforts to serve Californians with behavioral health conditions.

LEVER 3: ACCOUNTABILITY AND TRANSPARENCY

Emily's Story

Unenforced insurance laws push a patient out of treatment

Emily has employer-sponsored health insurance and decides to seek treatment for her worsening depression and anxiety. She visits her plan's online provider directory and finds several therapists accepting new patients.

She calls provider after provider, only to discover that many of the online listings are inaccurate. Some providers are no longer in her network, others have closed their practices, and most aren't accepting new patients. After weeks of searching, she still cannot secure a timely appointment.

Desperate for help, Emily decides to schedule an appointment with an out-of-network therapist. During the session, the therapist explains that California law requires insurers to cover out-of-network care

when no in-network options are available. Emily submits a coverage request to her insurance, along with detailed logs of her failed attempts to find an in-network provider.

Weeks later, her request is denied. The notice offers no explanation for the decision, no guidance on how to overturn it, and no clear point of contact. After hours on the phone with various representatives, Emily manages to begin an appeal, only to be met with extensive documentation requests, conflicting deadlines, and different points of contact for submission—a process that took hours to navigate.

While the appeal is pending, Emily is forced to choose between paying entirely out of pocket—which costs upwards of $200 per session—or stopping therapy. Faced with mounting expenses, she decides to forgo treatment, leaving her worsening depression and anxiety untreated.

Emily's experience highlights the gap between policy and reality: California has the nation's strongest mental health coverage laws, yet people still can't access care. Without an enforcement framework that holds insurers accountable through transparent processes and strong, centralized technical assistance for providers and patients, the behavioral health system is only functional on paper. To accomplish the state's North Star of accountability and transparency, the state must design a rigorous enforcement framework with unified authority across payors, systems, agencies, and departments.

3.1 Accountability and Transparency for System Performance

To ensure true accountability and transparency, the next governor should establish a **California Behavioral Health Performance Dashboard** that consolidates measures across behavioral health and healthcare (for both public and commercial payors), housing and homelessness, criminal justice, education, and other systems. By leveraging real-time data sharing, this dashboard will properly reflect the reality that people with behavioral health conditions interact with multiple systems — a reality that current state efforts do not capture.

California has already prioritized improving system transparency to build public trust. Two key initiatives — the BHSA and BH-CONNECT — introduce population-level measures to assess county performance, along with publicly available dashboards to provide a previously nonexistent level of transparency. At the same time, a broader Medi-Cal Comprehensive Quality Strategy will provide the framework for holding Managed Care Plans accountable.

The Challenge:

California's accountability frameworks are fragmented and enforcement is siloed — making it almost impossible to see how our different systems work together and how patients interact with multiple systems of care.

The Recommendation:

Develop a California Behavioral Health Performance Dashboard that consolidates linked data across all systems of care into a unified public accountability framework — leveraging real-time data sharing to track how individuals move across systems over time.

These efforts represent an important shift away from measuring activities in silos and toward understanding whether behavioral health systems are actually improving the lives of Californians.

But it must go further. California's accountability frameworks remain fragmented, and enforcement is spotty. County behavioral health systems, Medi-Cal managed care plans, commercial insurers, health systems, housing and homelessness agencies, criminal justice systems, and schools are held accountable through different reporting structures and separate enforcement bodies. While these serve important purposes on their own, they make it impossible to understand how well these systems are performing collectively to achieve positive outcomes for common individuals.

Developing a unified dashboard bridges this gap by requiring state agencies and departments to collaborate on a single framework of linked measures. As data sharing capabilities improve, the state can finally track how an individual interacts with multiple systems over time and whether those systems collectively improve outcomes.

Today's dashboards ask:

"How did a county behavioral health system perform?"

Tomorrow's dashboards will ask:

"How has someone's quality of life been impacted as they moved across systems?"

Ultimately, the North Star should be a statewide agenda and governance framework that allows policymakers, providers, individuals seeking care, and the public to see a linked set of system and individual-level outcomes.

The next governor must establish cross-system accountability as a core governing principle. Just as every sector of care must work together, learn together, and be financed together, they must also be held accountable together. Only a unified framework will allow us to achieve this vision.

3.2 Accountability and Transparency for the Patient Experience

Any Californian seeking behavioral health care deserves to access treatment when and where they need it. To ensure this, the next governor should establish a **California Behavioral Health Patient Experience Initiative**. This initiative should create a consistent framework to monitor and address systemic barriers — such as unavailable providers, inaccurate directories, delays in care, eligibility hurdles, or service denials — according to a common set of expectations across both public and private behavioral health systems. The initiative should also establish a statewide implementation and technical assistance function that helps providers, county behavioral health departments, Medi-Cal managed care plans, commercial insurers, and other systems that serve individuals with behavioral health conditions navigate complex billing, reimbursement, contracting, and coverage requirements so that reforms operate as intended.

The Challenge:

A lack of accountability and transparency across insurers and behavioral health systems of care creates significant barriers to timely, affordable care for individuals in need.

