

Wong, Greg (DPH)

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

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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.

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
Total Allocation	\$1,508,181.00	\$1,508,181.00	\$1,508,181.00
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
Total Allocation	\$3,543,991.00	\$3,543,991.00	\$3,543,990.99
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 1st through May 31st 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.

Sincerely,



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

Funding Period 1
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:

\$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?	The Felton Early Psychosis Program model FEPS-FS – annually IPS Fidelity Scale – annually SCID competency; CTS-R competency – measured as scheduled based on clinicians’ pre-post certification status
Who Measures Fidelity?	
How Often is Fidelity Measured?	FEPS-FS – annually
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

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)

SMI Adult (18-59)	120
SMI Older Adult (60+)	30
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 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
Additional Comments:		

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)

SMI Adult (18-59)	0
SMI Older Adult (60+)	0
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 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
Additional Comments:		

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)

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

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
Additional Comments:		

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
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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
Additional Comments:		

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	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				
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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

I. Staffing Itemized Detail

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

Federal Grant Detailed Program Budget

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

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
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		\$ -	0.000	\$ -
		\$ -	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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name			
---------------------	--	--	--

Summary

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

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 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
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Disparities in Mental Health Services are Eliminated	<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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact	Phone	
Email Address		

Program Contact	Phone	
Email Address		

Program Name

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

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

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
Additional Comments:		

Workbook Summary Sheet

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

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
San Francisco	1	Early psychosis care coordination	To be determined		
	2				
	3				
	4				
	5				
	6				
	7				
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Funding Period 2 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: \$

	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

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

Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		

Program Contact	Jennie Hua	Phone	(415) 255-3628
Email Address	jennie.hua@sfdph.org		

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	\$	-
	Net Program Expenses	\$	664,094.31
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	Total Other Funding Sources	\$	-
	Gross Cost of Program	\$	664,094.31

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
		\$ -	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 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)

SMI Adult (18-59)	240
SMI Older Adult (60+)	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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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: 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)

SMI Adult (18-59)	15
SMI Older Adult (60+)	5
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 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
Additional Comments:		

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)

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

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.	
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Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

Federal Grant Detailed Program Budget

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

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

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

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

Federal Grant Detailed Program Budget

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

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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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
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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
Additional Comments:		

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)

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
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Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

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

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Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

I. Staffing Itemized Detail

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

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
Additional Comments:		

Workbook Summary Sheet

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

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926,593.71

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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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	40				

Funding Period 3 MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET
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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
--	------------

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

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

Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		

Program Contact	Jennie Hua	Phone	(415) 255-3465
Email Address	jennie.hua@sfdph.org		

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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	\$ -
		\$ -	0.000	\$ -
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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)

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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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	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)

SMI Adult (18-59)	30
SMI Older Adult (60+)	10
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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Program Name	Early Psychosis Care Coordination
---------------------	--

Summary

Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 155,359.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ 155,359.00
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ 155,359.00

I. Staffing Itemized Detail

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

Federal Grant Detailed Program Budget

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

Federal Grant Detailed Program Budget

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

Program Name

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

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
		\$ -	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 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)	
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Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

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
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Program Contact: 0 _____
Email: 0 _____
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Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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

Funding Period 3: 07-01-2023 to 06-30-2024
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Federal Grant Detailed Program Budget

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Program Name

Summary	
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County Support Administrative Direct Costs	\$ -
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Other Funding Sources: Federal	\$ -
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Gross Cost of Program	\$ -

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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 3: 07-01-2023 to 06-30-2024
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Federal Grant Detailed Program Budget

TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
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Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name	
Summary	
Category	Amount
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Consultant/Contract Costs	\$ -
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Travel	\$ -
Other Expenses	\$ -
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Gross Cost of Program	\$ -

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 3: 07-01-2023 to 06-30-2024
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Federal Grant Detailed Program Budget

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Program Name

Summary

Category	Amount
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Consultant/Contract Costs	\$ -
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Other Expenses	\$ -
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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 3: 07-01-2023 to 06-30-2024
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Federal Grant Detailed Program Budget

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Fiscal Contact		Phone	
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Program Name			
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Summary	
Category	Amount
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Consultant/Contract Costs	\$ -
Equipment	\$ -
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Federal Grant Detailed Program Budget

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Federal Grant Detailed Program Budget
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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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

