#### 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

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

Dear County Behavioral Health Partner,

Thank you for submitting your County's Behavioral Health Response and Rescue Project (BHRRP) Supplemental County Applications for the <u>Community Mental Health Services Block Grant (MHBG)</u>. 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 Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or legally privileged information. Any unauthorized review, use, disclosure, interception, and/or distribution of this message and/or any attachments, is strictly prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient(s), please immediately contact the sender and kindly destroy all copies of the original communication as well as any attachments. Thank you in advance for your cooperation.

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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,' how ever the intended term was "General Crisis Services." General Crisis Services allows 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,

US.

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.

San Francisco
Early Psychosis Care Coordination
Heather Weisbrod
heather.weisbrod@sfdph.org
(415) 255-3513
\$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	T.
Please identify the total number of FEP programs your county is administrating (all funding sources)	1
Please identify the total number of FEP programs <u>by unique site location</u> 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 by unique site location 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)	☑ YES □ NO
What Fidelity Measure Do You Use?	The Felton Early Psychosis Program mod
	FEPS-FS – annually
	IPS Fidelity Scale – annually
	SCID competency; CTS-R competency – measured
	as scheduled based on clinicians' pre-post
Who Measures Fidelity?	certification status
How Often is Fidelity Measured?	FEPS-FS – annually
Has Staff Been Specifically Trained to Implement the CSC EBP? (Check One)	☑ YES ☐ 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.

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

Other

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.

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 1

TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental		
COUNTY	an 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	ogram Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement			
	Summary			
Category Amount				
	Staff Expenses	\$	318,385.39	
	Consultant/Contract Costs	\$	-	
	Equipment	\$	-	
	Supplies	\$	-	
	Travel	\$	-	
	Other Expenses	\$	-	
	Indirect Costs	\$	-	
	County Support Administrative Direct Costs	\$	-	
	Net Program Expenses	\$	318,385.39	
	Other Funding Sources: Federal	\$	-	
	Other Funding Sources: Non-Federal Funds	\$	-	
	Total Other Funding Sources	\$	-	
	Gross Cost of Program	\$	318,385.39	

	I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed	
Staff Expenses	Clinical Psychologist (2574)	\$ 123,362.37	0.500	\$ 61,681.18	
Staff Expenses	Health Worker III (2587)	\$ 70,346.35	1.500	\$ 105,519.52	
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 106,270.42	0.500	\$ 53,135.21	
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Staff Expenses	Benefits	\$ 98,049.48	1.000	\$ 98,049.48

Category         Detail         Amount         Total           ndirect Costs         Indirect is zero dollars - being paid but with other funds         \$		II. Itemized Detail			
S	Category	Detail	Amount	Total	
S       S	Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$ -	\$ -	
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**DHCS Approval By:** Seongsook Duncan

Date: 12/3/21

#### 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 System	ns-of-Care Outreach/Engagement
<b>Program Contact:</b>	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 SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds) 120 30
Types of Transformat	ional Service(s) Provided	

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

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	☐ NO
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO
Disparities in Mental Health Services are Eliminated	✓ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 2

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

Program Name   Crisis Stabilization: 5150 Diversion & Engageme	ent				
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 Exceed	
	No 1st period expenses drawn down from ARPA General Crisis Stabilization	\$ -	0.000	\$	
	Indirect is zero dollars		0.000	\$	
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Staff Expenses	Benefits \$ -	1.000	- \$
II. Itemized Detail			
Category	Detail	Amount	Total
Indirect Costs	Indirect is zero - No 1st period ARPA Gen Crisis Stab expenses	\$ -	\$ -
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DHCS Approval By:

<b>Federal</b>	Grant	Detailed	<b>Program</b>	Rudget
ı cucıaı	Grant	Detailed	riogiaiii	Duuye

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)  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	support this	ding used to goal? Please cone.
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO
Disparities in Mental Health Services are Eliminated	✓ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO
Additional Comments:		

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 3

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	
	miguel.quinonez@sfdph.org			
		I		
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	\$ 129,464.00
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
Indirect Costs	\$ -
County Support Administrative Direct Costs	\$ -
Net Program Expenses	\$ 129,464.00
Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ 129,464.00

