

Behavioral Health Transformation Public Listening Session Behavioral Health Outcomes, Accountability, and Transparency Report

Marlies Perez and Donna Ures

Department of Health Care Services

Housekeeping

- » **This event is being recorded:** Audio is now broadcasting.
- » **Audio is provided through your computer speakers or headphones:** Your line is automatically muted.
- » **If you have issues with your speakers and would like to connect by phone:** Click Join Audio under audio settings.
- » **Choose phone call tab:** Dial the desired phone number, and enter Meeting & Participant ID.
- » **Live Captioning is Available:** Click the CC Live Transcription button to show and hide captions during today's event.
- » **Tech Support:** Use the Q&A feature for tech support as well as questions/feedback.

Public Listening Session Format

For this session, DHCS will:

1. Present the draft information in the Behavioral Health Outcomes, Accountability, and Transparency Report.
2. Solicit stakeholder feedback via the prompt(s).

*Please note: DHCS is **gathering information** and will not be responding to questions during the public listening session. We will only offer points of clarification.*



How to Provide Feedback

1. Type your feedback/comments in the Q&A box (click the icon located on your control panel). The chat is unavailable.
2. Send an email to BHTinfo@dhcs.ca.gov with the subject line "Public Listening Session." Feedback will be accepted through **July 15th, 2026**. Feedback received after this date will still be considered but not included in the summary document.



Community Engagement: Public Listening Sessions

These sessions have played a major role in shaping Behavioral Health Transformation and the community feedback has been critical in shaping policy.

Public Listening Sessions

9 public listening sessions provided a platform to present policy and collect feedback on draft and proposed guidance. With more than 3,000 participants, these sessions fostered dialogue between DHCS and the public.

Milestones

This listening session marks the conclusion of the 9th session and the 6th and final BHSA County Policy Manual module. The public comment periods generated more than 2,000 comments, promoting transparency and helping inform policy development.

BHSA Launch

BHSA went into effect July 1! Sincere appreciation is extended to all contributors and participants whose valuable insights have strengthened this multi-year transformation effort from the start. Community engagement remains core to the program's success.

Behavioral Health Outcomes, Accountability, and Transparency Report

Behavioral Health Outcomes, Accountability, and Transparency Report Overview

- » The Behavioral Health Services Act (BHSA) requires counties to submit Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATR) to the Department of Health Care Services (DHCS) on an annual basis.
- » The BHSA establishes the BHOATR to provide greater transparency into how counties spend behavioral health dollars and administer behavioral health care.
- » Counties are required to submit a BHOATR that includes information on spending and service utilization across the Behavioral Health Care Continuum and BHSA Components.
- » DHCS will use the BHOATR to monitor county implementation of their Integrated Plans, Annual Updates, and/or Intermittent Updates, whichever is the most current for the reporting period.

Funding Breakdown

The Integrated Plan and BHOATR requires counties to report planned activities and projected expenditures for all county behavioral health department services provided under the following funding, services, and programs.

- » Bronzan-McCorquodale Act (1991 Realignment)
- » 2011 Realignment
- » Medi-Cal behavioral health programs, including:
 - Specialty Mental Health Services (SMHS)
 - Drug Medi-Cal (DMC)
 - Drug Medi-Cal Organized Delivery System (DMC-ODS)
- » Federal block grants, including:
 - Community Mental Health Services Block Grant (MHBG)
 - Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
 - Projects for Assistance in Transition from Homelessness (PATH) grant
- » BHSA funds
- » Any other federal, state, or local funding directed towards county behavioral health department services, including:
 - Commercial/private insurance
 - Opioid settlement funding (only funds received by the County Behavioral Health Department)
 - County general fund
 - Grant revenue
 - Other

BHOATR Reporting Timeline

» The **first BHOATR will cover FY 2026 – 2027**

- Draft BHOATR due January 30, 2028 (**draft is only required for the first BHOATR**)
 - The draft BHOATR will not be shared publicly and is a one-time requirement that allows DHCS to provide technical assistance to counties in advance of the first final BHOATR.
- **First Final BHOATR due January 30, 2029**

