

MHBG CRRSAA & ARPA
County Application

Enclosure X
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**Community Mental Health Services Block Grant (MHBG)
Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) &
American Rescue Plan Act (ARPA)
Supplemental Funding Allocation & Enclosure Instructions**

Santa Barbara County

08/16/21

County Name

Date

149656154

DUNS Number

CRRSAA Performance and Invoice Period July 1, 2021 – December 31, 2022

Funding Categories	Amount Available	Amount Requested	Additional Amount Requested (if more funding becomes available)
Proposed Total Allocation	\$ 432,956.00	\$ 432,956.00	\$ 271,282.00
First Episode Psychosis Set-Aside	\$ 344,787.00	\$ 344,787.00	\$ 104,588.00
Crisis Stabilization	\$ 44,741.00	\$ 44,741.00	\$ 20,627.00
Early Intervention	\$ 43,428.00	\$ 43,428.00	\$ 146,067.00

ARPA Performance and Invoice Period September 1, 2021 – June 30, 2025

Funding Categories	Amount Available	Amount Requested	Additional Amount Requested (if more funding becomes available)
Proposed Total Allocation	\$ 818,993.00	\$ 818,993.00	\$ 443,506.00
Discretionary/Base Allocation	\$ 181,625.00	\$ 181,625.00	\$ 186,257.00
General Crisis Stabilization	\$ 41,827.00	\$ 41,827.00	\$ 100,192.00
First Episode Psychosis Set-Aside	\$ 595,541.00	\$ 595,541.00	\$ 157,057.00

This Enclosure represents supplemental MHBG funding awarded to California through CRRSAA and ARPA. Per federal requirements, these funding sources follow different expenditure periods and must be tracked separately from one another and the prime MHBG award. The allowable and recommended program activities for this funding opportunity are outlined below.

These funds will be subject to all applicable requirements that govern federal monies associated with MHBG set forth in United States Code (USC) Title 42 Part B, and the Uniform Guidance 2 Code of Federal Regulations (CFR) Part 200, as codified by the U.S.

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Department of Health and Human Services in 45 CFR Part 75. The County agrees to the terms and conditions of this Enclosure, and the MHBG County Application's associated instructions, enclosures, and attachments.

The completed CRRSAA and ARPA MHBG Supplemental Enclosure X package must be submitted electronically in its entirety. Please submit program budgets in Excel format, and the corresponding narrative(s) in Word to BHRRP@dhcs.ca.gov no later than close of business on **August 9, 2021**.

Pamela Fisher

Printed Name

DocuSigned by:

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Authorized Signature

Enclosure X Completion Instructions

This document includes the total CRRSAA and ARPA MHBG funding **Amount Available** to your county at this time. Counties shall enter their requested amounts, up to the **Amount Available**, in the **Amount Requested** column. Counties may request additional funding above the **Amount Available** in the **Additional Amount Requested** column. DHCS will allocate additional funding to counties based on funding availability.

Counties are not required to participate in this funding opportunity and may decline participation from all or any categories identified within this Enclosure. Counties intending to opt out of CRRSAA and ARPA funding entirely must submit an email reply to BHRRP@dhcs.ca.gov stating that they decline the funding.

The CRRSAA and ARPA MHBG Supplemental Enclosure X submission package must include the following:

- 1. Signed Enclosure X**
- 2. County Workbook**

Please complete one Detailed Budget per program in the workbook template provided. Programs include the Discretionary/Base Allocation (ARPA only), First Episode Psychosis Set-Aside, Crisis Stabilization (CRRSAA only), General Crisis Services (ARPA only), and Early Intervention (CRRSAA only).

The CRRSAA MHBG Supplemental funding is available for county use from July 1, 2021 through December 31, 2022.

The ARPA MHBG Supplemental funding is available for county use from September 1, 2021 through June 30, 2025.

County budgeting and expenditure of these funds **MUST** be allocated per State Fiscal Year (from July 1 through June 30). Please ensure your budgets allocate funding for the separate periods of:

CRRSAA

- Period 1 - July 1, 2021 through June 30, 2022; and
- Period 2 - July 1, 2022 through December 31, 2022.

