



BHRRP County Reporting Requirements

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Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Agenda

- » Overview of the Behavioral Health Response and Rescue Project (BHRRP)
- » Background on BHRRP county supplemental funding
- » Required data elements for supplemental funding
- » Reporting timeline
- » Questions

The Behavioral Health Response and Rescue Project (BHRRP)

- » In response to the COVID-19 pandemic, DHCS is implementing [BHRRP](#) to increase access to behavioral health care for all Californians.
- » Funded through supplemental awards to the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG).
- » Made available through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA).

Project Goals

- 1. Expand access to behavioral health care** in California through investments in prevention, crisis response, intervention and treatment, and recovery services.
- 2. Advance health equity** across the behavioral health care system by targeting the needs of the most vulnerable communities.
- 3. Inform policy decisions** through research and data analysis on the behavioral health workforce, the behavioral health continuum of care, and the overall effectiveness of BHRRP programs.

County BHRRP Supplemental Funding

- » BHRRP supplemental SABG and MHBG funding for counties to enhance and expand behavioral health programs.
- » SAMHSA requires DHCS to report certain data on expenditures and services provided under BHRRP SABG and MHBG funding.
- » Data must be collected and reported separately from the annual prime SABG and MHBG awards.

Reporting Requirements

- » Counties to report certain data elements on BHRRP SABG and MHBG expenditures.
- » If data is not available, please estimate to the best of your ability.
- » Data will be reported through a new data portal designed for BHRRP supplemental funding.
- » See BHRRP County Data Requirements document sent out to all counties/webinar registrants.

Required Data Elements for Supplemental Funding



Data Elements for SABG: Expenditures by Service*

- » Healthcare home/physical health
- » Prevention (including promotion)
- » Intervention services
- » Engagement services
- » Outpatient services
- » Medication services
- » Community support (rehabilitative)
- » Recovery Supports
- » Supports
- » Acute Intensive Services
- » Other

*See Appendix A end of presentation for greater detail on expenditure categories

Data Elements for SABG: Population and Services Reports

Count of persons served for alcohol and other drug use by:

- » Age by gender by race/ethnicity (required)
- » Pregnant women by race/ethnicity (required)
- » Age by sex at birth, gender identity, and sexual orientation (if available)

Data Elements for SABG: Other Items

- » Referrals to community supports (if available)
- » Count of persons served by treatment type (if available)
- » Count of persons served by language (if available)
- » Count of persons served who are unhoused (if available)

Data Elements for MHBG: Expenditures by Service

- » First episode psychosis
- » Prevention
- » Other 24-hour care
- » Ambulatory/community non-24 hour care
- » Administration
- » General crisis services
- » Crisis stabilization services
- » Early intervention services
- » Recovery support and/or peer services
- » Other treatment services not identified above

Data Elements for MHBG: Expenditures by Service (cont'd)

- » Non-direct services
 - » Information systems
 - » Infrastructure support
 - » Partnerships, community outreach, and needs assessment
 - » Planning Council Activities
 - » Quality assurance and improvement
 - » Research and evaluation
 - » Training and education

Data Elements for MHBG: Population and Services

Count of persons served by:

- » Age by gender by race/ethnicity (if available)
- » Pregnant women by race/ethnicity (if available)
- » Age by sex at birth, gender identity, and sexual orientation (if available)

Data Elements for MHBG: Other Items

- » Referrals to community supports (if available)
- » Count of persons served by treatment type (if available)
- » Count of persons served by language (if available)
- » Count of persons served who are unhoused (if available)