	Planning FY 25-26				Year 1 FY 26-27				Year 2 FY 27-28				Year 3 FY 28-29				Year 4 FY 29-30				
Quarters, by calendar year	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Integrated Plan			D	F									D	F							
Annual Update							D	F			D	F							D	F	
BHOATR 1					Reporting year						D				F						
BHOATR 2									Reporting year												F
BHOATR 3													Reporting year								

D = draft F = final

BHSA BHOATR Required Components

Per BHSA, counties **must submit a BHOATR that includes data and information on spending across funding sources for behavioral health services, service utilization, and other interventions** undertaken by the county as part of their Integrated Plan including:

- » Allocations of state and federal behavioral health funds
- » Administrative costs
- » Service utilization data, including information on services provided to individuals covered by Medi-Cal, Medicare, commercial insurance, and those who are uninsured
- » County performance and outcomes measures across behavioral health delivery systems
- » Data and information on populations with identified disparities
- » Information on county workforce strategies and provider vacancy rates
- » State, federal, and county behavioral health expenditures, including:
 - Spending on children and youth
 - Spending across funding sources including 1991 Realignment, 2011 realignment, county general funds, state general funds, SAMHSA PATH, MHBG, SUBG, Commercial Insurance reimbursements, and Opioid Settlement Funds, among other sources

Feedback

(Please Use Q&A Feature)



1. Are there additional components that DHCS should consider for the BHOATR?

BHOATR Guidance for Completion and Submission

BHOATR Approach Guiding Principles

- » Ensure DHCS meets all BHOATR statutory requirements ([WIC Section 5963.04, subdivision \(a\)\(1\)](#)).
- » Mirror the level of detail in the Integrated Plan budget template, while including additional detail as needed to meet statutory requirements.
- » Replace the Annual Revenue and Expenditure Reports (ARER) as a tool to calculate county reversions and exclude non-essential content from the MHSA ARER.
- » Focus on quantitative information, such as actual expenditures compared to Integrated Plan budget.
- » Minimize administrative burden on counties by leveraging statewide data sources to populate quantitative elements of the BHOATR template (if possible and available).
- » Ensure consistency in reporting across counties to enable DHCS to combine county data into a statewide BHOATR released on the Behavioral Health Public County Profile towards the BHT goals and vision.
- » Note: DHCS will need to make special considerations for the Year 1 BHOATR (both draft and final), including how to address incomplete Individual Service Level (ISL) encounters for counties that begin reporting January 1, 2027.

BHOATR Building Blocks

Where possible, DHCS will aim to utilize a variety of data sources to populate the BHOATR including from:



BHSA Reports

County Integrated Plans, Annual Updates, and Intermittent Updates including the County Budget Template, to populate allocations and projected expenditures.



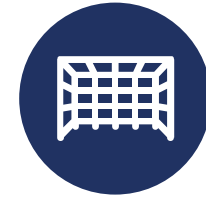
Medi-Cal Claims

Populate service utilization and expenditures for Medi-Cal members.



ISL Encounters

Populate service utilization and expenditures for non-Medi-Cal members.



Phase 2 Measures

Populate county performance and outcome measures.

*DHCS intends to incorporate these elements over time; however, the initial BHOATR will differ somewhat, as not all components will be fully operationalized at launch.

What is County Behavioral Health Individual and Service Level (ISL) Encounter Reporting?

- » For individual level behavioral health services not funded by Medi-Cal, counties will be required to submit service level encounters to DHCS.
- » These data will be used to:
 - Inform insight into behavioral health service delivery across the care continuum
 - Contribute to the calculation of Phase 2 performance measures
 - Support County and Managed Care Plan population health management
 - Support fiscal oversight and increase understanding of how counties manage fiscal resources to meet community needs

Note: County submission of behavioral Health ISL encounters to DHCS will not be tied to service reimbursement.