ARPA

- Period 1 - September 1, 2021 through June 30, 2022;
- Period 2 - July 1, 2022 through June 30, 2023;
- Period 3 - July 1, 2023 through June 30, 2024; and
- Period 4 - July 1, 2024 through June 30, 2025.

Please note: Counties are required to expend each SFY allocation in full. Failure to spend the entirety of each respective SFY allocation will result in forfeiture of

the remaining funds allocated for the respective SFY. There will be no rollover of funds from one SFY to another.

3. Program Narrative

Programs funded by CRRSAA and ARPA must each have their own Detailed Budget and Program Narrative. Programs that utilize more than one funding stream (i.e. CRRSAA and ARPA) must include detailed information in the Narrative(s) that explain how each funding stream's programs will support one another.

Each Detailed Budget must have a corresponding Program Narrative—please ensure the titles of the Budget and the Narrative correspond.

Each Program Narrative should be no longer than 5 pages and should span the entire CRRSAA and ARPA project period through December 31, 2022 and June 30, 2025, respectively. Each Program Narrative should detail the activities within each SFY, but should be comprehensive and each SFY should not have its own Program Narrative. Program Narratives must include the following sections lettered and in the same order as below in bold:

- a. Statement of Purpose:** reflects the principles on which the program is being implemented and the purpose/goals of the program.
- b. Measurable Outcome Objectives:** includes any measurable outcome objectives that demonstrate progress toward stated purposes or goals of the program.
- c. Program Description:** specifies what is actually being paid for by the block grant funds. The description must include services to be offered, type of setting, or planned community outreach, as applicable. The budget line items within the Detailed Program Budget must be explained in the program description.
- d. Cultural Competency:** describes how the program is providing culturally appropriate and responsive services for ethnic communities in the county; also report on advances made to promote and sustain a culturally competent system.
- e. Target Population/Service Areas:** specifies the populations and service areas that your MHBG-funded programs are serving. Each narrative must include a brief description of the target population including any sub-population served with the MHBG funds.
- f. Staffing:** MHBG positions and full-time equivalent (FTE) must be listed in this section and must match the submitted budgets.
- g. Implementation Plan:** specifies dates by which each phase of the program will be implemented or state that the “program is fully implemented”.
- h. Program Evaluation Plan:** for tracking progress toward meeting the program's objectives, including frequency and type of internal review, data collection and analysis, identification of problems or barriers encountered for ongoing programs, and a plan for monitoring, correcting, and resolving identified problems.

- i. **CRRSAA MHBG Supplement Tracking:** details the policies and procedures used to track CRRSAA MHBG Supplemental funding separately from the prime and ARPA MHBG awards.
- j. **ARPA MHBG Supplement Tracking:** details the policies and procedures used to track ARPA MHBG Supplemental funding separately from the prime and CRRSAA MHBG awards.
- k. **CRRSAA Complete Expenditure of Funds:** specifies policies and procedures to expend County's CRRSAA MHBG Supplemental allocation in full. Counties must report to DHCS by **June 30, 2022** if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.
- l. **ARPA Complete Expenditure of Funds:** specifies policies and procedures to expend County's ARPA MHBG Supplemental allocation in full. Counties must report to DHCS by **January 1, 2025** if they do not anticipate fully expending their SFY 2024-25 allocation by **June 30, 2025**.

4. Invoicing

Counties receiving CRRSAA and/or ARPA supplemental funding are obligated to adhere to the fiscal requirements outlined within the County Application. **Counties must utilize the CRRSAA and ARPA Invoice Templates, as appropriate.** Quarterly invoices are due to DHCS 20 days after the end of each quarter: October 20, January 20, April 20, and 30 days after the end of quarter 4: July 31. Quarterly Invoices shall be submitted via e-mail to BHRRP@dhcs.ca.gov.