	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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Benefits \$ -	1.000	\$ -			
II. Itemized Detail					
Detail	Amount	Total			
	\$ 129,464.00	\$ 129,464.00			
Indirect is zero dollars - being paid but with other funds	\$ -	\$ -			
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	II. Itemized Detail				

DHCS Approval By: Seongsook Duncan

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)  SMI Older Adult (60+)  SED Child (0-17)  10
Types of Transformat	ional Service(s) Provided

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO
Mental Health Care is Consumer and Family Driven	✓ YES	□NO
Disparities in Mental Health Services are Eliminated	∠ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO
Additional Comments:		
	_	_

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 4

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 Sala	ry Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget				
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Staff Expenses	Benefits \$ -	1.000	\$ -	
II. Itemized Detail				
Category	Detail	Amount	Total	
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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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).

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□ NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 5

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

Federa	l Grant	Detailed	Program	Budge	et
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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:		•
Program Contact:		•
Email:	0	•
Phone:	0	•
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MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+)	ed in the year with MHBG funds)
	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	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 6

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** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000

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Staff Expenses	Benefits \$ -	1.000	\$ -
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**DHCS Approval By:** 

Federal Gra	ant Detailed	Program	Budget
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are		□ NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO
Additional Comments:		
		l.

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 7

#### **Federal Grant Detailed Program Budget** ARPA Community Mental Health Services Block Grant (MHBG) Supplemental **TYPE OF GRANT Submission Date** COUNTY **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 \$

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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Total Other Funding Sources \$
Gross Cost of Program \$

Federal Grant Detailed Program Budget		
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Staff Expenses	Benefits \$ -	1.000	\$ -
	II. Itemized Detail		
Category	Detail	Amount	Total
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DHCS Approval By:

Date:

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are		□ NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO
Additional Comments:		
		l.

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 8

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 Sala	ry Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget		
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Staff Expenses	Benefits \$ -	1.000	\$ -
II. Itemized Detail			
Category	Detail	Amount	Total
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DHCS Approval By:

Federal Grant Detailed Program Bu	udaet
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Date:

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

County:	0	
Program Title:		-
Program Contact:		-
Email:	0	•
Phone:	0	<u>-</u>
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b>	ed in the year with MHBG funds)
	SMI Older Adult (60+) SED Child (0-17)	

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

Transformational Categories	Is MHBG funding used t support this goal? Pleas check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 9

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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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

Date:

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

- 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	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	•	
d .		

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 10

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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DHCS Approval By:

Federal Grant Detailed Program Budge	t
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Date:

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

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

Transformational Categories	support this	ding used to goal? Please cone.			
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO			
Mental Health Care is Consumer and Family Driven	YES	∐NO			
Disparities in Mental Health Services are Eliminated	☐ YES	□NO			
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO			
Common Practices					
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO			
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO			
Additional Comments:	•				
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Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 11

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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**DHCS Approval By:** 

Federal Gra	ant Detailed	Program	Budget
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
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Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□ NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO
Additional Comments:		
		l.

Department of Health Care Services Funding Period 09-01-2021 to 06-30-2022 Current ICR 25.00% Program 12

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 S	Salary	Grant FTE	Total Not to Exceed
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DHCS Approval By:

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

Transformational Categories	support this	nding used to goal? Please k one.
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Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO
Additional Comments:	·	

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

Ver. 1.2 Funding Period 09-01-2021 to 06-30-2022

Current ICR 25.00%

# **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		
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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.

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

Other

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.

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	l				
Program Contact	Jennie Hua	ennie Hua <b>Phone</b> (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 D	etail		
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	\$ 111,578.2
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Staff Expenses         Benefits         \$ 204,513.47         1.000         \$ 204,513.	Staff Expenses	Benefits	\$ 204,513.47	1.000	\$	204,513.47

Category         Detail         Amount         Total           Indirect is zero dollars - being paid with other funds         \$		II. Itemized Detail		
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**DHCS Approval By:** Seongsook Duncan

Date: 12/3/21

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

Country	Con Francisco	
•	San Francisco	
Program Title:	Discretionary/Base: Adult/Older-Adult System	is-of-Care Outreach/Engagement
Program Contact:	Jennie Hua	
Email:	jennie.hua@sfdph.org	
Phone:	(415) 255-3628	
MHBG Funding Level:		
Target Population(s):	(Estimated number of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)  240  60
Types of Transformat	ional Service(s) Provided	