BHOATR Submission Proposed Requirements

For a BHOATR to be considered complete, a county must include the following:

- » A response to each required item in the BHOATR template.
- » Approval from the County Board of Supervisors.
- » County Behavioral Health Director and County Administration Officer (or equivalent) certification of compliance with fiscal accountability requirements and applicable state and federal law
 - The County Administrator must be the county's top administrative official or that official's designee, who may—but does not have to—be the Behavioral Health Director.
- » County Board of Supervisors must attest, within the BHOATR, that the county is meeting realignment obligations, including time and distance and appointment time standards under [WIC section 14197.7](#), without using waitlists.

Note: The two city-operated mental health authorities receiving funds under WIC section 5701.5 will submit BHOATRs independently from their counties under BHSA, with the same flexibilities previously granted for the Integrated Plan, including reporting flexibilities for County General Fund, Federal Financial Participation, and non-applicable federal funds.

BHOATR Submission in the County Portal

Counties must develop and submit their BHOATRs online through the DHCS county portal.

County Portal Features

- » County users can work concurrently in the portal to develop the BHOATR.
- » The portal includes technical features such as progress markers to track completion across sections.
- » The portal supports form-based entry, fiscal information compilation, and attestation tasks.

Integration with Statewide Data

- » The portal helps integrate statewide data into each county's BHOATR for county review. This allows counties to work from a more complete draft before submission.
- » The integrated data supports consistency across the reporting process.

Technical Support

- » Support is available to help counties resolve issues and move submissions forward.
- » Counties can use the support center to submit questions about BHOATR submission or request technical assistance.
- » Training resources and user guides help users navigate the portal and complete tasks correctly.

DHCS Review Standards

Once counties submit their BHOATRs, DHCS will follow the review standard.

Submission

County submits
BHOATR within the
County Portal



DHCS Review

DHCS checks
completeness and
alignment with
statutory requirements



Outcome/Enforcement

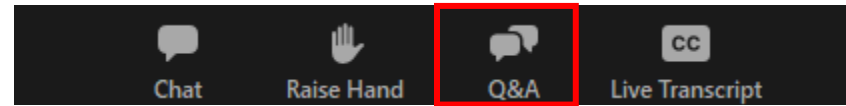
If late or incomplete:
may receive a
corrective action plan,
sanctions, or temporary
payment withholding

Significant Variance and BHOATR

- » As authorized by statute, DHCS may impose BHSA withholds or monetary sanctions if a county has significant variance between projected spending of BHSA funds in the Integrated Plan vs actual spending.
- » DHCS will define quantitative standards for significant variance after the first Integrated Plan period (FY 2026–2029).
- » The first Integrated Plan period will be used to collect data and establish the significant variance standards.

Feedback

(Please Use Q&A Feature)



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

BHOATR Design

Vision for BHOATR Layout

The BHOATR template will include:



County projections from the Integrated Plan to enable a side-by-side comparison with county actuals (at the total level).



A limited narrative section for counties to explain differences between Integrated Plan projections and actuals in the BHOATR.



For some BHOATR questions, separate columns for DHCS-populated data and supplemental county data.

BHOATR Statutory Requirements and Defining “Category”

- » BHSA statute includes core requirements for information that must be included in the BHOATR, one of which is organizing by “category.”
- » BHOATR “categories” will mirror the level of detail in the Integrated Plan, including information at the service level for:
 - » **Mental health and Substance Use Disorder (SUD) care continuums**
 - *Example services:* Outpatient Services.
 - » **BHSA**
 - *Example services* for Full Service Partnership (FSP) component: Assertive Community Treatment (ACT), High Fidelity Wraparound, etc.