5. Allowable and Recommended CRRSAA and ARPA Funding Activities

DHCS is making CRRSAA funding available to counties to support certain activities required or recommended by the Substance Abuse and Mental Health Services Administration. Supported activities include:

- Provide comprehensive, community mental health services to adults with Serious Mental Illnesses (SMI) and children with Serious Emotional Disturbances (SED);
- Ensure community mental health centers provide such services as screening, outpatient treatment, emergency mental health services, and day treatment programs;
- Promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating state mental health systems;
- Ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults;
- Promote recovery and community integration for adults with SMI and children with SED;
- Increase accountability through uniform reporting on access, quality, and outcomes of services; and
- Assessment, diagnosis, and treatment of co-occurring disorders.

This list of allowable and recommended activities is not exhaustive, and DHCS encourages counties to include all proposed uses of these funds within their responses.

Discretionary/Base Allocation – ARPA Only

The following activities are allowable and recommended uses of ARPA funds:

- Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of MH treatment services;
- Consider digital platforms, such as Network of Care, which facilitate access to behavioral health services for persons with SMI-SED;
- Expand Assisted Outpatient Treatment (AOT) services;
- Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis;
- Adopt and use health information technology (IT) to improve access to and coordination of MH services and care delivery, consistent with the provisions of HIPAA and 42 CFR, Part 2;
- Improve IT infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas, and use of GPS to expedite response times and to remotely meet with the individual in need of services;
- Support for crisis and school-based services that promote access to care for children with SED;
- Develop medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis, which may leverage telehealth when possible;
- Identify the needs and gaps of your county's MH services continuum; and
- Support expansion of peer-based recovery support services to ensure a recovery orientation which expands support networks and recovery services.

First Episode Psychosis (FEP) Set-Aside

The following FEP activities are allowable and recommended uses of CRRSAA and ARPA funds:

- Screening and diagnosis;
- Treatment planning;
- Assertive case management;
- Individual or group psychotherapy;
- Supported employment and education services;
- Family education and support;
- Antipsychotic agents and medication management;
- Primary care coordination;
- Peer support;
- Outreach; and

- Purchase of technical assistance.

All counties accepting CRRSAA or ARPA FEP funding through this Supplemental Enclosure will be required to participate in a Learning Collaborative developed by the University of California, Davis. This Learning Collaborative was designed as part of the Early Psychosis Intervention Plus Program, and is intended to ensure a standard of care exists across California for all individuals experiencing an FEP or other early serious mental illness. The training focuses on the evidence based practice of coordinated specialty care (CSC) as the leading treatment modality for FEP, and will benefit programs in all stages of implementation. Counties may request exemption from this requirement by submitting evidence of comparable CSC training or technical assistance, received in any of the three fiscal years prior to SFY 2021-22, at the time of submitting their completed CRRSAA and ARPA Supplemental Enclosure X package.

General Crisis Services – ARPA Only

Funding directed to support evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances.

The following Crisis Services are allowable and recommended uses of ARPA funds:

- Staff administrative and clinical salaries in crisis;
- Screening and diagnosis;
- Peer support;
- Minor remodeling;
- Short-term residential crisis stabilization beds;
- Treatment planning,
- Referral services;
- Case management;
- Outreach;
- Crisis stabilization bed registry; and
- Evidence-based protocols for delivering services to individuals with suicide risk.

Crisis Stabilization – CRRSAA Only

Funding for crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

The following Crisis Stabilization activities are allowable and recommended uses of CRRSAA funds:

- Minor remodeling for crisis receiving and stabilization facilities;

- Staff administrative and clinical salaries in crisis receiving and stabilization facilities;
- Screening and diagnosis;
- Peer support;
- Treatment planning;
- Referral services;
- Case management;
- Outreach;
- Crisis stabilization bed registry; and
- Room and board.

Early Intervention – CRRSAA Only

The following Early Intervention activities are allowable and recommended uses of CRRSAA funds:

- Screening and assessment;
- Diagnosis;
- Treatment planning;
- Cognitive behavioral therapy;
- Referral services;
- Case management;
- Relaxation and meditation methods;
- Social skills;
- Training;
- Outreach; and
- Room and board.

Questions about any of the information or instructions contained in this Enclosure should be directed to BHRRP@dhcs.ca.gov.