

**Behavioral Health Response and Rescue Project  
Coronavirus Response and Relief Supplemental Appropriations 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 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 MHBG CRRSAA activities in the online BHRRP portal.

**MHBG CRRSAA Supplement Expenditures**

1. Please enter the dollar amount spent on each of the following **direct services** that were funded by the MHBG-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>
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		

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:

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3. Please enter the dollar amount spent on each of the following **non-direct services** that were funded by the MHBG-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>
Total non-direct services		
Information systems		
Infrastructure support		
Partnerships, community outreach, and needs assessment		
Planning Council Activities		
Quality assurance and improvement		



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

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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.

	<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 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:

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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 categories here:

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**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 CRRSAA supplement. Please only enter data here if you have them available.

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13. Please enter the total count of unduplicated persons (i.e. unique individuals) whose services were funded by the MHBG-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.

<b>Treatment Type</b>	<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 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	

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

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16. Please enter the total count of unduplicated persons (i.e. unique individuals) whose services were funded by the MHBG-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	