Disparities Approach

- » DHCS will report on disparities in the BHOATR through the Behavioral Health Services Act performance and outcome measures, consistent with other DHCS reporting. DHCS plans to use the following disparity categories: age, sex, race or ethnicity, spoken language, and system involvement (e.g. justice involvement, housing status, child welfare).
 - Disparities on all performance and outcome: The BHOATR will report both on overall performance on performance and outcome measures, as well as a disparities analysis.
 - Performance on measures: The BHOATR will report on performance on forthcoming equity measures, which will be focused on key disparities prioritized for BHT developed in partnership with the Quality and Equity Advisory Committee (QEAC).
 - Counties will be able to provide additional context on disparities through narrative.

Replacing the Annual Revenue and Expenditure Report (ARER) with the BHOATR

- » Under the MHSA, counties submit the ARER six months after the reporting year.
 - In the ARER, counties are required to report expenditure data by component and by program.
- » Under the BHSA, the ARER was removed from statute.
- » Moving forward, DHCS will use information collected via the BHOATR to calculate reversions.
- » The BHOATR will collect some information that is not in the Integrated Plan that is necessary to calculate reversions, such as component interest.

What could be in the BHOATR?

The BHOATR may show the following information, much of which mirror projections being collected in the Integrated Plan.

» **Care Continuum:**

- Expenditures by Funding Source
- Summary Expenditures – Care Continuum and BHSA
- Expenditures and Utilization by Age
- Service Utilization by Insurance Type

» **BHSA Component:**

- Housing Interventions (HI) Expenditures
- HI Service Utilization
- Full Service Partnerships (FSP) Expenditures
- FSP Service Utilization

- Behavioral Health Services and Supports (BHSS) Expenditures
- BHSS Service Utilization
- Allocations, Revenue, and Transfers

» **Administrative and Other County Spending**

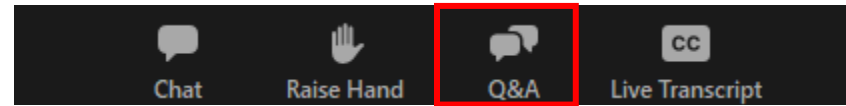
» **Performance and Outcome Measures**

» **Workforce Development**

» **Attestations**

Feedback

(Please Use Q&A Feature)