#### 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 use support this goal? Pl check one.		
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO	
Mental Health Care is Consumer and Family Driven	✓ YES	□NO	
Disparities in Mental Health Services are Eliminated	∠ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO	
Technology is Used to Access Mental Health Care and Information	∠ YES	∐ NO	
Additional Comments:			
	_		

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

Program Name	Crisis Stabilization: 5150 Diversion & Engageme	nt	
	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 S	alary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits \$ -	1.000	\$ -
	II. Itemized Detail		
Category	Detail	Amount	Total
Consultant/Contract Co	osts 5150 Diversion & Engagement program for last 6 mos of FY 22-23	\$ 107,140.40	\$ 107,140.40
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -
		\$ -	\$ -

**DHCS Approval By:** Seongsook Duncan

Date: 12/3/21

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

County:	San Francisco	
<u>-</u>	Crisis Stabilization: 5150 Diversion & Engage	- ement
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 serv	ed in the year with MHBG funds)
	SMI Adult (18-59)	15
	SMI Older Adult (60+)	5
	SED Child (0-17)	
Types of Transformat	ional Service(s) Provided	
• •	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	✓ YES	□NO	
Mental Health Care is Consumer and Family Driven	✓ YES	□NO	
Disparities in Mental Health Services are Eliminated	∠ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO	
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO	
Additional Comments:			
	_		

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

	I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Annual Salary Grant FTE		
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Staff Expenses	Benefits \$	-	1.000	\$	-
II. Itemized Detail					
Category	Detail		Amount		Total
Consultant/Contract Cos	ts 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

Date: 12/3/21

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

County:	San Francisco	
Program Title:	Early Psychosis Care Coordination	
<b>Program Contact:</b>	Heather Weisbrod	
Email:	heather.weisbrod@sfdph.org	
Phone:	(415) 255-3513	
MHBG Funding Level:  Target Population(s):	(Estimated <b>number</b> of consumers to be serve	d 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	✓ YES	□ NO		
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO		
Disparities in Mental Health Services are Eliminated	✓ YES	□NO		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO		
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO		
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO		
Additional Comments:	·			

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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	II. Itemized Detail		
Category	Detail	Amount	Total
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DHCS Approval By:

	Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>
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Date:

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

County:	0	
Program Title:		•
Program Contact:	0	•
Email:	0	•
Phone:	0	•
MHBG Funding Level:	\$ -	
Target Population(s):	(Estimated <b>number</b> of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

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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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Date:

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 <b>number</b> of consumers to be serve <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b>	ed in the year with MHBG funds)
	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	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are		□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated		□NO	
Technology is Used to Access Mental Health Care and Information		∐ NO	
Additional Comments:			
il			

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** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$

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

Federal Gra	ant Detailed	Program	Budget
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Date:

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: <u></u> \$_	-	
Target Population(s): (Est	timated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

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

Transformational Categories	support this	nding used to s goal? Please ck one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

#### **Federal Grant Detailed Program Budget** ARPA Community Mental Health Services Block Grant (MHBG) Supplemental **TYPE OF GRANT Submission Date** COUNTY **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 \$**

	I. Staffing Itemized Detail			
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Federal Grant Deta	iled Program Budget	
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Staff Expenses	Benefits \$ -	1.000	\$ -
II. Itemized Detail			
Category	Detail	Amount	Total
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DHCS Approval By:

Date:

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 <b>number</b> of consumers to be serve <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b>	ed in the year with MHBG funds)
	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

Is MHBG funding used to support this goal? Please check one.	
☐ YES	□NO
☐ YES	∐ NO
☐ YES	□NO
☐ YES	□ NO
☐ YES	☐ NO
☐ YES	∐ NO
	support this check

Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 8

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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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated number of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

#### 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	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	YES	∐NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO	
Additional Comments:			

Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 9

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 Sala	ry Grant FTE	Total Not to Exceed
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#### **Federal Grant Detailed Program Budget** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$ -

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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Grant Detailed Program Bu	udaet
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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		•
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MHBG Funding Level: <u></u> \$_	-	
Target Population(s): (Est	timated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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- Check all categories that are applicable
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Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 10

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

Federal Gra	ant Detailed	Program	Budget
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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:		od in the year with MHRG funds)
rarget Population(s):	(Estimated number of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

#### 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 fund support this good check of the check of t		goal? Please
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 11

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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Category	Detail	Amount	Total
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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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 <b>number</b> of consumers to be serve <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b>	ed in the year with MHBG funds)
	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	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 12

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 S	Salary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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).

