

File No. 220205

Committee Item No. 8

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date April 13, 2022

Board of Supervisors Meeting Date \_\_\_\_\_

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#### OTHER (Use back side if additional space is needed)

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Completed by: Brent Jalipa Date April 7, 2022

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - Department of Health and Human Services -  
2 Community Mental Health Services Block Grant - Behavioral Health Response and Rescue  
3 Project Supplemental - \$5,052,171.99]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**  
5 **expend a grant in the amount of \$5,052,171.99 from the Department of Health and**  
6 **Human Services, Substance Abuse and Mental Health Services Administration through**  
7 **the California Department of Health Care Services for participation in a program,**  
8 **entitled “Community Mental Health Services Block Grant (MHBG) - Behavioral Health**  
9 **Response and Rescue Project (BHRRP) Supplemental,” for the period of July 1, 2021,**  
10 **through June 30, 2025.**

11  
12 WHEREAS, The Department of Health and Human Services, Substance Abuse and  
13 Mental Health Services Administration (SAMHSA), through the California Department of  
14 Health Care Services (DHCS), has agreed to fund the Department of Public Health (DPH) in  
15 the amount of \$5,052,171.99 for participation in a program, entitled “Community Mental  
16 Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project  
17 (BHRRP) Supplemental,” for the period of July 1, 2021, through June 30, 2025; and

18 WHEREAS, The grant amount of \$5,052,171.99 has been funded in part from the  
19 Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) in the amount  
20 of \$1,508,181 for the period of July 1, 2021, through December 31, 2022, and in part from the  
21 American Rescue Plan Act (ARPA) in the amount of \$3,543,990.99 for the period of  
22 September 1, 2021, through June 30, 2025; and

23 WHEREAS, With this grant funding, the Behavioral Health Services (BHS) Mental  
24 Health Services unit will significantly expand the services by adding positions to manage the  
25 overall grant; expand and support the new Mobile Outreach Team field-based services that

1 engage with medical, law enforcement, or emergency psychiatric systems while providing  
2 support to individuals in the field; and provide neurocognitive testing and treatment  
3 coordination for older adults; and

4 WHEREAS, This grant funding will also enable expanding early psychosis care  
5 coordination, early psychosis capacity building and staff training, increase funding to  
6 emergency stabilization units and wellness rooms, including cleaning and repair costs, and  
7 provide a low-income housing (Housing Opportunities for People Everywhere (HOPE) San  
8 Francisco Wellness Center Office) trailer to provide services; and

9 WHEREAS, This grant funding will increase Diversion and Engagement services to  
10 reduce utilization of psychiatric hospitalizations, and psychiatric emergency rooms for frequent  
11 users of service at Psychiatric Emergency Services; and

12 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

13 WHEREAS, A request for retroactive approval is being sought because DPH received  
14 the award letter on December 6, 2021, for a project start date of July 1, 2021; and

15 WHEREAS, The Department proposes to maximize use of available grant funds on  
16 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

17 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in  
18 the grant budget; and, be it

19 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend a grant  
20 in the amount of \$5,052,171.99 from the SAMHSA through DHCS; and, be it

21 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
22 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

23 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
24 Agreement on behalf of the City; and, be it

25

1           FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully  
2           executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of  
3           Supervisors for inclusion in the official file.

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1 Recommended:

Approved: \_\_\_\_\_ /s/ \_\_\_\_\_

2

Mayor

3 \_\_\_\_\_ /s/ \_\_\_\_\_

4 Dr. Grant Colfax

Approved: \_\_\_\_\_ /s/ \_\_\_\_\_

5 Director of Health

Controller

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File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Community Mental Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental**

2. Department: **Department of Public Health**

3. Contact Person: **Marlo Simmons** Telephone: **415-255-3915**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$5,052,171.99**  
**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) - \$1,508,181**  
**American Rescue Plan Act (ARPA) - \$3,543,990.99**

6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Department of Health and Human Services, Substance Abuse and Mental Health Services Administration**  
b. Grant Pass-Through Agency (if applicable): **California Department of Health Care Services**

8. Proposed Grant Project Summary:

BHS was awarded a new Community Health Mental Services Block Grant under the Coronavirus Response and Relief Supplemental Appropriations Act (\$1,508,181) and the American Rescue Plan Act (\$3,543,990.99). CRRSAA will run from 7/1/21-12/31/22 and ARPA will run from 9/1/21-6/30/25. With this grant funding, BHS' Mental Health Services unit will significantly expand existing services by, among other activities: a) adding 1.0 FTE in a new Health Program Coordinator III position to manage the overall grant, b) adding 3.0 FTE in new Health Worker III positions to support new Mobile Outreach field-based work, c) adding 1.0 FTE in a new Clinical Psychologist position to provide neurocognitive testing and treatment coordination for older adults, d) expanding Mobile Outreach Team services that engage with the medical, law enforcement, or emergency psychiatric systems while providing support to individuals in the field, e) expanding early psychosis care coordination and early psychosis capacity building and staff training, f) increasing funding to emergency stabilization units and wellness rooms, including cleaning and repair costs, g) providing a low-income housing HOPE SF Wellness Center Office trailer to provide services, h) funding laptops/tablets/mobile hotspots to help increase access to services, and i) increasing 5150 Diversion and Engagement services to reduce utilization of psychiatric hospitalizations and psychiatric emergency rooms for frequent users of service at Psychiatric Emergency Services (PES).

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

	Start-Date:	End-Date:
<b>CRRSAA (\$1,508,181)</b>	<b>7/1/2021</b>	<b>12/31/2022</b>
<b>ARPA (\$3,543,990.99)</b>	<b>9/1/2021</b>	<b>6/30/2025</b>



10a. Amount budgeted for contractual services: **\$2,426,879**

b. Will contractual services be put out to bid? **Yes. Several components of this grant project will require that contractual services be put out to bid through a RFP. If approved and applicable, other components will use existing RFP authorization and existing contracts to expand existing services.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes**

d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? \$

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **25% of personnel costs**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment and will fund five TEX Cat. 18 positions:**

**0.5 FTE for class 2574 in Year 1, and 1.0 FTE for Year 2-4**

**1.5 FTE for class 2587 in Year 1, and 3.0 FTE for Year 2-4**

**0.5 FTE for class 2593 in Year 1, and 1.0 FTE for Year 2-4**

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2021. The Department received the award on December 6, 2021**

Proposal ID: CTR00002805 (ARPA)  
Version ID: V101  
Department ID: 251964  
Project Desc: HB HM HM112 2122 MHBG-Americ (10038377)  
Project ID: 10038377 (ARPA)  
Activity ID: 0001

Proposal ID: CTR00002806 (CRRSAA)  
Version ID: V101  
Department ID: 251964  
Project Desc: HB HM HM113 2122 MHBG-CRRSAA (10038378)  
Project ID: 10038378 (CRRSAA)  
Activity ID: 0001

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 1/26/2022 | 10:36 AM PST

DocuSigned by:  
Toni Rucker  
A04282F7351F44C...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 1/26/2022 | 12:53 PM PST

DocuSigned by:  
Greg Wagner  
28527524752949E...  
(Signature Required)  
Greg Wagner, COO for



Department of Public Health  
Community Mental Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental  
7/1/2021 - 6/30/2025

