

**Behavioral Health Response and Rescue Project  
Coronavirus Response and Relief Supplemental Appropriations Act  
County Supplemental SABG 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 SABG-related CRRSAA supplement. DHCS will request that counties only report on expenditures, populations and services that have been directly funded by the CRRSAA 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 SABG CRRSAA activities in the online BHRRP portal.

**SABG CRRSAA Supplement Expenditures**

1. Please enter the dollar amount spent on each of the following **Healthcare Home/Physical Health services** that were funded by the SABG-related CRRSAA 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.

<b>Service</b>	<b>Expenditure during reporting quarter</b>	<b>Expenditure for project to date</b>
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		

2. Please enter the dollar amount spent on each of the following **Intervention services** that were funded by the SABG-related CRRSAA 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.

<b>Service</b>	<b>Expenditure during reporting quarter</b>	<b>Expenditure for project to date</b>
Syringe Services Program		
Naloxone Overdose Kits/Dissemination of Overdose Kits		

3. Please enter the dollar amount spent on each of the following **Engagement services** that were funded by the SABG-related CRRSAA 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.

<b>Service</b>	<b>Expenditure during reporting quarter</b>	<b>Expenditure for project to date</b>
Assessment		
Specialized Evaluations (Psychological and Neurological)		
Services Planning (including crisis planning)		
Consumer/Family Education		
Outreach (including hiring of outreach workers)		

4. Please enter the dollar amount spent on each of the following **Outpatient services** that were funded by the SABG-related CRRSAA 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.

<b>Service</b>	<b>Expenditure during reporting quarter</b>	<b>Expenditure for project to date</b>
Evidence-based Therapies		
Group Therapy		
Family Therapy		
Multi-family Therapy		
Consultation to Caregivers		

5. Please enter the dollar amount spent on each of the following **Medication services** that were funded by the SABG-related CRRSAA 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.

<b>Service</b>	<b>Expenditure during reporting quarter</b>	<b>Expenditure for project to date</b>
Medication Management		
Pharmacotherapy (including MAT)		

Laboratory Services		
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6. Please enter the dollar amount spent on each of the following **Community Support (Rehabilitative)** that were funded by the SABG-related CRRSAA 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
Parent/Caregiver Support		
Case Management		
Behavior Management		
Supported Employment		
Permanent Supported Housing		
Recovery Housing		

7. Please enter the dollar amount spent on each of the following **Recovery Supports** that were funded by the SABG-related CRRSAA 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
Peer Support		
Recovery Support Coaching		
Recovery Support Center Services		
Supports For Self-Directed Care		

8. Please enter the dollar amount spent on each of the following **Supports (Habilitative)** that were funded by the SABG-related CRRSAA 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
Personal Care		
Respite		
Supported Education		

9. Please enter the dollar amount spent on each of the following **Acute Intensive Services** that were funded by the SABG-related CRRSAA 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
Mobile Crisis		
Peer-based Crisis Services		
Urgent Care		
23-hour Observation Bed		
Medically Monitored Intensive Inpatient for SUD		
24/7 Crisis Hotline		

10. Please enter the dollar amount spent on each of the following **Other** services that were funded by the SABG-related CRRSAA 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
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)		

11. If you reported any expenditures in the “Other” category at the end of question 10 above, please list them and indicate the dollar amount spent for each here:

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12. Please list the five services (e.g., mobile crisis, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, outpatient services, recovery supports) that reflect the five largest expenditures of SABG-related CRRSAA supplemental funds:

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**Population and Services Report**  
**(Questions 13 – 16 must be completed.)**

13. Please enter the **total count of unduplicated persons** (i.e. unique individuals) whose alcohol and drug use services were funded by the SABG-related CRRSAA supplement during the reporting quarter:

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14. For unduplicated persons included in the count in question 13 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 13 above.

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

15. Please enter the total count of unduplicated persons whose alcohol and drug use services were funded by the SABG-related CRRSAA supplement during the reporting quarter who were **pregnant**:

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16. For pregnant persons included in the count in question 15 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 15 above.

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

**(Questions 17 – 20 are optional but strongly encouraged to be completed.)**

17. For unduplicated persons included in the count in question 13 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 13 above.

<b>Age</b>	<b>Cisgender man/male</b>	<b>Cisgender woman/female</b>	<b>Transgender man/ Transman/ Female to Male</b>	<b>Transgender woman/ Transwoman/ Male to Female</b>	<b>Genderqueer/ Gender Non- conforming/ Neither exclusively male nor female</b>	<b>Two- spirit</b>	<b>Additional gender category (not listed here)</b>	<b>Unknown</b>
17 and Under								
18-24								





25-44										
45-64										
65 and over										
Total										

20. If you reported any persons in the “Additional sexual orientation” category above, please list the additional categories here:

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### Other Items

21. Please enter the **total count of referrals made to community supports** during the reporting quarter for persons whose alcohol and drug use services were funded by the SABG-related CRRSAA supplement. Please only enter data here if you have them available.

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22. Please enter the total count of unduplicated persons (i.e. unique individuals) whose alcohol and drug use services were funded by the SABG-related CRRSAA 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	Unduplicated Persons Served
Medications for addiction treatment (MAT)	
Behavioral interventions	
Outpatient SUD treatment services	
Residential treatment services	

23. Please enter the total count of unduplicated persons (i.e. unique individuals) whose alcohol and drug use services were funded by the SABG-related CRRSAA supplement during the reporting quarter **by primary language spoken below**. Please only enter data here if you have them available.

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

24. If you reported any persons in the “Other (not listed here)” category above, please list the additional categories here:

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25. Please enter the total count of unduplicated persons (i.e. unique individuals) whose alcohol and drug use services were funded by the SABG-related CRRSAA supplement during the reporting quarter **by housing status below**. Please only enter data here if you have them available.

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