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(Estimated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)
	SMI Older Adult (60+)

#### 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	☐ YES	□NO			
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO			
Disparities in Mental Health Services are Eliminated	☐ YES	□NO			
Early Mental Health Screening, Assessment, and Referral to Services are		□NO			
Common Practices					
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO			
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO			
Additional Comments:					
il					

State of California - Health and Human Services Agency Department of Heal Ver. 1.2 Funding Period 07-01-20 Current ICR

## **Workbook Summary Sheet**

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

th Care Services 122 to 06-30-2023 25.00%

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926,593.71

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
	3				
	4				
	5				
San Francisco	6				
San Francisco	7				
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# Funding Period 3 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.

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

Other

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.

Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 1

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	rogram Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement				
	Summary				
Category Amount					
	Staff Expenses	692,386.03			
	Consultant/Contract Costs	-			
	Equipment	t \$ -			
	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	s \$ -			
	Gross Cost of Program	\$ 692,386.03			

	I. Staffing Itemized D	etail		
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
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Federal	Grant	<b>Detailed</b>	<b>Program</b>	Budget
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Staff Expenses	Benefits	\$ 213,226.15	1.000	\$ 213,226.15

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

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

County:	San Francisco	
Program Title:	Discretionary/Base: Adult/Older-Adult System	s-of-Care Outreach/Engagement
Program Contact:	Jennie Hua	
Email:	jennie.hua@sfdph.org	
Phone:	(415) 255-3465	
MHBG Funding Level:  Target Population(s):	\$ 692,386.03  (Estimated number of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

- 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	☑ YES	□NO
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO
Disparities in Mental Health Services are Eliminated	∠ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	✓ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
Technology is Used to Access Mental Health Care and Information	∠ YES	∐ NO
Additional Comments:	·	

TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental				
COUNTY	San Francisco	Submission Date			
Fiscal Contact	Miguel Quinonez	<b>Phone</b> (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 & Engageme	nt	
	Summary		
	Category		Amount
	Staff Expenses	\$	-
	Consultant/Contract Costs	\$	219,637.83
	Equipment	\$	1
	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 S	alary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits \$ -	1.000	\$ -
	II. Itemized Detail		
Category	Detail	Amount	Total
Consultant/Contract Costs	5150 Diversion & Engagement program for FY 23-24	\$ 219,637.83	\$ 219,637.83
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -
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**DHCS Approval By:** Seongsook Duncan

Date: 12/3/21

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

County:	San Francisco		
Program Title:	Crisis Stabilization: 5150 Diversi	on & Engage	ment
Program Contact:	Marlo Simmons		
Email:	marlo.simmons@sfdph.org		
Phone:	(415) 255-3915		
MHBG Funding Level:	\$	219,637.83	
Target Population(s):	(Estimated <b>number</b> of consumer SMI Adult (18-59) SMI Older Adult (60-SED Child (0-17)		ed in the year with MHBG funds)  30 10
Types of Transformat	ional Service(s) Provided		
<ul> <li>Check all</li> </ul>	categories that are applicable		
<ul> <li>Please ela</li> </ul>	aborate in the narrative portion	of the appli	cation

Transformational Categories		Is MHBG funding used to support this goal? Please check one.		
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO		
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO		
Disparities in Mental Health Services are Eliminated	∠ YES	□NO		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO		
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO		
Technology is Used to Access Mental Health Care and Information	∠ YES	∐ NO		
Additional Comments:	·			

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		
		(415) 255-3465			
Email Address	miguel.quinonez@sfdph.org				
Program Contact	Heather Weisbrod	Phone	(415) 255-3513	3	
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
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Federal Grant Detailed Program Budget			
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Staff Expenses	Benefits \$ -	1.000	\$ -
	II. Itemized Detail		
Category	Detail	Amount	Total
Consultant/Contract Cos	ts Early psychosis care coordination - contractor TBD	\$ 155,359.00	\$ 155,359.00
Indirect Costs	Indirect is zero dollars - being paid with other funds	\$ -	\$ -
		\$ -	\$ =