Funding Categories		CRRSAA		ARPA				Total
		7/1/21 - 6/30/22	7/1/22 - 12/31/22	9/1/21 - 6/30/22	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	
Early Psychosis Capacity Building	Contractor - TBD	215,492.00	129,295.00					344,787.00
Crisis Stabilization: 5150 Diversion & Engagement	Contractor - TBD	301,307.12	185,303.88					486,611.00
	Equipment							-
	Labtops 40 units @ \$2,000 each	80,000.00						80,000.00
	Tablets 20 units @ \$1,000 each	20,000.00						20,000.00
Materials and Supplies	Other - Subscriptions for mobile hot-spots (\$250/mo for 9 months this FY)	2,250.00	1,500.00					3,750.00
Early Intervention: Housing-Related Engagement/Respite/Wellness	Contractor - Engagement/Respite Rooms (25 rooms, 10 months, \$1050/month) TBD	262,500.00	157,500.00					420,000.00
	Contractor - Minor repair & cleaning of Engagement/Respite rooms btwn occupancies	17,520.62	10,512.38					28,033.00
Equipment	Equipment Low-Income Housing HOPE Wellness Center Office Trailer		125,000.00					125,000.00
Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement	2574 Clinical Psychologist, 0.50 fte in Year 1, 1.00 fte in Year 2-4			61,681.18	126,446.43	129,607.59	132,847.78	450,582.98
	2587 Health Worker III, 1.50 fte in Year 1, 3.00 fte in Yar 2-4			105,519.52	221,556.13	232,467.17	243,785.30	803,328.12
	2593 Care Coordinator, 0.5 fte in Year 1, 1.00 fte in Year 2-4			53,135.21	111,578.28	117,085.12	122,797.55	404,596.16
	Fringe benefits			98,049.48	204,513.47	213,226.15	222,246.63	738,035.73
Crisis Stabilization: 5150 Diversion & Engagement	Contractor - TBD				107,140.40	219,637.83	225,128.77	551,907.00
Early Psychosis Care Coordination	Contractor - TBD			129,464.00	155,359.00	155,359.00	155,359.00	595,541.00
								-
Subtotal		899,069.74	609,111.26	447,849.39	926,593.71	1,067,382.86	1,102,165.03	5,052,171.99
Total			1,508,181.00				3,543,990.99	5,052,171.99

Personnel	-	-	318,385.39	664,094.31	692,386.03	721,677.26	2,396,542.99
Equipment	100,000.00	125,000.00	-	-	-	-	225,000.00
Materials & Supplies	2,250.00	1,500.00	-	-	-	-	3,750.00
Contractual	796,819.74	482,611.26	129,464.00	262,499.40	374,996.83	380,487.77	2,426,879.00
Total	899,069.74	609,111.26	447,849.39	926,593.71	1,067,382.86	1,102,165.03	5,052,171.99

## Wong, Greg (DPH)

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**From:** DHCS FGB Contracts <FGBContracts@dhcs.ca.gov>  
**Sent:** Monday, December 6, 2021 2:37 PM  
**To:** Hua, Jennie (DPH)  
**Cc:** robertwhirry@gmail.com; Edwin Batongbacal; Mayer-Twomey, Charles (DPH); Fung, Mimi (DPH); Quinonez, Miguel (DPH); Giang, Shirley (DPH); Kunins, Hillary (DPH); Simmons, Marlo (DPH); Duncan, Seongsook@DHCS; DHCS BHRRP; DHCS FGB Contracts  
**Subject:** MHBG - BHRRP Approval - San Francisco County  
**Attachments:** MHBG-BHRRP Approval - San Francisco County.pdf; MHBG ARPA Funding Period 1-Approved.xlsx; MHBG ARPA Funding Period 2-Approved.xlsx; MHBG ARPA Funding Period 3-Approved.xlsx; MHBG ARPA Funding Period 4-Approved.xlsx; MHBG CRRSAA Funding Period 1-Approved.xlsx; MHBG CRRSAA Funding Period 2-Approved.xlsx

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear County Behavioral Health Partner,

Thank you for submitting your County's Behavioral Health Response and Rescue Project (BHRRP) Supplemental County Applications for the Community Mental Health Services Block Grant (MHBG). Supplemental funding is supported through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA). CRRSAA funding is available from July 1, 2021 – December 31, 2022 and ARPA funding is available from September 1, 2021 – June 30, 2025.

The Department of Health Care Services (DHCS) has reviewed and **approved** your County's **CRRSAA and ARPA MHBG Supplemental County Applications**. Please find the attached approval letter and an approved copy of your County's workbook for your records.

**Please note, the original Supplemental County Application stated "General Crisis Stabilization" on Enclosure X (ARPA table), however, the intended term was "General Crisis Services." General Crisis Services allows broader activities and more flexibility, as described on page 7 of the Supplemental County Application. If you would like to expand General Crisis Stabilization to General Crisis Services in your Supplemental County Application, you may make changes to your County's narrative and budget during the Budget Change Request (BCR) period. The CRRSAA and ARPA BCR period will be available beginning March 1, 2022.**

Additionally, your County may be eligible to receive additional funding if it was requested during the application period. DHCS will be providing additional instructions once the final funding amount has been determined.

Should you have any questions, please contact the BHRRP team at [BHRRP@dhcs.ca.gov](mailto:BHRRP@dhcs.ca.gov).

Sincerely,

**The Contracts Team**  
Federal Grants Branch  
Community Services Division  
Department of Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95814

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



December 6, 2021

Judith Martin M.D.  
 SUD Medical Director and AOD Administrator  
 San Francisco County Department of Health Services  
 Room 221, Second Floor  
 1380 Howard Street  
 San Francisco, CA 94103

Dear Dr. Martin:

The Department of Health Care Services (DHCS) has completed the review of your county’s Behavioral Health Response and Rescue Project (BHRRP) Supplemental County Application for the Community Mental Health Services Block Grant (MHBG). All required documents have been received, and your application has been approved up to the maximum **Total Amount Approved** noted below. Your County may begin incurring costs up to that amount retroactively per the timelines denoted below.

**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)  
 (July 1, 2021 through December 31, 2022)**

Funding Categories	Total Amount Available	Total Amount Requested	Total Amount Approved
<b>Total Allocation</b>	<b>\$1,508,181.00</b>	<b>\$1,508,181.00</b>	<b>\$1,508,181.00</b>
First Episode Psychosis Set-Aside	\$344,787.00	\$344,787.00	\$344,787.00
Crisis Stabilization	\$590,361.00	\$590,361.00	\$590,361.00
Early Intervention	\$573,033.00	\$573,033.00	\$573,033.00

**American Rescue Plan Act (ARPA)  
 (September 1, 2021 through June 30, 2025)**

Funding Categories	Total Amount Available	Total Amount Requested	Total Amount Approved
<b>Total Allocation</b>	<b>\$3,543,991.00</b>	<b>\$3,543,991.00</b>	<b>\$3,543,990.99</b>
Discretionary/Base Allocation	\$2,396,543.00	\$2,396,543.00	\$2,396,542.99
General Crisis Services*	\$551,907.00	\$551,907.00	\$551,907.00
First Episode Psychosis Set-Aside	\$595,541.00	\$595,541.00	\$595,541.00

\*The original application stated "General Crisis Stabilization," however the intended term was "**General Crisis Services**." General Crisis Services allow s broader activities and more flexibility, therefore corrections can be made to your County's narrative and budget during the Budget Change Request(BCR) period to reflect those changes. BCR period is from March 1<sup>st</sup> through May 31<sup>st</sup> during each State Fiscal Year (SFY).

**Please note, your County may be eligible to receive additional funding if it was requested during the application period. DHCS will be providing additional instructions once the final funding amount has been determined.**

Should you have any questions, please contact the BHRRP team at [BHRRP@dhcs.ca.gov](mailto:BHRRP@dhcs.ca.gov).

Sincerely,



Waheeda Sabah, Section Chief  
Contracts and Fiscal Section  
Federal Grants Branch  
Community Services Division  
Department of Health Care Services



<b>Funding Period 1</b>
<b>MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET</b>

Complete the FEP Program Data Sheet with the information requested below.