The Recommendation:

Establish a statewide California Behavioral Health Patient Experience Initiative that creates a consistent framework to monitor and address systemic barriers across all public and private behavioral health systems.

As Emily's story demonstrates, a lack of accountability and transparency leads to real barriers to care. People judge systems by whether they can find a provider, schedule an appointment, or receive services

when and where they need them. Although Medi-Cal and commercial insurance operate under different oversight frameworks, people in and across multiple systems continue to face persistent challenges related to access, network adequacy, and timely access to care.

Currently, specific oversight and enforcement mechanisms differ across behavioral health systems. While these distinct regulatory structures serve different administrative purposes, they leave patients vulnerable to an experience entirely dependent on which system they're interacting with.

In many cases, barriers to care are not solely due to insufficient funding or weak laws. They are caused by financing rules, contracting requirements, billing processes, coverage policies, and department functions that are difficult to navigate and are implemented inconsistently. Guidance is frequently provided by multiple state entities with different expectations and timelines. The state should take a more active role in identifying these gaps and helping resolve them before they become barriers to care.

The next governor's Patient Experience Initiative should translate these common expectations into unified measures, implementation support, and fair enforcement actions across all levels of government. The initiative should coordinate the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance to align policy guidance, data collection, outcome reporting, and accountability efforts. It should also develop implementation guidance, identify services or billing pathways that are not functioning as intended, and ensure that state policy decisions are accompanied by practical implementation support.

Through this initiative, the state must mandate transparent complaint processes, track service denials and appeals, require standardized reporting on parity compliance, monitor whether insurers are engaging in good-faith implementation of coverage requirements, and implement automatic sanctions for plans or departments that consistently fail to meet standards. Accountability should not only identify failures after they occur — it should proactively identify and resolve the administrative barriers that prevent services from being delivered in the first place.

Centering the patient experience as a governing principle for accountability and transparency does not require identical regulatory structures across behavioral health systems. But it does require an unyielding commitment to hold systems accountable to a shared vision for what an individual's care experience should look like. Our governance must finally change to reflect that the patient comes first.

Lever 4: Workforce

Marcus's Story

The right support isn't available

Marcus is on probation and has recently begun treatment for a substance use disorder. His probation officer encourages him to connect with a Peer Support Specialist—someone who has lived experience navigating recovery and the justice system—but no specialist is available in his area. Instead, Marcus attends appointments with multiple professionals who he does not relate to and who cannot provide the practical guidance or trust that comes from shared lived experience. Feeling overwhelmed and

unsupported, he misses appointments, falls out of treatment, and violates the conditions of his probation.

Under a statewide behavioral health workforce strategy, California would strategically deploy Peer Support Specialists and other members of the behavioral health workforce where they are needed most, including justice settings. Marcus would be connected with a peer who understands his experiences, helps him navigate treatment and probation requirements, and supports him in remaining engaged in recovery.

To address the state's significant behavioral health workforce shortage, the next governor should develop a **statewide behavioral health workforce strategy**. This strategy must identify how both behavioral health workers and technology can be most effectively utilized across all systems where people with behavioral health conditions frequently interact. Moving beyond traditional siloes, this strategy will also establish an agenda to optimize the roles of culturally competent licensed clinicians, Peer Support Specialists, Behavioral Health Care Managers, Community Health Workers, and other non-licensed professionals.

The Challenge:

A systemic behavioral health workforce shortage and incomplete understanding of how to deploy workers contribute to provider burnout and gaps in care continuity across systems.

The Recommendation:

Develop a statewide behavioral health workforce strategy to identify opportunities to both train additional workers and integrate licensed clinicians, non-licensed professionals, and emerging technology to transform care delivery.

Efforts to bolster the behavioral health workforce are a major focus of the state's current behavioral health reforms. Initiatives like the BHSA and BH-CONNECT include workforce initiatives focused on training, new career pathways, recruitment, and retention. Meanwhile, the Department of Health Care Access and Information has developed workforce projections for licensed workers to guide future investments and a multiyear systems plan targeted at the county behavioral health system.

Certified Peer Support Specialist

Individuals with lived experience of mental illness and/or substance use disorder who complete a state-approved training and certification process to provide behavioral health recovery services. They work under the supervision of a behavioral health professional as part of a team-based care model.

Behavioral Health Care Manager

A licensed clinical professional who coordinates mental and behavioral health services as part of a collaborative care team (like the Collaborative Care Model). They often work in primary care or outpatient settings, serving as the main point of contact for patients receiving behavioral health support.

Over the last several years, the state has also begun expanding beyond traditional licensed clinical roles. Through Senate Bill 803 (Beall, 2020), sponsored by the Steinberg Institute, California established a formal state certification process for Peer Support Specialists. Peers are shown to be invaluable in fostering trust and improving engagement for individuals with behavioral health conditions. In addition, designated billing for the Collaborative Care Model highlights the importance of training additional Behavioral Health Care Managers to facilitate collaborative care on a statewide basis.