DHCS Approval By: Seongsook Duncan

Date: 12/3/21

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 SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	d in the year with MHBG funds)  26  10
Types of Transformat	ional Service(s) Provided	

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

		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□ NO	
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	✓ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO	
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO	
Additional Comments:	·		

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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DHCS Approval By:

	Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are		□ NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>
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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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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Date:

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 <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO	
Early Mental Health Screening, Assessment, and Referral to Services are		□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

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** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$

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

Federal Gra	ant Detailed	Program	Budget
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

Transformational Categories	tional Categories  Is MHBG fund support this go check of	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are		□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

#### **Federal Grant Detailed Program Budget** ARPA Community Mental Health Services Block Grant (MHBG) Supplemental **TYPE OF GRANT Submission Date** COUNTY **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 \$**

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Gross Cost of Program | \$

Federal Grant Detailed Program Budget			
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Staff Expenses	Benefits \$ -	1.000	\$ -
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Category	Detail	Amount	Total
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DHCS Approval By:

Date:

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

County:	0	
Program Title:		-
Program Contact:		-
Email:	0	•
Phone:	0	<u>-</u>
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b>	ed in the year with MHBG funds)
	SMI Older Adult (60+) SED Child (0-17)	

- 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	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:			

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 Sala	ry Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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Federal Grant Detailed Program Budget				
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aff Expenses	Benefits \$ -	1.000	\$ -
	II. Itemized Detail		
Category	Detail	Amount	Total
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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

Date:

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

County:	0	
Program Title:		-
Program Contact:		-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b>	ed in the year with MHBG funds)
	SMI Older Adult (60+) SED Child (0-17)	

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 9

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 Sala	ry Grant FTE	Total Not to Exceed
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#### **Federal Grant Detailed Program Budget** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$ -

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

Federal Grant Detailed Program Bu	udaet
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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).

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(Estimated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)
	SMI Older Adult (60+)

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

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

		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□ NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 10

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

Federal Gra	ant Detailed	Program	Budget
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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).

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(Estimated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)
	SMI Older Adult (60+)

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

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

Is MHBG funding used to support this goal? Pleas check one.	
☐ YES	□NO
☐ YES	∐ NO
☐ YES	□NO
☐ YES	□ NO
☐ YES	☐ NO
☐ YES	∐ NO
	support this check

Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 11

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

Federal Gra	ant Detailed	Program	Budget
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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 <b>number</b> of consumers to be serve	ed 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	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□ NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 12

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 S	Salary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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	
<b>Program Contact:</b>	0	
Email:	0	
Phone:	0	
MHBG Funding Level:  Target Population(s):	\$ -  (Estimated <b>number</b> of consumers to be served SMI Adult (18-59)  SMI Older Adult (60+)  SED Child (0-17)	ed in the year with MHBG funds)

#### 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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Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

State of California - Health and Human Services Agency Department of Heal Ver. 1.2 Funding Period 07-01-20 Current ICR

# **Workbook Summary Sheet**

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

th Care Services 123 to 06-30-2024 25.00%

nt	
	692,386.03
	374,996.83
	-
	-
	-
	-
	-

1,067,382.86

County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
	3				
	4				
	5				
San Francisco	6				
San Francisco	7				
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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: \$155,359

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.

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

Other

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.

Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 1

TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental			
COUNTY	San Francisco	n 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	t \$ -			
	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			

Category	Detail	An	nual 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	\$ 122,797.5
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Staff Expenses Be	enefits	\$ 222,246	6.63	1.000	\$	222,246.63

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

### 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).

0	0	
	San Francisco	
Program Title:	Discretionary/Base: Adult/Older-Adult System	ns-of-Care Outreach/Engagement
Program Contact:	Jennie Hua	
Email:	jennie.hua@sfdph.org	
Phone:	(415) 255-3628	
MHBG Funding Level:  Target Population(s):	\$ 721,677.26  (Estimated number of consumers to be served SMI Adult (18-59)  SMI Older Adult (60+)  SED Child (0-17)	ed in the year with MHBG funds)