County: San Francisco

FEP Program Title: Early Psychosis Care Coordination

Program Contact: Heather Weisbrod

E-mail: heather.weisbrod@sfdph.org

Phone Number: (415) 255-3513

MHBG FEP Set-Aside Amount: \$129,464

Report the actual number of adults with serious mental illness and children with serious emotional disturbances that were admitted into and received Coordinated Specialty Care (CSC) evidence-based First Episode Psychosis (FEP) services.

From 7/1/2019 To 6/30/2020	
Please identify the total number of FEP programs your county is administrating (all funding sources)	1
Please identify the total number of FEP programs <i>by unique site location</i> your county is administrating (all funding sources)	1
Please identify the total number of FEP programs your county is administrating (MHBG-funded only, even if partial)	1
Please identify the total number of FEP programs <i>by unique site location</i> your county is administrating (MHBG-funded only, even if partial)	1
Number of Adult Admissions into CSC Services During FY	52
Current Number of Adults with FEP Receiving CSC FEP Services	52
Number of Child/Adolescent Admissions into CSC Services During FY	10
Current Number of Children/Adolescents with FEP Receiving CSC FEP Service	10
Do You Monitor Fidelity for This Service? (Check One)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
What Fidelity Measure Do You Use?	<a href="#">The Felton Early Psychosis Program model</a>
Who Measures Fidelity?	FEPS-FS – annually IPS Fidelity Scale – annually SCID competency; CTS-R competency – measured as scheduled based on clinicians’ pre-post certification status
How Often is Fidelity Measured?	<a href="#">FEPS-FS – annually</a>
Has Staff Been Specifically Trained to Implement the CSC EBP? (Check One)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

*Please complete one budget per program. If your county has more than one ARPA MHBG funded program, submit the budgets in one excel workbook.*

**SFY:** Click on the drop-down menu to select year.

**(New) Current ICR:** At the top of Program 1 sheet each county must enter in their current ICR rate (not to exceed 25%) This rate should match what was submitted by the county. Entering the ICR on Program 1 sheet will Auto-Populate the rest of the work book.

**County:** Click on the drop-down menu to select county name.

**Fiscal Contact:** Enter fiscal contact information for each program.

**Program Contact:** Enter program contact information for each program.

**Program Name:** Report the name of the program.

**Summary:** This area will auto-populate, once information is selected and entered into Section I Staffing Itemized Detail, and Section II Itemized Detail.

-----  
Other  
    Section I select Staff Expenses.  
    Section II select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Federal Funds, and  
    Funding Sources-Non Federal Funds.

- **Staff Expenses:** Enter position title, annual salary, full time equivalent (FTE) percentage charged to the grant, and the salaries applicable to the identified FTE. Research and Evaluation staff are to be listed in this category. The FTE percentage needs to be identified for purposes of controlling the \$199,300 salary cap. The \$199,300 salary cap does not include benefits, for this reason list benefits as one item for all staff. Enter this information under Section I.

- **Consultant/Contract Costs:** Enter consultant title, full legal name of subcontractors, direct service contracts, contract administration costs and other applicable contract costs. Enter this information under Section II.

- **Equipment:** List equipment to be rented, leased, or purchased. Enter this information under Section II.  
    Definition: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines and tools.  
    a. "Relatively permanent" is defined as a useful life of one year or longer.  
    b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

- **Supplies:** Identify office, printing, housekeeping, medical, etc. Enter this information under Section II.

- **Travel:** Per diem, mileage reimbursements, and vehicle rental/lease. Enter this information under Section II.

- **Other Expenses:** List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category. Enter this information under Section II.

- **County Support Administrative Direct Costs :** This amount includes county overhead, and/or the distribution of administrative support and research and evaluation costs. Enter this information under Section II. (limited to 10% for MHBG)

**(New)** ● **Indirect Cost Rate:** These costs should be equal to or lower than your counties submitted Indirect Cost Rate (ICR). If you are using other funds to cover the Indirect Cost Rate expenses for this program, then you will need to still report this in the budget however this will be a zero dollar line item with comments in the itemized detail section explaining this.

- **Other Funding-Federal Funds:** Includes other federal grants (not in MHBG or PATH Grant), Medicare/Medicaid, etc. Enter this information under Section II.

- **Other Funding-Non Federal Funds:** State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc. Enter this information under Section II.

**Net Program Expenses:** This is the total amount charged to the grant, this figure will auto-populate.

**Total Other Funding Sources:** This figure will auto-populate from the Federal Funds, and Non-Federal Funds sources.

**Gross Cost of Program:** This figure will auto-populate.

*Department of Health Care Services will review, and approve all ARPA MHBG budgets. Finalized approved budgets will be sent back to the county.*

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Jennie Hua	<b>Phone</b>	(415) 255-3628
<b>Email Address</b>	<a href="mailto:jennie.hua@sfdph.org">jennie.hua@sfdph.org</a>		

**Program Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement**

**Summary**

Category	Amount
Staff Expenses	\$ 318,385.39
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 318,385.39</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 318,385.39</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Psychologist (2574)	\$ 123,362.37	0.500	\$ 61,681.18
Staff Expenses	Health Worker III (2587)	\$ 70,346.35	1.500	\$ 105,519.52
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 106,270.42	0.500	\$ 53,135.21
		\$ -	0.500	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -







**Federal Grant Detailed Program Budget**

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement  
**Program Contact:** Jennie Hua  
**Email:** jennie.hua@sfdph.org  
**Phone:** (415) 255-3628

**MHBG Funding Level:** \$ 318,385.39

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>120</b>
<b>SMI Older Adult (60+)</b>	<b>30</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Marlo Simmons	<b>Phone</b>	(415) 255-3915
<b>Email Address</b>	<a href="mailto:marlo.simmons@sfdph.org">marlo.simmons@sfdph.org</a>		

**Program Name** Crisis Stabilization: 5150 Diversion & Engagement

**Summary**

Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
	No 1st period expenses drawn down from ARPA General Crisis Stabilization	\$ -	0.000	\$ -
	Indirect is zero dollars		0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
Indirect Costs	Indirect is zero - No 1st period ARPA Gen Crisis Stab expenses	\$ -	\$ -	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Crisis Stabilization: 5150 Diversion & Engagement  
**Program Contact:** Marlo Simmons  
**Email:** marlo.simmons@sfdph.org  
**Phone:** (415) 255-3915

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>0</b>
<b>SMI Older Adult (60+)</b>	<b>0</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Heather Weisbrod	<b>Phone</b>	(415) 255-3513
<b>Email Address</b>	<a href="mailto:heather.weisbrod@sfdph.org">heather.weisbrod@sfdph.org</a>		

**Program Name** Early Psychosis Care Coordination

Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 129,464.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 129,464.00</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 129,464.00</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -





**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -	
<b>II. Itemized Detail</b>					
Category	Detail			Amount	Total
Consultant/Contract Costs	Early psychosis care coordination - contractor TBD	\$	129,464.00	\$	129,464.00
Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$	-	\$	-
		\$	-	\$	-
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Early Psychosis Care Coordination  
**Program Contact:** Heather Weisbrod  
**Email:** heather.weisbrod@sfdph.org  
**Phone:** (415) 255-3513

**MHBG Funding Level:** \$ 129,464.00

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>20</b>
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	<b>10</b>

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>	
<b>Summary</b>	
	<b>Category</b>
	<b>Amount</b>
	Staff Expenses \$ -
	Consultant/Contract Costs \$ -
	Equipment \$ -
	Supplies \$ -
	Travel \$ -
	Other Expenses \$ -
	Indirect Costs \$ -
	County Support Administrative Direct Costs \$ -
	<b>Net Program Expenses \$ -</b>
	Other Funding Sources: Federal \$ -
	Other Funding Sources: Non-Federal Funds \$ -
	<b>Total Other Funding Sources \$ -</b>
	<b>Gross Cost of Program \$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -



Federal Grant Detailed Program Budget

Staff Expenses Benefits \$ - 1.000 \$ -

II. Itemized Detail

Table with columns: Category, Detail, Amount, Total. Contains 25 rows of budget items, all with zero amounts.

DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**        
**SMI Older Adult (60+)**        
**SED Child (0-17)**     

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
		\$ -	\$ -	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
		\$ -	\$ -	
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DHCS Approval By:



**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>		
<b>Summary</b>		
	<b>Category</b>	<b>Amount</b>
	Staff Expenses	\$ -
	Consultant/Contract Costs	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Travel	\$ -
	Other Expenses	\$ -
	Indirect Costs	\$ -
	County Support Administrative Direct Costs	\$ -
	<b>Net Program Expenses</b>	<b>\$ -</b>
	Other Funding Sources: Federal	\$ -
	Other Funding Sources: Non-Federal Funds	\$ -
	<b>Total Other Funding Sources</b>	<b>\$ -</b>
	<b>Gross Cost of Program</b>	<b>\$ -</b>

<b>I. Staffing Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
		\$ -	\$ -	
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DHCS Approval By:  
Date:

**Federal Grant Detailed Program Budget**

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**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -







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**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$	-	1.000	\$	-	
II. Itemized Detail							
Category	Detail				Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:



**Funding Period 1: 09-01-2021 to 06-30-2022**  
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**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

<b>I. Staffing Itemized Detail</b>				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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<b>Federal Grant Detailed Program Budget</b>			
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Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

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<b>Email Address</b>			

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<b>I. Staffing Itemized Detail</b>				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
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Federal Grant Detailed Program Budget

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount		Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 1: 09-01-2021 to 06-30-2022**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Workbook Summary Sheet**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ 318,385.39
Consultant/Contract Costs	\$ 129,464.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Total Cost</b>	<b>\$ 447,849.39</b>

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
San Francisco	1	Early psychosis care coordination	To be determined		
	2				
	3				
	4				
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	40				

<b>Funding Period 2</b> <b>MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET</b>
--

Complete the FEP Program Data Sheet with the information requested below.

County: San Francisco  
FEP Program Title: Early Psychosis Care Coordination  
Program Contact: Heather Weisbrod  
E-mail: heather.weisbrod@sfdph.org  
Phone Number: (415) 255-3513

MHBG FEP Set-Aside  
Amount: \$ 

	155,359.00
--	------------

Department of Health Care Services



*Please complete one budget per program. If your county has more than one ARPA MHBG funded program, submit the budgets in one excel workbook.*

**SFY:** Click on the drop-down menu to select year.

**(New) Current ICR:** At the top of Program 1 sheet each county must enter in their current ICR rate (not to exceed 25%) This rate should match what was submitted by the county. Entering the ICR on Program 1 sheet will Auto-Populate the rest of the work book.

**County:** Click on the drop-down menu to select county name.

**Fiscal Contact:** Enter fiscal contact information for each program.

**Program Contact:** Enter program contact information for each program.

**Program Name:** Report the name of the program.

**Summary:** This area will auto-populate, once information is selected and entered into Section I Staffing Itemized Detail, and Section II Itemized Detail.

-----  
Other  
    Section I select Staff Expenses.  
    Section II select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Federal Funds, and  
    Funding Sources-Non Federal Funds.

● **Staff Expenses:** Enter position title, annual salary, full time equivalent (FTE) percentage charged to the grant, and the salaries applicable to the identified FTE. Research and Evaluation staff are to be listed in this category. The FTE percentage needs to be identified for purposes of controlling the \$199,300 salary cap. The \$199,300 salary cap does not include benefits, for this reason list benefits as one item for all staff. Enter this information under Section I.

● **Consultant/Contract Costs:** Enter consultant title, full legal name of subcontractors, direct service contracts, contract administration costs and other applicable contract costs. Enter this information under Section II.

● **Equipment:** List equipment to be rented, leased, or purchased. Enter this information under Section II.  
    Definition: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines and tools.  
    a. "Relatively permanent" is defined as a useful life of one year or longer.  
    b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

● **Supplies:** Identify office, printing, housekeeping, medical, etc. Enter this information under Section II.

● **Travel:** Per diem, mileage reimbursements, and vehicle rental/lease. Enter this information under Section II.

● **Other Expenses:** List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category. Enter this information under Section II.

● **County Support Administrative Direct Costs :** This amount includes county overhead, and/or the distribution of administrative support and research and evaluation costs. Enter this information under Section II. (limited to 10% for MHBG)

**(New)** ● **Indirect Cost Rate:** These costs should be equal to or lower than your counties submitted Indirect Cost Rate (ICR). If you are using other funds to cover the Indirect Cost Rate expenses for this program, then you will need to still report this in the budget however this will be a zero dollar line item with comments in the itemized detail section explaining this.

- **Other Funding-Federal Funds:** Includes other federal grants (not in MHBG or PATH Grant), Medicare/Medicaid, etc. Enter this information under Section II.

- **Other Funding-Non Federal Funds:** State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc. Enter this information under Section II.

**Net Program Expenses:** This is the total amount charged to the grant, this figure will auto-populate.

**Total Other Funding Sources:** This figure will auto-populate from the Federal Funds, and Non-Federal Funds sources.

**Gross Cost of Program:** This figure will auto-populate.

***Department of Health Care Services will review, and approve all ARPA MHBG budgets. Finalized approved budgets will be sent back to the county.***

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Jennie Hua	<b>Phone</b>	(415) 255-3628
<b>Email Address</b>	<a href="mailto:jennie.hua@sfdph.org">jennie.hua@sfdph.org</a>		

Program Name	Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement		
Summary			
	Category		Amount
	Staff Expenses	\$	664,094.31
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>664,094.31</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>664,094.31</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Psychologist (2574)	\$ 126,446.43	1.000	\$ 126,446.43
Staff Expenses	Health Worker III (2587)	\$ 73,852.04	3.000	\$ 221,556.13
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 111,578.28	1.000	\$ 111,578.28
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**Federal Grant Detailed Program Budget**

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement  
**Program Contact:** Jennie Hua  
**Email:** jennie.hua@sfdph.org  
**Phone:** (415) 255-3628

**MHBG Funding Level:** \$ 664,094.31

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>240</b>
<b>SMI Older Adult (60+)</b>	<b>60</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Marlo Simmons	<b>Phone</b>	(415) 255-3915
<b>Email Address</b>	<a href="mailto:marlo.simmons@sfdph.org">marlo.simmons@sfdph.org</a>		

<b>Program Name</b>	<b>Crisis Stabilization: 5150 Diversion &amp; Engagement</b>		
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	107,140.40
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>107,140.40</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>107,140.40</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Amount</b>		<b>Total</b>
Consultant/Contract Costs	5150 Diversion & Engagement program for last 6 mos of FY 22-23	\$	107,140.40	\$ 107,140.40
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$	-	\$ -
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Crisis Stabilization: 5150 Diversion & Engagement  
**Program Contact:** Marlo Simmons  
**Email:** marlo.simmons@sfdph.org  
**Phone:** (415) 255-3915

**MHBG Funding Level:** \$ 107,140.40

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>15</b>
<b>SMI Older Adult (60+)</b>	<b>5</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Heather Weisbrod	<b>Phone</b>	(415) 255-3513
<b>Email Address</b>	<a href="mailto:heather.weisbrod@sfdph.org">heather.weisbrod@sfdph.org</a>		