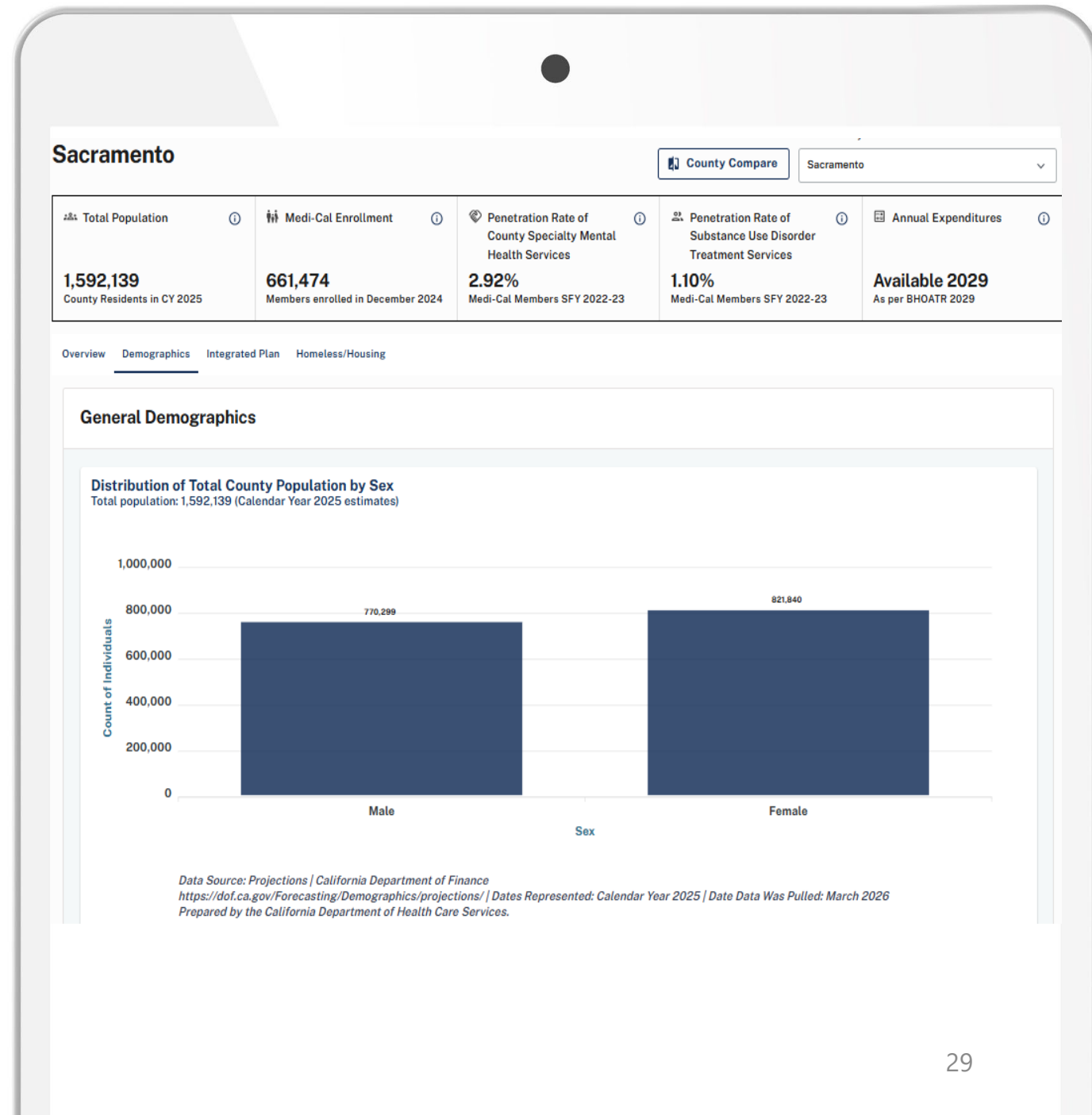


3. Can DHCS clarify any categories in the BHOATR design? If so, which ones and how?

The BHOATR and County Profile

BHOATR and County Profile

- » The BHOATR will be publicly available on the [Behavioral Health Public County Profile](#), California's first unified, statewide transparency tool.
- » Through the profile, the BHOATR will be more accessible for the public, policymakers, and stakeholders.
- » County data now available on the County Profile includes:
 - County spending plans
 - Demographic information
 - Homelessness and Housing
 - Integrated Plans
 - and will include the BHOATR in future updates



Public Comment Process

BHOATR in Module 6

Module 6 will contain the following information on the Behavioral Health Outcomes, Accountability and Transparency Report.

**BHOATR guidance for
Counties**

BHOATR Template

**A User Guide to support
understanding of the
categories and BHOATR
framework**

Module 6 Public Comment



DHCS aims to release the draft of Module 6 in the Summer of 2026 on the DHCS Behavioral Health Transformation webpage where the public can provide input through the online platform.



After the public comment period closes, feedback will be reviewed and analyzed to identify common themes and concerns that may be incorporated into the final Module 6 materials.



An **instructional training video** on the DHCS Behavioral Health Transformation webpage provides additional guidance on submitting comments.



Comments must be submitted by 4:00 p.m. PST by the deadline indicated at the time of release.



For any specific public comment-related inquiries, please email **BHTinfo@dhcs.ca.gov**.

Feedback

(Please Use Q&A Feature)



4. Is there any other feedback to provide on the BHOATR?

Resources



Behavioral Health Transformation Website and Monthly Newsletter

Explore the [Behavioral Health Transformation](#) website to discover additional information and access resources.



Infographics and FAQs

Explore our infographics and FAQs for additional insight in the Behavioral Health Transformation on the [Behavioral Health Transformation website](#), along with this public listening recordings, once available.



Questions and Feedback

Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.

Thank You

For More Information
BHTinfo@dhcs.ca.gov