



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

## SABG and MHBG CRRSAA and ARPA: County Data Collection and Reporting

### Background

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.

### Reporting Requirements

In order to satisfy SAMHSA's reporting requirements, DHCS proposes that counties provide the following data elements on the BHRRP SABG and MHBG expenditures. If data is not available, DHCS requests that counties estimate this information to the best of their ability. Counties will report this data through a new data portal designed specifically for BHRRP supplemental funding. More information on this portal is forthcoming, and training and technical assistance on the use of this portal will be made available to counties in the form of written materials and informational webinars.

### Data Elements for SABG

#### ***Expenditures by Service (see full list of expenditures below)***

- Healthcare Home/Physical Health
- Prevention (Including Promotion)
- Intervention Services
- Engagement Services
- Outpatient Services
- Medication Services
- Community Support (Rehabilitative)

- Recovery Supports
- Supports (Habilitative)
- Acute Intensive Services
- Other

### ***Population and Services Reports***

Count of persons served for alcohol and other drug use by:

- Age by gender by race/ethnicity (required)
- Pregnant women by race/ethnicity (required)
- Age by sex at birth, gender identity, and sexual orientation (if available)

### ***Other Items***

- Referrals to community supports (if available)
- Count of persons served by treatment type (if available)
- Count of persons served by language (if available)
- Count of persons served who are unhoused (if available)

## **Data Elements for MHBG**

### ***Expenditures by Service (required)***

- First episode psychosis
- Prevention
- 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
- 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***

Count of persons served by:

- Age by gender by race/ethnicity (if available)
- Pregnant women by race/ethnicity (if available)
- Age by sex at birth, gender identity, and sexual orientation (if available)

## ***Other Items***

- Referrals to community supports (if available)
- Count of persons served by treatment type (if available)
- Count of persons served by language (if available)
- Count of persons served who are unhoused (if available)

## **Full List of SABG Expenditures by Service**

### ***1. Healthcare Home/Physical Health***

- 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. Prevention (Including Promotion)***

- Screening with Evidence-based Tools
- Risk Messaging
- Access Line/Crisis Phone Line/Warm Line
- Purchase of Technical Assistance
- COVID-19 Awareness and Education for Person with SUD
- Media Campaigns (Information Dissemination)
- Employee Assistance Programs (Problem Identification and Referral)
- Primary Substance Use Disorder Prevention (Education)
- Primary Substance Use Disorder Prevention (Alternatives)
- Primary Substance Use Disorder Prevention (Community-Based Processes)

### **3. Intervention Services**

- Syringe Services Program
- Naloxone Overdose Kits/Dissemination of Overdose Kits

### **4. Engagement Services**

- Assessment
- Specialized Evaluations (Psychological and Neurological)
- Services Planning (including crisis planning)
- Consumer/Family Education
- Outreach (including hiring of outreach workers)

### **5. Outpatient Services**

- Evidence-based Therapies
- Group Therapy
- Family Therapy
- Multi-family Therapy
- Consultation to Caregivers

### **6. Medication Services**

- Medication Management
- Pharmacotherapy (including MAT)
- Laboratory Services

### **7. Community Support (Rehabilitative)**

- Parent/Caregiver Support
- Case Management
- Behavior Management
- Supported Employment
- Permanent Supported Housing
- Recovery Housing

### **8. Recovery Supports**

- Peer Support
- Recovery Support Coaching
- Recovery Support Center Services
- Supports For Self-Directed Care

## 9. Supports (Habilitative)

- Personal Care
- Respite
- Supported Education

## 10. Acute Intensive Services

- Mobile Crisis
- Peer-based Crisis Services
- Urgent Care
- 23-hour Observation Bed
- Medically Monitored Intensive Inpatient for SUD
- 24/7 Crisis Hotline

## 11. Other

- 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)

Please list the five services (e.g., mobile crisis, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of BHRRP supplemental funds.

## BHRRP County Data Reporting Timeline

Date	Activity
July 19, 2022	DHCS notifies counties of BHRRP data reporting requirements
August 19, 2022	DHCS hosts webinar on County BHRRP reporting requirements
September 1, 2022	DHCS releases FAQ on County BHRRP data reporting requirements
October 1, 2022	County BHRRP data collection portal launches
October 10, 2022	DHCS hosts webinar demonstration of County BHRRP data portal
October 21, 2022	State Fiscal Year (SFY) 2022-23 Quarter 1 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