But, alongside the state's behavioral health workforce shortage, a critical gap remains in the organization of the workforce. Individuals with behavioral health conditions often require a broader range of support — such as

outreach and engagement, housing stabilization, and justice system navigation. These are all critical activities best performed by team-based models that place non-licensed workers where they are needed most. However, workforce development has historically focused on licensed clinical professions and traditional behavioral health care settings. While this is changing with recent reforms, California has never undertaken a comprehensive assessment of how non-licensed roles can be integrated into team-based models of care and how behavioral health workers can be deployed outside of traditional behavioral health systems.

A rapidly changing technological landscape adds another layer of complexity. The rise of telehealth has fundamentally changed how and where the workforce interacts with patients. Simultaneously, emerging technologies — including AI — offer opportunities to streamline administrative and documentation processes to reduce burnout, support care coordination across systems, and enhance care decisions.

Currently, the state lacks a unified framework that evaluates behavioral health workers and technological tools together, leaving our workforce constrained by outdated, fragmented models. To maximize the capacity and impact of California's behavioral health workforce, the next governor's strategy should focus on four key operational areas:

1. **Commission a Cross-System Functional Assessment:** Build upon existing workforce projections to evaluate workforce needs and functions beyond traditional behavioral health settings. This includes mapping exactly what specific functions — whether performed by a licensed doctor or a Peer Support Specialist — are necessary to support recovery and community integration in other systems of care.
2. **Deploy Peers and Other Non-Licensed Roles Strategically**: Formulate a dedicated strategy for embedding Peer Support Specialists and Community Health Workers outside of traditional behavioral health systems, placing them directly into housing and homelessness, criminal justice, or other systems where they can prevent individuals from falling through the cracks.
3. **Ethically Incorporate Technology:** Factor the rise of telehealth and emerging technologies — including AI tools — into the statewide mapping effort. The state must identify areas for targeted funding to purchase tools that streamline administrative paperwork, reduce worker burnout, and enhance care coordination.
4. **Review Licensure and Certification Standards for Quality Alignment:** Evaluate existing licensure and certification requirements for behavioral health workers to ensure that credentialing standards reflect the competencies and training pathways needed to develop and sustain a high-quality, accessible workforce, and streamline existing licensure and certification pathways to increase the number of behavioral health professionals.

Although shortages persist, California's workforce challenge is not simply a question of how many workers are needed. It is also a question of how those workers are organized, supported, and deployed across the entire continuum of care in a culturally competent way. By developing a workforce strategy that spans across systems, responsibly leverages technology, and elevates non-licensed professionals, the next governor can fundamentally transform care delivery.

LOOKING AHEAD:
CEMENTING THE NEXT GOVERNOR'S BEHAVIORAL HEALTH LEGACY

California has already launched the most ambitious behavioral health reforms in the nation. The challenge for the next governor is not simply to expand services and increase funding, but rather to ensure the major reforms underway work to improve outcomes for individuals with behavioral health conditions. This roadmap provides actionable recommendations to address some of our system's highest-impact challenges: integrating systems and financing, leveraging data, strengthening accountability and transparency, and optimizing the workforce. While each strategic lever is important on its own, their collective value comes from pursuing them as part of a coordinated statewide agenda.

The next governor should establish clear statewide priorities that direct systems, agencies, and departments to align on a shared understanding of success. Appointing strong leaders committed to cross-system collaboration and holding everyone involved accountable will be crucial to accomplishing these goals. Perhaps most importantly, the next governor should remain flexible — using data, on-the-ground feedback, and developing technologies to refine the statewide agenda over time.

Above all else, California's systems of care must be centered around the people they serve — not restricted by the bounds of separate systems, programs, or sources of funding.

By implementing this roadmap, the next governor can be instrumental in doing just that — and have the legacy of building the strongest behavioral health system in the nation.

West Health is dedicated to lowering health care costs and improving access to quality health care for older adults, using data, research and informed policy solutions to empower change. Learn more about West Health and our data and information platform, Mosaic — a comprehensive resource for writers, researchers, and policymakers.

The Steinberg Institute is an independent nonprofit organization dedicated to transforming California's mental health and substance use care systems. Founded over a decade ago by former Senate President pro Tempore Darrell Steinberg, the Institute has driven significant improvements in California behavioral health policy. Learn more about the Institute and Vision 2030—our initiative to reduce cycles of homelessness, incarceration, and hospitalization for people with behavioral health challenges.

The Kennedy Forum (TKF) envisions a future where mental health and addiction are treated as essential health issues — with 90% of Americans screened, 90% receiving treatment, and 90% achieving recovery. To reach 90-90-90, The Kennedy Forum engineers structural change, aligning stakeholders around consequential reform. Co-founded by former **Congressman Patrick J. Kennedy**, who co-authored the bipartisan Mental Health Parity and Addiction Equity Act, and his wife, **Amy L. Kennedy**, the nonprofit plays a distinct role as a catalyst in the field.