<b>Program Name</b>	Early Psychosis Care Coordination		
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	155,359.00
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>155,359.00</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>155,359.00</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
Consultant/Contract Costs	Early psychosis care coordination - contractor TBD	\$ 155,359.00	\$ 155,359.00	
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -	
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Early Psychosis Care Coordination  
**Program Contact:** Heather Weisbrod  
**Email:** heather.weisbrod@sfdph.org  
**Phone:** (415) 255-3513

**MHBG Funding Level:** \$ 155,359.00

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>26</b>
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	<b>10</b>

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:



**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$ -	
	Consultant/Contract Costs	\$ -	
	Equipment	\$ -	
	Supplies	\$ -	
	Travel	\$ -	
	Other Expenses	\$ -	
	Indirect Costs	\$ -	
	County Support Administrative Direct Costs	\$ -	
	<b>Net Program Expenses</b>	<b>\$ -</b>	
	Other Funding Sources: Federal	\$ -	
	Other Funding Sources: Non-Federal Funds	\$ -	
	<b>Total Other Funding Sources</b>	<b>\$ -</b>	
	<b>Gross Cost of Program</b>	<b>\$ -</b>	

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

<b>Federal Grant Detailed Program Budget</b>
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<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
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<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

<b>I. Staffing Itemized Detail</b>				
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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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### Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	
	<b>\$ -</b>

<b>I. Staffing Itemized Detail</b>				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:  
Date:

**Federal Grant Detailed Program Budget**



**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
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Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
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**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$	-		1.000	\$	-
II. Itemized Detail							
Category	Detail				Amount	Total	
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DHCS Approval By: \_\_\_\_\_

**Federal Grant Detailed Program Budget**

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**Program Contact:** 0 \_\_\_\_\_  
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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
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Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Amount</b>		<b>Total</b>
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DHCS Approval By:



**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 06-30-2023**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**        
**SMI Older Adult (60+)**        
**SED Child (0-17)**     

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Workbook Summary Sheet**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$
Consultant/Contract Costs	\$
Equipment	\$
Supplies	\$
Travel	\$
Other Expenses	\$
Indirect Costs	\$
County Support Administrative Direct Costs	\$
<b>Total Cost</b>	<b>\$</b>

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022 to 06-30-2023  
25.00%

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it
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262,499.40
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-
<b>926,593.71</b>

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County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
San Francisco	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
	3				
	4				
	5				
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	39				
	40				

<b>Funding Period 3</b> <b>MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET</b>
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Complete the FEP Program Data Sheet with the information requested below.

County: San Francisco  
FEP Program Title: Early Psychosis Care Coordination  
Program Contact: Heather Weisbrod  
E-mail: heather.weisbrod@sfdph.org  
Phone Number: (415) 255-3513

MHBG FEP Set-Aside  
Amount: \$ 

	155,359.00
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Department of Health Care Services



*Please complete one budget per program. If your county has more than one ARPA MHBG funded program, submit the budgets in one excel workbook.*

**SFY:** Click on the drop-down menu to select year.

**(New) Current ICR:** At the top of Program 1 sheet each county must enter in their current ICR rate (not to exceed 25%) This rate should match what was submitted by the county. Entering the ICR on Program 1 sheet will Auto-Populate the rest of the work book.

**County:** Click on the drop-down menu to select county name.

**Fiscal Contact:** Enter fiscal contact information for each program.

**Program Contact:** Enter program contact information for each program.

**Program Name:** Report the name of the program.

**Summary:** This area will auto-populate, once information is selected and entered into Section I Staffing Itemized Detail, and Section II Itemized Detail.

-----  
Other  
    Section I select Staff Expenses.  
    Section II select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Federal Funds, and  
    Funding Sources-Non Federal Funds.

- **Staff Expenses:** Enter position title, annual salary, full time equivalent (FTE) percentage charged to the grant, and the salaries applicable to the identified FTE. Research and Evaluation staff are to be listed in this category. The FTE percentage needs to be identified for purposes of controlling the \$199,300 salary cap. The \$199,300 salary cap does not include benefits, for this reason list benefits as one item for all staff. Enter this information under Section I.

- **Consultant/Contract Costs:** Enter consultant title, full legal name of subcontractors, direct service contracts, contract administration costs and other applicable contract costs. Enter this information under Section II.

- **Equipment:** List equipment to be rented, leased, or purchased. Enter this information under Section II.  
    Definition: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines and tools.  
    a. "Relatively permanent" is defined as a useful life of one year or longer.  
    b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

- **Supplies:** Identify office, printing, housekeeping, medical, etc. Enter this information under Section II.

- **Travel:** Per diem, mileage reimbursements, and vehicle rental/lease. Enter this information under Section II.

- **Other Expenses:** List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category. Enter this information under Section II.

- **County Support Administrative Direct Costs :** This amount includes county overhead, and/or the distribution of administrative support and research and evaluation costs. Enter this information under Section II. (limited to 10% for MHBG)

**(New)** ● **Indirect Cost Rate:** These costs should be equal to or lower than your counties submitted Indirect Cost Rate (ICR). If you are using other funds to cover the Indirect Cost Rate expenses for this program, then you will need to still report this in the budget however this will be a zero dollar line item with comments in the itemized detail section explaining this.



- **Other Funding-Federal Funds:** Includes other federal grants (not in MHBG or PATH Grant), Medicare/Medicaid, etc. Enter this information under Section II.

- **Other Funding-Non Federal Funds:** State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc. Enter this information under Section II.

**Net Program Expenses:** This is the total amount charged to the grant, this figure will auto-populate.

**Total Other Funding Sources:** This figure will auto-populate from the Federal Funds, and Non-Federal Funds sources.

**Gross Cost of Program:** This figure will auto-populate.

*Department of Health Care Services will review, and approve all ARPA MHBG budgets. Finalized approved budgets will be sent back to the county.*

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Jennie Hua	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:jennie.hua@sfdph.org">jennie.hua@sfdph.org</a>		

<b>Program Name</b>	<b>Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement</b>		
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	692,386.03
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>692,386.03</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>692,386.03</b>

<b>I. Staffing Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
Staff Expenses	Clinical Psychologist (2574)	\$ 129,607.59	1.000	\$ 129,607.59
Staff Expenses	Health Worker III (2587)	\$ 77,489.06	3.000	\$ 232,467.17
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 117,085.12	1.000	\$ 117,085.12
		\$ -	1.000	\$ -
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## Federal Grant Detailed Program Budget

II. Itemized Detail			
Category	Detail	Amount	Total
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -
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DHCS Approval By: Seongsook Duncan  
Date: 12/3/21

**Federal Grant Detailed Program Budget**

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement  
**Program Contact:** Jennie Hua  
**Email:** jennie.hua@sfdph.org  
**Phone:** (415) 255-3465

**MHBG Funding Level:** \$ 692,386.03

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Marlo Simmons	<b>Phone</b>	(415) 255-3915
<b>Email Address</b>	<a href="mailto:marlo.simmons@sfdph.org">marlo.simmons@sfdph.org</a>		

<b>Program Name</b>	<b>Crisis Stabilization: 5150 Diversion &amp; Engagement</b>
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<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 219,637.83
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 219,637.83</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 219,637.83</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount		Total
Consultant/Contract Costs	5150 Diversion & Engagement program for FY 23-24	\$	219,637.83	\$ 219,637.83
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$	-	\$ -
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Crisis Stabilization: 5150 Diversion & Engagement  
**Program Contact:** Marlo Simmons  
**Email:** marlo.simmons@sfdph.org  
**Phone:** (415) 255-3915

**MHBG Funding Level:** \$ 219,637.83

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>30</b>
<b>SMI Older Adult (60+)</b>	<b>10</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Heather Weisbrod	<b>Phone</b>	(415) 255-3513
<b>Email Address</b>	<a href="mailto:heather.weisbrod@sfdph.org">heather.weisbrod@sfdph.org</a>		

<b>Program Name</b>	Early Psychosis Care Coordination		
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	155,359.00
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>155,359.00</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>155,359.00</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$	-	1.000	\$	-
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**II. Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Amount</b>	<b>Total</b>
Consultant/Contract Costs	Early psychosis care coordination - contractor TBD	\$ 155,359.00	\$ 155,359.00
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Early Psychosis Care Coordination  
**Program Contact:** Heather Weisbrod  
**Email:** heather.weisbrod@sfdph.org  
**Phone:** (415) 255-3513

**MHBG Funding Level:** \$ 155,359.00

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>26</b>
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	<b>10</b>

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

<b>I. Staffing Itemized Detail</b>				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:



**Federal Grant Detailed Program Budget**

Date:

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

Summary			
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

Table with multiple rows and columns. Each row contains numerical values (e.g., \$ -, 0.000, \$ -) representing budget details.

## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

Table with 5 columns and 33 rows. Each row contains monetary values in dollars, with most cells containing '\$ -' or '0.000'.

## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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### II. Itemized Detail

Category	Detail	Amount	Total
		\$ -	\$ -
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DHCS Approval By:  
Date:

**Federal Grant Detailed Program Budget**

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

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**SMI Older Adult (60+)**   
**SED Child (0-17)**

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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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**Federal Grant Detailed Program Budget**

Date:



**Funding Period 3: 07-01-2023 to 06-30-2024**  
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**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**        
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- Check all categories that are applicable
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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### Federal Grant Detailed Program Budget

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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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#### II. Itemized Detail

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>	
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Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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**Federal Grant Detailed Program Budget**

Date:

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<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>		<b>Amount</b>	
<b>Category</b>			
Staff Expenses	\$		-
Consultant/Contract Costs	\$		-
Equipment	\$		-
Supplies	\$		-
Travel	\$		-
Other Expenses	\$		-
Indirect Costs	\$		-
County Support Administrative Direct Costs	\$		-
<b>Net Program Expenses</b>	<b>\$</b>		<b>-</b>
Other Funding Sources: Federal	\$		-
Other Funding Sources: Non-Federal Funds	\$		-
<b>Total Other Funding Sources</b>	<b>\$</b>		<b>-</b>
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**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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### II. Itemized Detail

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
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**Federal Grant Detailed Program Budget**

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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 3: 07-01-2023 to 06-30-2024**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Workbook Summary Sheet**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$
Consultant/Contract Costs	\$
Equipment	\$
Supplies	\$
Travel	\$
Other Expenses	\$
Indirect Costs	\$
County Support Administrative Direct Costs	\$
<b>Total Cost</b>	<b>\$</b>

**th Care Services**  
**06-30-2023 to 06-30-2024**  
**25.00%**

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692,386.03
374,996.83
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-
<b>1,067,382.86</b>

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County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
San Francisco	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
	3				
	4				
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	40				



**Funding Period 4**  
**MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET**

**Complete the FEP Program Data Sheet with the information requested below.**

County: San Francisco  
FEP Program Title: Early Psychosis Care Coordination  
Program Contact: Heather Weisbrod  
E-mail: heather.weisbrod@sfdph.org  
Phone Number: (415) 255-3513

MHBG FEP Set-Aside   
Amount:

Department of Health Care Services



*Please complete one budget per program. If your county has more than one ARPA MHBG funded program, submit the budgets in one excel workbook.*

**SFY:** Click on the drop-down menu to select year.

**(New) Current ICR:** At the top of Program 1 sheet each county must enter in their current ICR rate (not to exceed 25%) This rate should match what was submitted by the county. Entering the ICR on Program 1 sheet will Auto-Populate the rest of the work book.

**County:** Click on the drop-down menu to select county name.

**Fiscal Contact:** Enter fiscal contact information for each program.

**Program Contact:** Enter program contact information for each program.

**Program Name:** Report the name of the program.

**Summary:** This area will auto-populate, once information is selected and entered into Section I Staffing Itemized Detail, and Section II Itemized Detail.

-----  
Other  
    Section I select Staff Expenses.  
    Section II select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Federal Funds, and  
    Funding Sources-Non Federal Funds.

- **Staff Expenses:** Enter position title, annual salary, full time equivalent (FTE) percentage charged to the grant, and the salaries applicable to the identified FTE. Research and Evaluation staff are to be listed in this category. The FTE percentage needs to be identified for purposes of controlling the \$199,300 salary cap. The \$199,300 salary cap does not include benefits, for this reason list benefits as one item for all staff. Enter this information under Section I.

- **Consultant/Contract Costs:** Enter consultant title, full legal name of subcontractors, direct service contracts, contract administration costs and other applicable contract costs. Enter this information under Section II.

- **Equipment:** List equipment to be rented, leased, or purchased. Enter this information under Section II.  
    Definition: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines and tools.  
    a. "Relatively permanent" is defined as a useful life of one year or longer.  
    b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

- **Supplies:** Identify office, printing, housekeeping, medical, etc. Enter this information under Section II.

- **Travel:** Per diem, mileage reimbursements, and vehicle rental/lease. Enter this information under Section II.

- **Other Expenses:** List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category. Enter this information under Section II.

- **County Support Administrative Direct Costs :** This amount includes county overhead, and/or the distribution of administrative support and research and evaluation costs. Enter this information under Section II. (limited to 10% for MHBG)

**(New)** ● **Indirect Cost Rate:** These costs should be equal to or lower than your counties submitted Indirect Cost Rate (ICR). If you are using other funds to cover the Indirect Cost Rate expenses for this program, then you will need to still report this in the budget however this will be a zero dollar line item with comments in the itemized detail section explaining this.

- **Other Funding-Federal Funds:** Includes other federal grants (not in MHBG or PATH Grant), Medicare/Medicaid, etc. Enter this information under Section II.

- **Other Funding-Non Federal Funds:** State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc. Enter this information under Section II.

**Net Program Expenses:** This is the total amount charged to the grant, this figure will auto-populate.

**Total Other Funding Sources:** This figure will auto-populate from the Federal Funds, and Non-Federal Funds sources.

**Gross Cost of Program:** This figure will auto-populate.

*Department of Health Care Services will review, and approve all ARPA MHBG budgets. Finalized approved budgets will be sent back to the county.*

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Jennie Hua	<b>Phone</b>	(415) 255-3628
<b>Email Address</b>	<a href="mailto:jennie.hua@sfdph.org">jennie.hua@sfdph.org</a>		

<b>Program Name</b>	<b>Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement</b>		
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$	721,677.26
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>721,677.26</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>721,677.26</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
Staff Expenses	Clinical Psychologist (2574)	\$ 132,847.78	1.000	\$ 132,847.78
Staff Expenses	Health Worker III (2587)	\$ 81,261.77	3.000	\$ 243,785.30
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 122,797.55	1.000	\$ 122,797.55
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**Federal Grant Detailed Program Budget**



**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement  
**Program Contact:** Jennie Hua  
**Email:** jennie.hua@sfdph.org  
**Phone:** (415) 255-3628

**MHBG Funding Level:** \$ 721,677.26

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Marlo Simmons	<b>Phone</b>	(415) 255-3915
<b>Email Address</b>	<a href="mailto:marlo.simmons@sfdph.org">marlo.simmons@sfdph.org</a>		