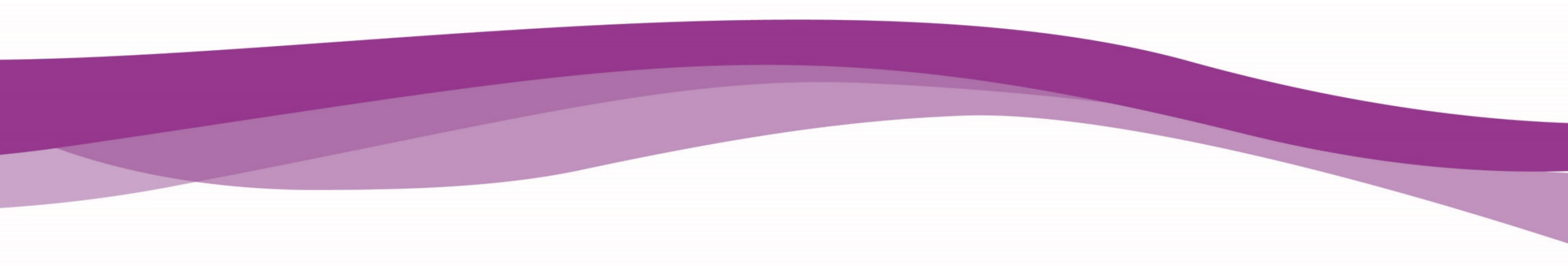
Timeline

Date	Activity
August 19, 2022	DHCS hosts webinar on County BHRRP reporting requirements
September 1, 2022	DHCS releases FAQ on County BHRRP data reporting requirements
October 1, 2022	County BHRRP data collection portal launches
October 12, 2022	DHCS hosts webinar demonstration of County BHRRP data portal
October 21, 2022	State Fiscal Year (SFY) 2022-23 Quarter 1 County BHRRP Data Due
January 20, 2023	SFY 2022-23 Q2 County BHRRP Data Due
April 21, 2023	SFY 2022-23 Q3 County BHRRP Data Due
July 22, 2023	SFY 2022-23 Q4 County BHRRP Data Due

Questions?

- » Submit your questions in writing:
 - » Type your questions in the questions box located on your GoToWebinar control panel.
 - » Send an email to BHRRP@dhcs.ca.gov.
- » DHCS will release an FAQ on September 1, 2022. DHCS will distribute the FAQ to all counties and post the document on the BHRRP [website](#).
 - » The FAQ will only include questions submitted by August 26, 2022.
- » DHCS will soon contact all participating counties to request contact information of county staff in order to create their BHRRP portal accounts.

Appendix A: Detailed SABG Reporting Expenditure Requirements



SABG Expenditures by Service: Healthcare Home/Physical Health

- » Specialized Outpatient Medical Services
- » Acute Primary Care
- » COVID-19 Screening (e.g., temperature checks, symptom questionnaires)
- » COVID-19 Testing
- » COVID-19 Vaccination
- » Comprehensive Care Management
- » Care Coordination and Health Promotion
- » Comprehensive Transitional Care
- » Individual and Family Support
- » Referral to Community Services Dissemination

SABG Expenditures by Service: Prevention (including Promotion)

- » Screening with Evidence-based Tools
- » Risk Messaging
- » Access Line/Crisis Phone Line/Warm Line
- » Purchase of Technical Assistance
- » COVID-19 Awareness and Education for Person with SUD
- » Media Campaigns (Information Dissemination)
- » Employee Assistance Programs (Problem Identification and Referral)
- » Primary Substance Use Disorder Prevention (Education)
- » Primary Substance Use Disorder Prevention (Alternatives)
- » Primary Substance Use Disorder Prevention (Community-Based Processes)

SABG Expenditures by Service: Intervention Services

- » Syringe Services Program
- » Naloxone Overdose Kits/Dissemination of Overdose Kits

SABG Expenditures by Service: Engagement Services

- » Assessment
- » Specialized Evaluations (Psychological and Neurological)
- » Services Planning (including crisis planning)
- » Consumer/Family Education
- » Outreach (including hiring of outreach workers)

SABG Expenditures by Service: Outpatient Services

- » Evidence-based Therapies
- » Group Therapy
- » Family Therapy
- » Multi-family Therapy
- » Consultation to Caregivers

SABG Expenditures by Service: Medication Services

- » Medication Management
- » Pharmacotherapy (including MAT)
- » Laboratory Services

SABG Expenditures by Service: Community Support (Rehabilitative)

- » Parent/Caregiver Support
- » Case Management
- » Behavior Management
- » Supported Employment
- » Permanent Supported Housing
- » Recovery Housing

SABG Expenditures by Service: Recovery Supports

- » Peer Support
- » Recovery Support Coaching
- » Recovery Support Center Services
- » Supports For Self-Directed Care

SABG Expenditures by Service: Supports (Habilitative)

- » Personal Care
- » Respite
- » Supported Education

SABG Expenditures by Service: Acute Intensive Services

- » Mobile Crisis
- » Peer-based Crisis Services
- » Urgent Care
- » 23-hour Observation Bed
- » Medically Monitored Intensive Inpatient for SUD
- » 24/7 Crisis Hotline

SABG Expenditures by Service: Other

- » Smartphone Apps
- » Personal Protective Equipment
- » Virtual/Telehealth/Telemedicine Services
- » Purchase of increased connectivity (e.g., Wi-Fi)
- » Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)
- » Provider Stabilization Payments
- » Transportation to COVID-19 Services (e.g., testing, vaccination)
- » Other (please list)

SABG Top Expenditures

Please list the five services (e.g., mobile crisis, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of BHRRP supplemental funds.