## Behavioral Health Response and Rescue Project American Rescue Plan Act County Supplemental MHBG Funding Proposed Core Metrics

The California Department of Health Care Services (DHCS) is implementing the Behavioral Health Response and Rescue Project (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.

The proposed data report below will cover data elements for the MHBG-related ARPA supplement. DHCS will request that counties only report on expenditures, populations and services that have been directly funded by the ARPA supplement. If any of the data elements below are not available, DHCS requests that counties estimate this information to the best of their ability.

Please note that this document is a preview of the reporting forms that counties will use to submit data for MHBG ARPA activities in the online BHRRP portal.

## **MHBG ARPA Supplement Expenditures**

1. Please enter the dollar amount spent on each of the following **direct services** that were funded by the MHBG-related ARPA supplement. In the first column, enter the amount spent during the reporting quarter. In the second column, enter the amount spent during the project to date.

Service	Expenditure during reporting quarter	Expenditure for project to date
First episode psychosis		
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	

2. If you reported any expenditures in the "Other" category at the end of question 1 above, please list them and indicate the dollar amount spent for each here:

3. Please enter the dollar amount spent on each of the following **non-direct services** that were funded by the MHBG-related ARPA supplement. In the first column, enter the amount spent during the reporting quarter. In the second column, enter the amount spent during the project to date.

Service	Expenditure during	Expenditure for project to date
	reporting quarter	uate
Total 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		

Population and Services Report (Questions 4 – 7 must be completed.)

4. Please enter the **total count of unduplicated persons** (i.e. unique individuals) whose services were funded by the MHBG-related ARPA supplement during the reporting quarter:

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5. For unduplicated persons included in the count in question 4 above, **please complete the demographic table below**. After entering data, please check to make sure that column totals for each category have added up accurately. The final total should equal the total number entered in question 4 above.

Age	Total	Ameri Indian Native	ı/Alaska	Asian		Black/ Ameri	/African ican	Hispar	nic/Latinx	Hawaii	ian/Other Islander	White		More one ra		Unkne	own
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
17																	
and																	
Under																	
18-24																	
25-44																	
45-64																	
65																	
and																	
over																	
Total																	

6. Please enter the total count of unduplicated persons whose services were funded by the MHBG-related ARPA supplement during the reporting quarter who were **pregnant**:

7. For pregnant persons included in the count in question 6 above, **please complete the demographic table below**. After entering data, please check to make sure that column totals for each category have added up accurately. The final total should equal the total number entered in question 6 above.

Persons	Total	American Indian/Alaska Native	Black/African American	Hispanic/Latinx	Native Hawaiian/Other Pacific Islander	White	More than one race	Unknown
Total								
pregnant								
persons								

## (Questions 8 – 11 are optional but strongly encouraged to be completed.)

8. For unduplicated persons included in the count in question 4 above, **please complete the demographic table below**. After entering data, please check to make sure that column totals for each category have added up accurately. Please only enter data here if you have them available.

Because individuals may identify with more than one of the categories below, the total does not need to add up to the same total entered in question 4 above.

Age	Cisgender man/male	Cisgender woman/female	Transgender man/ Transman/ Female to Male	Transgender woman/ Transwoman/ Male to Female	Genderqueer/ Gender Non- conforming/ Neither exclusively male nor female	Two-spirit	Additional gender category (not listed here)	Unknown
17								
and								
Under								
18-24								
25-44								
45-64								
65								
and								
over								
Total								

9. If you reported any persons in the	Additional gender	category above, please list the additional categories here:	

10. For unduplicated persons included in the count in question 4 above, **please complete the demographic table below**. After entering data, please check to make sure that column totals for each category have added up accurately. Please only enter data here if you have them available.

Because individuals may identify with more than one of the categories below, the total does not need to add up to the same total entered in question 4 above.

Age	Gay	Lesbian	Bisexual	Pansexual	Queer	Asexual	Questioning	Straight/ Heterosexual	Additional sexual orientation (not listed here)	Unknown
17										
and										
Under										
18-24										
25-44										
45-64										
65 and over										
Total										

11. If you reported any persons in the	"Additional sexual orientation"	category above, please list the additional of	categories here:

## **Other Items**

12. Please enter the **total count of referrals made to community supports** during the reporting quarter for persons whose services were funded by the MHBG-related ARPA supplement. Please only enter data here if you have them available.

13. Please enter the total count of unduplicated persons (i.e. unique individuals) whose services were funded by the MHBG-related ARPA supplement during the reporting quarter **by each of the following types of treatment below**. Please only enter data here if you have them available.

Treatment Type	<b>Unduplicated Persons Served</b>
Outpatient mental health services	
Outpatient specialty mental health services	

14. Please enter the total count of unduplicated persons (i.e. unique individuals) whose services were funded by the MHBG-related ARPA supplement during the reporting quarter **by primary language spoken below**. Please only enter data here if you have them available.

Primary Language Spoken	<b>Unduplicated Persons Served</b>
English	
Spanish	
Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	
Armenian	
Farsi	
Arabic	
Other (not listed here)	
Unknown	

15. If you reported any persons in the	Other (not listed here)	category above, please list the additional categ	ories nere:

16. Please enter the total count of unduplicated persons (i.e. unique individuals) whose services were funded by the MHBG-related ARPA supplement during the reporting quarter **by housing status below**. Please only enter data here if you have them available.

Housing Status	<b>Unduplicated Persons Served</b>
Unhoused	
At risk of becoming unhoused	
Stably housed	
Unknown	