**Program Name** Crisis Stabilization: 5150 Diversion & Engagement

Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ 225,128.77
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 225,128.77</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 225,128.77</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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### Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Amount</b>		<b>Total</b>
Other Expenses	5150 Diversion & Engagement program for FY 24-25	\$ 225,128.77		\$ 225,128.77
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -		\$ -
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Crisis Stabilization: 5150 Diversion & Engagement  
**Program Contact:** Marlo Simmons  
**Email:** marlo.simmons@sfdph.org  
**Phone:** (415) 255-3915

**MHBG Funding Level:** \$ 225,128.77

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

<b>Federal Grant Detailed Program Budget</b>
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<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Heather Weisbrod	<b>Phone</b>	(415) 255-3513
<b>Email Address</b>	<a href="mailto:heather.weisbrod@sfdph.org">heather.weisbrod@sfdph.org</a>		

<b>Program Name</b>	<b>Early Psychosis Care Coordination</b>		
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Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 155,359.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 155,359.00</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 155,359.00</b>

<b>I. Staffing Itemized Detail</b>
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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Early Psychosis Care Coordination  
**Program Contact:** Heather Weisbrod  
**Email:** heather.weisbrod@sfdph.org  
**Phone:** (415) 255-3513

**MHBG Funding Level:** \$ 155,359.00

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>26</b>
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	<b>10</b>

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name			
Summary			
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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		\$	-	0.000	\$	-

<b>Federal Grant Detailed Program Budget</b>
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Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>		<b>Amount</b>
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

<b>I. Staffing Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -





**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

<b>Federal Grant Detailed Program Budget</b>
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<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name				
Summary				
	Category		Amount	
	Staff Expenses	\$		-
	Consultant/Contract Costs	\$		-
	Equipment	\$		-
	Supplies	\$		-
	Travel	\$		-
	Other Expenses	\$		-
	Indirect Costs	\$		-
	County Support Administrative Direct Costs	\$		-
	<b>Net Program Expenses</b>	<b>\$</b>		<b>-</b>
	Other Funding Sources: Federal	\$		-
	Other Funding Sources: Non-Federal Funds	\$		-
	<b>Total Other Funding Sources</b>	<b>\$</b>		<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>		<b>-</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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### II. Itemized Detail

Category	Detail	Amount	Total
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DHCS Approval By:  
Date:

**Federal Grant Detailed Program Budget**

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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### Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:



**Funding Period 4: 07-01-2024 to 06-30-2025**  
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**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

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Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name			
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

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**SMI Older Adult (60+)**   
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
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### Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
Category	Detail	Amount		Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
**MHBG ARPA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

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**SMI Older Adult (60+)**   
**SED Child (0-17)**

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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name			
Summary			
	Category	Amount	
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 4: 07-01-2024 to 06-30-2025**  
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**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

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<b>SMI Older Adult (60+)</b>	
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Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Workbook Summary Sheet**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ 721,677.26
Consultant/Contract Costs	\$ 155,359.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ 225,128.77
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Total Cost</b>	<b>\$ 1,102,165.03</b>

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
San Francisco	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
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**Funding Period 2 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET**

**Complete the FEP Program Data Sheet with the information requested below.**

County: San Francisco  
FEP Program Title: Early Psychosis Capacity Building  
Program Contact: Heather Weisbrod  
E-mail: heather.weisbrod@sfdph.org  
Phone Number: (415) 255-3513

MHBG FEP Set-Aside  
Amount: \$ 

	129,295.00
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Department of Health Care Services

T

*Please complete one budget per program. If your county has more than one CRRSAA MHBG funded program, submit the budgets in one excel workbook.*

**SFY:** Click on the drop-down menu to select year.

**(New) Current ICR:** At the top of Program 1 sheet each county must enter in their current ICR rate (not to exceed 25%) This rate should match what was submitted by the county. Entering the ICR on Program 1 sheet will Auto-Populate the rest of the work book.

**County:** Click on the drop-down menu to select county name.

**Fiscal Contact:** Enter fiscal contact information for each program.

**Program Contact:** Enter program contact information for each program.

**Program Name:** Report the name of the program.

**Summary:** This area will auto-populate, once information is selected and entered into Section I Staffing Itemized Detail, and Section II Itemized Detail.

-----  
Other  
    Section I select Staff Expenses.  
    Section II select from Consultant/Contract Costs, Equipment, Supplies, Travel, Other Expenses, County Administrative Costs, Other Funding Sources-Federal Funds, and Funding Sources-Non Federal Funds.

● **Staff Expenses:** Enter position title, annual salary, full time equivalent (FTE) percentage charged to the grant, and the salaries applicable to the identified FTE. Research and Evaluation staff are to be listed in this category. The FTE percentage needs to be identified for purposes of controlling the \$199,300 salary cap. The \$199,300 salary cap does not include benefits, for this reason list benefits as one item for all staff. Enter this information under Section I.

● **Consultant/Contract Costs:** Enter consultant title, full legal name of subcontractors, direct service contracts, contract administration costs and other applicable contract costs. Enter this information under Section II.

● **Equipment:** List equipment to be rented, leased, or purchased. Enter this information under Section II.  
    Definition: Equipment shall mean moveable personal property of a relatively permanent nature and of significant value, such as furniture, machines and tools.  
    a. "Relatively permanent" is defined as a useful life of one year or longer.  
    b. "Significant value" is defined as a minimum value of \$100 to \$1,000 as established by the County Auditor.

● **Supplies:** Identify office, printing, housekeeping, medical, etc. Enter this information under Section II.

● **Travel:** Per diem, mileage reimbursements, and vehicle rental/lease. Enter this information under Section II.

● **Other Expenses:** List maintenance, rent, utilities, research and evaluation costs other than staff, and any other expenses that are extraordinary and not in any other category. Enter this information under Section II.

● **County Support Administrative Direct Costs :** This amount includes county overhead, and/or the distribution of administrative support and research and evaluation costs. Enter this information under Section II. (limited to 10% for MHBG)

**(New)** ● **Indirect Cost Rate:** These costs should be equal to or lower than your counties submitted Indirect Cost Rate (ICR). If you are using other funds to cover the Indirect Cost Rate expenses for this program, then you will need to still report this in the budget however this will be a zero dollar line item with comments in the itemized detail section explaining this.

- **Other Funding-Federal Funds:** Includes other federal grants (not in MHBG or PATH Grant), Medicare/Medicaid, etc. Enter this information under Section II.

- **Other Funding-Non Federal Funds:** State and County General Funds, Patient Fees, Third-Party Insurance, Private Grant, etc. Enter this information under Section II.

**Net Program Expenses:** This is the total amount charged to the grant, this figure will auto-populate.

**Total Other Funding Sources:** This figure will auto-populate from the Federal Funds, and Non-Federal Funds sources.

**Gross Cost of Program:** This figure will auto-populate.

*Department of Health Care Services will review, and approve all CRRSAA MHBG budgets. Finalized approved budgets will be sent back to the county.*

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Heather Weisbrod	<b>Phone</b>	(415) 255-3513
<b>Email Address</b>	<a href="mailto:heather.weisbrod@sfdph.org">heather.weisbrod@sfdph.org</a>		

**Program Name** Early Psychosis Capacity Building

<b>Summary</b>	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 129,295.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 129,295.00</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 129,295.00</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

### II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Early psychosis technical assistance & capacity building - contractor is TBD	\$ 129,295.00	\$ 129,295.00
Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$ -	\$ -
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DHCS Approval By: Seongsook Duncan  
Date: 12/3/21

**Federal Grant Detailed Program Budget**

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0  
**Program Title:** Early Psychosis Capacity Building  
**Program Contact:** Heather Weisbrod  
**Email:** heather.weisbrod@sfdph.org  
**Phone:** (415) 255-3513

**MHBG Funding Level:** \$ 129,295.00

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>20</b>
<b>SMI Older Adult (60+)</b>	
<b>SED Child (0-17)</b>	<b>10</b>