#### 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	✓ YES	□NO	
Mental Health Care is Consumer and Family Driven	✓ YES	□NO	
Disparities in Mental Health Services are Eliminated	✓ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO	
Technology is Used to Access Mental Health Care and Information	∠ YES	∐NO	
Additional Comments:			

Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 2

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 & Engageme	ent
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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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

Date: 12/3/21

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

County:	San Francisco	
•	Crisis Stabilization: 5150 Diversion & Engage	- ement
Program Contact:	Marlo Simmons	<del>-</del>
Email:	marlo.simmons@sfdph.org	- -
Phone:	(415) 255-3915	_
MHBG Funding Level:  Target Population(s):	\$ 225,128.77  (Estimated number of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

Transformational Categories	Is MHBG funding used support this goal? Plea check one.			
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO		
Mental Health Care is Consumer and Family Driven	✓ YES	∐NO		
Disparities in Mental Health Services are Eliminated	✓ YES	□NO		
Early Mental Health Screening, Assessment, and Referral to Services are	✓ YES	□NO		
Common Practices				
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO		
Technology is Used to Access Mental Health Care and Information	∠ YES	∐NO		
Additional Comments:	·			

TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental			
COUNTY	San Francisco	Submission Date		
	M:	ln.	(445) 055 0405	•
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465	)
Email Address	miguel.quinonez@sfdph.org			
			1	
Program Contact	Heather Weisbrod	Phone	(415) 255-3513	3
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
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DHCS Approval By: Seongsook Duncan

Date: 12/3/21

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:		
Target Population(s):	(Estimated number of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)  26  10

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO
Mental Health Care is Consumer and Family Driven	✓ YES	□NO
Disparities in Mental Health Services are Eliminated	∠ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO
Additional Comments:		
	_	_

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

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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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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

Transformational Categories	support this	nding used to s goal? Please ck one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

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 Gran	t Detailed Program Budget			
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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Date:

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

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(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	red in the year with MHBG funds)
	SMI Adult (18-59) SMI Older Adult (60+)

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Transformational Categories	support this	nding used to s goal? Please k one.
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Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

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 Sala	ry Grant FTE	Total Not to Exceed
		\$ -	0.000	\$ -
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#### **Federal Grant Detailed Program Budget** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$

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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Date:

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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Transformational Categories	support this	nding used to s goal? Please k one.
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Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

### **Federal Grant Detailed Program Budget** ARPA Community Mental Health Services Block Grant (MHBG) Supplemental **TYPE OF GRANT Submission Date** COUNTY **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 \$**

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Federal Grant Deta	iled Program Budget	
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DHCS Approval By:

Date:

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 <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

- Check all categories that are applicable
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Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
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Additional Comments:	·		

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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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

Date:

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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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** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$ -

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DHCS Approval By:

Federal Grant Detailed Program Bu	udaet
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Date:

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

County:	0	
Program Title:		-
Program Contact:		-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b>	ed in the year with MHBG funds)
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Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 10

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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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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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 <b>number</b> of consumers to be serve	ed 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	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are		□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 11

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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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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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).

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(Estimated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)
	SMI Older Adult (60+)

#### 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	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 12

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 Sa	alary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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 <b>number</b> of consumers to be serve <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b>	ed in the year with MHBG funds)
	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

<del>-</del>		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:	·		

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

Ver. 1.2 Funding Period 07-01-2024 to 06-30-2025

Current ICR 25.00%

# **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 #
	1	5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
	3				
	4				
	5				
San Francisco	6				
San Francisco	7				
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#### Funding Period 2 07-01-2022 to 12-31-2022 MHBG CRRSAA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEE

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

Т

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.

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

Other

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.

Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 1

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	
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	Annual Salary Grant FTE			
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Staff Expenses	Benefits	\$ -	1.000	\$ -
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		II. Itemized Detail				
Indirect is zero dollars - being paid but with other funds	Category	Detail		Amount		Total
S	Consultant/Contract Costs	Early psychosis technical assistance & capacity building - contractor is TBD	\$	129,295.00	\$	129,295.00
S	Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$	-	\$	-
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**DHCS Approval By:** Seongsook Duncan

Date: 12/3/21

### 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 <b>number</b> of consumers to be served SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	20 10 10
Types of Transformat	ional Service(s) Provided	

#### es 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	✓ YES	□NO		
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO		
Disparities in Mental Health Services are Eliminated	✓ YES	□NO		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO		
Excellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO		
Technology is Used to Access Mental Health Care and Information	✓ YES	∐ NO		
Additional Comments:	·			

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 & Engageme	ent
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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Category Consultant/Contract Costs	II. Itemized Detail												
	Dotoil		II. Itemized Detail										
Consultant/Contract Costs	Detail		Detail		Detail		Detail		Detail		Amount		Total
oonounani ooninaan oota	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

Date: 12/3/21

**Program Contact:** Marlo Simmons

County: San Francisco

Phone: (415) 255-3915

MHBG Funding Level: \$

### 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).

186,803.88

Program Title: Crisis Stabilization: 5150 Diversion & Engagement

Email: marlo.simmons@sfdph.org

Target Population(s): (Estimated number of consumers to be served in the year 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	r with MHBG fu	nds)
ransformational Categories	Is MHBG fund support this g	goal? Please
mericans Understand that Mental Health is Essential to Overall Health	✓ YES	□NO
Mental Health Care is Consumer and Family Driven	✓ YES	∐ NO
Disparities in Mental Health Services are Eliminated	✓ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES	□NO
xcellent Mental Health Care is Delivered and Research is Accelerated	✓ YES	□NO
echnology is Used to Access Mental Health Care and Information	✓ YES	∐ NO
Additional Comments:		

Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 3

TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental				
COUNTY	San Francisco	Submission D			
Fiscal Contact	Miguel Quinonez	Phone			
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		Annual Salary		Annual Salary		Annual Salary		Annual Salary		Annual Salary		Annual Salary Grant FTE	
		\$	-	0.000	\$ -										
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Staff Expenses	Benefits	\$	-	1.000	\$	-	
	II. Itemized Detail						
Category	Detail			Amount		Total	
Consultant/Contract Costs	Subcontractors to provide Engagement/Respite Rooms (25 rooms, 6 months, 5	\$1050/month		157,500.00	\$	157,500.00	
Other Expenses	Low-Income Housing HOPE Wellness Center Office Trailer		\$	125,000.00	\$	125,000.00	
Other Expenses	Minor repair & cleaning of Engagement/Respite rooms btwn occupancies		\$	10,512.38	\$	10,512.38	
Indirect Costs	Indirect is zero dollars - being paid but with other funds		\$	-	\$	-	
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DHCS Approval By: Seongsook Duncan

Date: 12/3/21

Program Contact: Valerie Lai

County: San Francisco

Phone: (415) 255-3432

Email: valerie.lai@sfdph.org

#### 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).

Program Title: Early Intervention: Housing-Related Engagement/Respite

MHBG Funding Level: \$	293,012	2.38		
Target Population(s): (Esti	mated <b>number</b> of consumers to be SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	served in the year  27  10	· with MHBG t	funds)
Types of Transformationa	* *			
•	gories that are applicable te in the narrative portion of the	application		
	tte in the narrative portion of the	аррисации		
ransformational Categories			support this	nding used to s goal? Please k one.
mericans Understand that Me	ental Health is Essential to Overa	all Health	✓ YES	□NO
lental Health Care is Consum	er and Family Driven		✓ YES	∐ NO
Disparities in Mental Health Se	ervices are Eliminated		✓ YES	□NO
arly Mental Health Screening Common Practices	, Assessment, and Referral to Se	ervices are	✓ YES	□ NO
xcellent Mental Health Care i	s Delivered and Research is Acc	elerated	✓ YES	□NO
	Mantal Haalth Cana and Informa	tion	√  YES	NO
echnology is Used to Access	Mental Health Care and Informa	ili Oi i		
echnology is Used to Access dditional Comments:	Mental Health Care and Informa	idon		
<u> </u>	Mental Health Care and Informa			

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
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DHCS Approval By:

	Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	0	
Program Title:		-
Program Contact:	0	_
Email:	0	_
Phone:	0	_
MHBG Funding Level:	\$ -	_
Target Population(s):	(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

