DHCS

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Department of Health Care Services

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County Reporting Requirements for the Behavioral Health Response and Rescue Project (BHRRP): Frequently Asked Questions

The California Department of Health Care Services (DHCS) is implementing BHRRP to increase access to behavioral health care for all Californians. BHRRP is funded through supplemental awards to the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG) by the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA).

As part of BHRRP, DHCS has allocated the supplemental SABG and MHBG funding to counties to enhance and expand their behavioral health programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) requires DHCS to report certain data on expenditures and services provided under BHRRP SABG and MHBG funding, and this data must be collected and reported separately from the annual prime SABG and MHBG awards.

Counties will report this data through a new data portal specifically designed for BHRRP supplemental funding. The portal will open on **October 1, 2022**.

This document provides answers to frequently asked questions regarding these reporting requirements and will be updated as needed. For additional questions regarding the data portal or the required data elements, please email BHRRP@ahpnet.com. All other questions may be sent to BHRRP@dhcs.ca.gov.

Portal Access

1. **Question:** Can counties create multiple accounts for accessing the portal?

   Answer: Yes, counties may have multiple accounts that staff may use to access the portal.

2. **Question:** Will SABG and MHBG data use the same portal and the same account to enter information?

   Answer: SABG and MHBG data will be entered into the same portal, but counties may use different accounts for SABG and MHBG data if they prefer. This is not required, though, and counties may use one account to enter SABG and MHBG data as outlined in the data reporting requirements list.

3. **Question:** Is the BHRRP SABG and MHBG county portal separate from the portal that counties use for the Behavioral Health Continuum Infrastructure Project (BHCIP)?

   Answer: Yes, these are separate portals. While the BHRRP county portal uses the same platform as BHCIP, counties will create different accounts and complete different data reporting requirements for the BHRRP county portal.

4. **Question:** Are there any guidelines for the type of staff who should enter this data?

   Answer: This will depend on the structure and organization of each county. DHCS defers to counties to determine the appropriate staff for entering data into the portal and will provide technical support to the selected individuals.

5. **Question:** Will DHCS provide any additional guidelines on how to use the data portal?

   Answer: Yes, DHCS will share more detailed instructions with all counties on how to use the portal. DHCS will also conduct a webinar demonstration on the portal at 11:00 a.m. on **October 12, 2022.** Interested staff can register for the portal demonstration webinar at this link.

6. **Question:** Will contracted staff have access to the data portal, or only county staff?

   Answer: Contracted staff and/or providers may create accounts in the portal to submit data, but they will only have access to data that is applicable to them.

7. **Question:** Is there a separate data reporting timeline for SABG and MHBG?

   Answer: No, MHBG and SABG have the same data reporting timeline as outlined below.

October 21, 2022	State Fiscal Year (SFY) 2022-23 Q1 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

Data Metrics

8. **Question:** Should counties only report on data items that are covered under BHRRP SABG or MHBG funding streams? For example, for the count of persons served by demographic characteristics under MHBG supplemental funding, should a county report an all individuals served under MHBG, or only those directly funded by BHRRP supplemental MHBG funds?

   Answer: Counties should only report data that are directly under BHRRP SABG and MHBG supplemental funding.

9. **Question:** If BHRRP SABG and MHBG county funding is used for a portion of several contracts (such as several staffing positions, medical supplies, etc.), should counties report on all contract expenditures, or only those funded directly through BHRRP SABG and MHBG supplemental grants?

   Answer: Counties should only report on the portions of the contract that are funded through the BHRRP SABG and MHBG supplemental funds, and should not report on all related contract expenditures or other data.

10. **Question:** Will DHCS share a data notebook with counties before the portal opens?

    Answer: Yes, DHCS will share a data notebook with county portal contacts by September 6, 2022.

11. **Question:** Will the portal replace data reporting requirements that relate to Prevention data requirements received from the DHCS Prevention Team?

Answer: No, the portal will not replace Prevention data reporting requirements and counties should continue to report specified requested data as related to Prevention to the DHCS Prevention team.

12. **Question:** Are counties required to report Population and Services items (counts of persons served by demographic characteristics) across all SABG and MHBG categories (i.e., Primary Prevention, Recovery Housing Support, etc.)?

    Answer: Yes, Population and Services Reports data for both SABG and MHBG should reflect all categories within each grant.

13. **Question:** Will the reporting be quarterly or annually?

    Answer: Data will be collected quarterly for the entire State Fiscal Year (SFY) performance period of July 1, 2022 through June 30, 2023 (and July 1 through June 30 for each subsequent SFY within BHRRP).

14. **Question:** Are there examples of what expenditures would fall into the following categories under Prevention?

    - Risk Messaging

    - Access Line/Crisis Phone Line/Warm Line

    - Purchase of Technical Assistance

    - COVID-19 Awareness and Education for Person with SUD

    Answer: Below are some examples.

    - Risk Messaging: Expenditures used to develop or provide messaging that conveys the risks of substance use or misuse.

    - Access Line/Crisis Phone Line/Warm Line: Expenditures used to support the county's access line, crisis phone line, or warm line.

    - Purchase of Technical Assistance: Expenditures used to acquire technical assistance, such as hiring contractors to provide technical assistance.

    - COVID-19 Awareness and Education for Person with SUD: Expenditures used to promote awareness and provide education for people with a SUD.

15. **Question:** Will counties have to submit data at a provider level?

    Answer: Counties are not currently expected to submit BHRRP expenditure data delineated by provider.

Miscellaneous

16. **Question:** Will counties have any additional opportunities to provide feedback on the required data elements?

    Answer: The majority of the data elements that are part of BHRRP SABG and MHBG supplemental reporting are required by SAMHSA and DHCS has minimal flexibility in revising the required data elements. However, if counties face challenges in collecting specific required data, there will be an opportunity to provide this type of feedback after the first two quarters of reporting.

17. **Question:** Will this data reporting portal take the place of quarterly invoices that counties must submit for ARPA and CRRSAA?

    Answer: No, counties must continue to submit invoices for ARPA and CRRSAA expenditures in addition to portal data requirements.

18. **Question:** If counties did not receive any SABG or MHBG BHRRP supplemental funding, are they required to create a portal account or submit any information into the portal?

    Answer: No, if counties did not receive any SABG or MHBG BHRRP supplemental funding, they do not need to create a portal account or submit information into the portal.