BEHAVIORAL HEALTH OUTCOMES AND ACCOUNTABILITY TRANSPARENCY REPORT (BHOATR)

PUBLIC LISTENING SESSION THEMES REPORT

July 8, 2026, 10 to 11 a.m. Pacific Daylight Time (PDT)
Total Registrants: 416, Unique Viewers: 288

Question 1

Are there additional components that the Department of Health Care Services (DHCS) should consider for the BHOATR?

Participant Responses

Common Themes

- **Outcomes, Equity, and Population Reporting:** Interest in reporting that provides greater insight into outcomes, service utilization, Evidence-Based Practice (EBP) performance, Early Intervention outcomes, and disparities across populations. Additional information on spending and outcomes by age group, including children, youth, adults, and older adults, was viewed as valuable for understanding how services and resources are reaching priority populations.
- **Fiscal Transparency and Accountability:** Clarity on fiscal reporting related to administrative costs, funding allocations by population, contractor versus county-operated services, and impacts associated with the Behavioral Health Services Act (BHSA) transition. There was interest in greater visibility in how behavioral health funds are spent and how resources support service delivery.
- **System Capacity and Partnerships:** Suggested a broader view of behavioral health system performance was requested through reporting on community-based organization partnerships, regional center involvement, and electronic health record (EHR) adoption efforts. Including these elements was viewed as a way to capture infrastructure development and collaboration efforts that support service deliver.
- **Reporting Burden Considerations:** Concerns were raised regarding the addition of new reporting requirements during a period of significant system transformation. Limiting unnecessary reporting and considering the capacity of smaller and rural counties were identified as important implementation considerations.

Disclaimer: Feedback does not reflect DHCS' views but is the opinions of listening session participants.

Question 2

What other technical assistance (TA) or resources would you find helpful in understanding the BHOATR?

Participant Responses

Common Themes

- **Release of Template:** Requested early access to the BHOATR template, reporting specifications, data dictionaries, and sample reports. Participants emphasized that counties need sufficient time to prepare systems.
- **Data Collection Guidance and Standardization:** Greater clarity is needed regarding required data elements, demographic reporting requirements, performance measures, service utilization metrics, and individual service level (ISL) reporting expectations. Consistent statewide definitions and methodologies were viewed as essential to ensuring comparable, reliable, and meaningful reporting across counties.
- **Ongoing Training and Support:** Continued technical assistance to support implementation. Helpful resources include webinars, frequently asked questions (FAQs), instructional videos, office hours, peer learning opportunities, and examples demonstrating reporting expectations and best practices.
- **Implementation Readiness:** Requested guidance on EHR preparation, financial tracking, data sources, and opportunities to test reporting processes before formal submission requirements begin. Participants emphasized the importance of having adequate lead time to prepare.

Question 3

Can DHCS clarify any categories in the BHOATR design? If so, which ones and how?

Participant Responses

Common Themes

- **Service Utilization Reporting:** Additional guidance is needed regarding how service utilization measures will be defined and reported, including utilization by insurance type, performance measures associated with utilization, and whether reporting should reflect services billed or services paid.
- **Individual Service Level (ISL) Requirements:** Clarify ISL reporting expectations, including reporting requirements for non-client activities, inclusion of Medi-Cal encounters, statutory reporting requirements, and approaches for tracking participation and services.

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- **Financial and Performance Reporting:** Questions centered on how BHOATR reporting will align with Integrated Plans, including the relationship between planned and actual expenditures, performance outcomes, accountability measures, and narrative reporting requirements.
- **Demographic Categories:** Clarity on age groups, demographic reporting requirements, disparity populations, county profile reporting, public access to BHOATR data, and opportunities for counties to review information before public release.

Question 4

Is there any other feedback to provide on the BHOATR?

Participant Responses

Common Themes

- **Minimize Duplicate Reporting:** Align BHOATR reporting requirements with existing reporting systems, including California Advancing and Innovating Medi-Cal (CalAIM) and other state reporting mechanisms, to reduce administrative burden and avoid duplicate data collection efforts.
- **Prioritize Data Quality and Consistency:** Clear definitions, standardized methodologies, and feasible reporting processes were viewed as essential to producing reliable and comparable data. Emphasis was placed on establishing consistent requirements before expanding reporting expectations or adding new data elements.