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	

<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		

<b>Program Contact</b>	Marlo Simmons	<b>Phone</b>	(415) 255-3915
<b>Email Address</b>	<a href="mailto:marlo.simmons@sfdph.org">marlo.simmons@sfdph.org</a>		

<b>Program Name</b>	<b>Crisis Stabilization: 5150 Diversion &amp; Engagement</b>
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<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 185,303.88
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ 1,500.00
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 186,803.88</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 186,803.88</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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### Federal Grant Detailed Program Budget

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**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
Consultant/Contract Costs	5150 Diversion & Engagement program for 1st 6 mos of FY 22-23	\$ 185,303.88	\$ 185,303.88
Other Expenses	Subscriptions for mobile hot-spots (\$250/mo for 6 months)	\$ 1,500.00	\$ 1,500.00
Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$ -	\$ -
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Crisis Stabilization: 5150 Diversion & Engagement  
**Program Contact:** Marlo Simmons  
**Email:** marlo.simmons@sfdph.org  
**Phone:** (415) 255-3915

**MHBG Funding Level:** \$ 186,803.88

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>20</b>
<b>SMI Older Adult (60+)</b>	<b>10</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		



**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>	San Francisco	<b>Submission Date</b>	
<b>Fiscal Contact</b>	Miguel Quinonez	<b>Phone</b>	(415) 255-3465
<b>Email Address</b>	<a href="mailto:miguel.quinonez@sfdph.org">miguel.quinonez@sfdph.org</a>		
<b>Program Contact</b>	Valerie Lai	<b>Phone</b>	(415) 255-3432
<b>Email Address</b>	<a href="mailto:valerie.lai@sfdph.org">valerie.lai@sfdph.org</a>		

**Program Name Early Intervention: Housing-Related Engagement/Respite**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 157,500.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ 135,512.38
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ 293,012.38</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ 293,012.38</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
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### Federal Grant Detailed Program Budget

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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
Consultant/Contract Costs	Subcontractors to provide Engagement/Respite Rooms (25 rooms, 6 months, \$1050/month)	\$ 157,500.00	\$ 157,500.00	
Other Expenses	Low-Income Housing HOPE Wellness Center Office Trailer	\$ 125,000.00	\$ 125,000.00	
Other Expenses	Minor repair & cleaning of Engagement/Respite rooms btwn occupancies	\$ 10,512.38	\$ 10,512.38	
Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$ -	\$ -	
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DHCS Approval By: Seongsook Duncan

**Federal Grant Detailed Program Budget**

Date: 12/3/21

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** San Francisco  
**Program Title:** Early Intervention: Housing-Related Engagement/Respite  
**Program Contact:** Valerie Lai  
**Email:** valerie.lai@sfdph.org  
**Phone:** (415) 255-3432

**MHBG Funding Level:** \$ 293,012.38

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

<b>SMI Adult (18-59)</b>	<b>27</b>
<b>SMI Older Adult (60+)</b>	<b>10</b>
<b>SED Child (0-17)</b>	

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
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**Summary**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
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## Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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### II. Itemized Detail

Category	Detail	Amount	Total
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DHCS Approval By:



**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

<b>Category</b>	<b>Detail</b>	<b>Annual Salary</b>	<b>Grant FTE</b>	<b>Total Not to Exceed</b>
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -
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### Federal Grant Detailed Program Budget

		\$	-	0.000	\$	-
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		\$	-	0.000	\$	-
		\$	-	0.000	\$	-
		\$	-	0.000	\$	-

**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
<b>II. Itemized Detail</b>				
<b>Category</b>	<b>Detail</b>	<b>Amount</b>	<b>Total</b>	
		\$ -	\$	-
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
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**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
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Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
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<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	
<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			
<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

<b>I. Staffing Itemized Detail</b>				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
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<b>Additional Comments:</b>		







**Federal Grant Detailed Program Budget**



**Funding Period 2: 07-01-2022 to 12-31-2022**  
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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

Program Name	
Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -
		\$ -	0.000	\$ -



**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$	-	1.000	\$	-
<b>II. Itemized Detail</b>						
Category	Detail		Amount	Total		
			\$	-	\$	-
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

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**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
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**MHBG Funding Level:** \$ \_\_\_\_\_ -

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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
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<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -
		\$ -	0.000	\$ -







**Federal Grant Detailed Program Budget**

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**Funding Period 2: 07-01-2022 to 12-31-2022**  
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**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Name</b>			
<b>Summary</b>			
	<b>Category</b>	<b>Amount</b>	
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	-
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	-
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	<b>Net Program Expenses</b>	<b>\$</b>	<b>-</b>
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	<b>Total Other Funding Sources</b>	<b>\$</b>	<b>-</b>
	<b>Gross Cost of Program</b>	<b>\$</b>	<b>-</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -



**Federal Grant Detailed Program Budget**

Staff Expenses	Benefits	\$ -	1.000	\$ -
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**II. Itemized Detail**

Category	Detail	Amount	Total
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DHCS Approval By:

**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

**County:** 0 \_\_\_\_\_  
**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

**Target Population(s):** (Estimated number of consumers to be served in the year with MHBG funds)

**SMI Adult (18-59)**   
**SMI Older Adult (60+)**   
**SED Child (0-17)**

**Types of Transformational Service(s) Provided**

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Care is Consumer and Family Driven	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disparities in Mental Health Services are Eliminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excellent Mental Health Care is Delivered and Research is Accelerated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Federal Grant Detailed Program Budget**

<b>TYPE OF GRANT</b>	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
<b>COUNTY</b>		<b>Submission Date</b>	

<b>Fiscal Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

<b>Program Contact</b>		<b>Phone</b>	
<b>Email Address</b>			

**Program Name**

<b>Summary</b>	
<b>Category</b>	<b>Amount</b>
Staff Expenses	\$ -
Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
<b>Net Program Expenses</b>	<b>\$ -</b>
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
<b>Total Other Funding Sources</b>	<b>\$ -</b>
<b>Gross Cost of Program</b>	<b>\$ -</b>

**I. Staffing Itemized Detail**

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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**Federal Grant Detailed Program Budget**

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**Federal Grant Detailed Program Budget**

Date:

**Funding Period 2: 07-01-2022 to 12-31-2022**  
**MHBG CRRSAA Program Data Sheet**

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**Program Title:** 0 \_\_\_\_\_  
**Program Contact:** 0 \_\_\_\_\_  
**Email:** 0 \_\_\_\_\_  
**Phone:** 0 \_\_\_\_\_

**MHBG Funding Level:** \$ \_\_\_\_\_ -

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Technology is Used to Access Mental Health Care and Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Additional Comments:</b>		

**Workbook Summary Sheet**

<b>Category</b>	<b>Amount</b>
Staff Expenses	\$
Consultant/Contract Costs	\$
Equipment	\$
Supplies	\$
Travel	\$
Other Expenses	\$
Indirect Costs	\$
County Support Administrative Direct Costs	\$
<b>Total Cost</b>	<b>\$</b>

th Care Services  
12-31-2022 to 12-31-2022  
25.00%

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-			
472,098.88			
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137,012.38			
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<b>609,111.25</b>			

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
0	1				
	2				
	3				
	4				
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	6				
	7				
	8				
	9				
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London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Dr. Grant Colfax  
Director of Health  
**DATE:** 2/1/2022  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Accept and Expend Grant - Community Mental Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental - \$5,052,171.99

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):  
MHBG ARPA Funding Period 1-Approved  
MHBG ARPA Funding Period 2-Approved  
MHBG ARPA Funding Period 3-Approved  
MHBG ARPA Funding Period 4-Approved  
MHBG CRRSAA Funding Period 1-Approved  
MHBG CRRSAA Funding Period 2-Approved

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No