I. Staffing Itemized Detail

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

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
Additional Comments:		

Workbook Summary Sheet

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

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06-30-2023 to 06-30-2024
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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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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

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

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

I. Staffing Itemized Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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
		\$ -	1.000	\$ -
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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)

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 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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		

Program Contact	Marlo Simmons	Phone	(415) 255-3915
Email Address	marlo.simmons@sfdph.org		

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	\$ -
	Net Program Expenses	\$ 225,128.77
	Other Funding Sources: Federal	\$ -
	Other Funding Sources: Non-Federal Funds	\$ -
	Total Other Funding Sources	\$ -
	Gross Cost of Program	\$ 225,128.77

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	\$ -
II. Itemized Detail				
Category	Detail	Amount	Total	
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)

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 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
Additional Comments:		

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)

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

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

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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	\$ -
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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+)
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Types of Transformational Service(s) Provided

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

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

Date:

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

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County: 0 _____
Program Title: 0 _____
Program Contact: 0 _____
Email: 0 _____
Phone: 0 _____

MHBG Funding Level: \$ _____ -

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Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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

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: \$ _____ -

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Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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 4: 07-01-2024 to 06-30-2025
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Federal Grant Detailed Program Budget

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Program Contact		Phone	
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Program Name	
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Category	Amount
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Federal Grant Detailed Program Budget

Date:

Funding Period 4: 07-01-2024 to 06-30-2025
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Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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:

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
Additional Comments:		

Federal Grant Detailed Program Budget

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

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

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	\$	-
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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
Additional Comments:		

Federal Grant Detailed Program Budget

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

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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
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
Additional Comments:		

Workbook Summary Sheet

Category	Amount
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	\$ -
Total Cost	\$ 1,102,165.03

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

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		

Program Contact	Heather Weisbrod	Phone	(415) 255-3513
Email Address	heather.weisbrod@sfdph.org		

Program Name	Early Psychosis Capacity Building
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Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 129,295.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ 129,295.00
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ 129,295.00

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

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)

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY	San Francisco	Submission Date	
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		
Program Contact	Marlo Simmons	Phone	(415) 255-3915
Email Address	marlo.simmons@sfdph.org		

Program Name	Crisis Stabilization: 5150 Diversion & Engagement		
Summary			
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	185,303.88
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	1,500.00
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	Net Program Expenses	\$	186,803.88
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	Total Other Funding Sources	\$	-
	Gross Cost of Program	\$	186,803.88

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	\$ -
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)

SMI Adult (18-59)	20
SMI Older Adult (60+)	10
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 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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY	San Francisco	Submission Date	
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		
Program Contact	Valerie Lai	Phone	(415) 255-3432
Email Address	valerie.lai@sfdph.org		

Program Name	Early Intervention: Housing-Related Engagement/Respite		
Summary			
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	157,500.00
	Equipment	\$	-
	Supplies	\$	-
	Travel	\$	-
	Other Expenses	\$	135,512.38
	Indirect Costs	\$	-
	County Support Administrative Direct Costs	\$	-
	Net Program Expenses	\$	293,012.38
	Other Funding Sources: Federal	\$	-
	Other Funding Sources: Non-Federal Funds	\$	-
	Total Other Funding Sources	\$	-
	Gross Cost of Program	\$	293,012.38

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	\$ -
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		\$ -	0.000	\$ -
		\$ -	0.000	\$ -

Federal Grant Detailed Program Budget

Staff Expenses	Benefits	\$ -	1.000	\$ -
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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: Seongsok 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)

SMI Adult (18-59)	27
SMI Older Adult (60+)	10
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 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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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 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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

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

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

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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

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

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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
Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	

Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

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

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

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)

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SMI Older Adult (60+)
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Additional Comments:		

Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY		Submission Date	
Fiscal Contact		Phone	
Email Address			
Program Contact		Phone	
Email Address			

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

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 12-31-2022
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Phone: 0 _____

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Federal Grant Detailed Program Budget

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental		
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Fiscal Contact		Phone	
Email Address			

Program Contact		Phone	
Email Address			

Program Name

Summary

Category	Amount
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Consultant/Contract Costs	\$ -
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
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County Support Administrative Direct Costs	\$ -
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Federal Grant Detailed Program Budget

Date:

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Additional Comments:		

Workbook Summary Sheet

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

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County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
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