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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Staff Expenses		\$ -	1.000	\$ -
II. Itemized Detail				
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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

ullet		Is MHBG funding used to support this goal? Please check one.	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO	
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO	
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO	
Common Practices			
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO	
Additional Comments:			

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 Sala	ry Grant FTE	Total Not to Exceed
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#### **Federal Grant Detailed Program Budget** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000

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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
		-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59)	ed in the year with MHBG funds)
	SMI Older Adult (60+) SED Child (0-17)	

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

Transformational Categories	support this	nding used to s goal? Please ck one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

### **Federal Grant Detailed Program Budget** CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental **TYPE OF GRANT Submission Date** COUNTY **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 \$**

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

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

- 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	☐ YES	□NO	
Mental Health Care is Consumer and Family Driven	YES	∐NO	
Disparities in Mental Health Services are Eliminated	Health Services are Eliminated		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	☐ YES	□NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□NO	
Technology is Used to Access Mental Health Care and Information	☐ YES	∐NO	
Additional Comments:			

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	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 Sala	ry Grant FTE	Total Not to Exceed
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Federal Grant Detailed Program Budget				
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Category	Detail	Amount	Total
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DHCS Approval By:

Federal	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

Is MHBG funding used to support this goal? Please check one.				
☐ YES	□NO			
☐ YES	∐ NO			
☐ YES	□NO			
☐ YES	□ NO			
☐ YES	☐ NO			
☐ YES	∐ NO			
	support this check			

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
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#### **Federal Grant Detailed Program Budget** 0.000 \$ \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ --\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ -\$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ 0.000 \$ \$ \_ -\$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ \$ 0.000 \$ -\$ 0.000 \$ \$ 0.000 \$ --\$ 0.000 \$ 0.000 \$ -

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DHCS Approval By:

Federal Grant Detailed Program Bu	udaet
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	0	
Program Title:	0	•
<b>Program Contact:</b>	0	
Email:	0	
Phone:	0	
MHBG Funding Level:		
Target Population(s):	(Estimated <b>number</b> of consumers to be serve	ed in the year with MHBG funds)
	SMI Adult (18-59)	
	SMI Older Adult (60+)	
	SED Child (0-17)	

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
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Common Practices		
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Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

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
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Federal Grant Detailed Program Budget				
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Staff Expenses	Benefits \$ -	1.000	\$ -
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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

County:	0	
Program Title:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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

Transformational Categories	Is MHBG fundir support this go check of	
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
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Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	·	

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
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Federal Grant Detailed Program Budget				
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## **Federal Grant Detailed Program Budget**

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DHCS Approval By:

Federal Gra	ant Detailed	Program	Budget
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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:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
·		
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year with MHBG funds)

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

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

Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	☐ YES	□NO
Mental Health Care is Consumer and Family Driven	☐ YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are	☐ YES	□NO
Common Practices		
Excellent Mental Health Care is Delivered and Research is Accelerated	☐ YES	□ NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:		

Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 12

## **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 S	Salary	Grant FTE	Total Not to Exceed
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# **Federal Grant Detailed Program Budget**

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# Federal Grant Detailed Program Budget

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

<b>Federal</b>	Grant	<b>Detailed</b>	<b>Program</b>	<b>Budget</b>

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:		-
Program Contact:	0	-
Email:	0	-
Phone:	0	-
MHBG Funding Level:	\$ -	-
Target Population(s):	(Estimated <b>number</b> of consumers to be serv <b>SMI Adult (18-59)</b> <b>SMI Older Adult (60+)</b> <b>SED Child (0-17)</b>	ed in the year with MHBG funds)

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

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

Americans Understand that Mental Health is Essential to Overall Health	YES	□NO
Mental Health Care is Consumer and Family Driven	YES	∐ NO
Disparities in Mental Health Services are Eliminated	☐ YES	□NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	YES	□NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□NO
Technology is Used to Access Mental Health Care and Information	☐ YES	∐ NO
Additional Comments:	•	

State of California - Health and Human Services Agency Department of Heal Ver. 1.2 Funding Period 07-01-20 Current ICR

# **Workbook Summary Sheet**

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

th Care Services
122 to 12-31-2022
25.00%

nt
472,098.88
137,012.38

609,111.25

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