File No. <u>220205</u>

Committee Item No. <u>8</u> Board Item No. <u>9</u>

## COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee:	Budget and Finance Committee	Date	April 13, 2022
Board of Sup	pervisors Meeting	Date	April 19, 2022

### **Cmte Board**

	Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Report Youth Commission Report Youth Commission Report Introduction Form Department/Agency Cover Letter and/or Report MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence
OTHER	(Use back side if additional space is needed)
	DPH Letter on Retroactivity - 4/15/2022

Completed by:_	Brent Jalipa	Date	April 7, 2022
Completed by:	Brent Jalipa	Date	April 14, 2022

FILE NO. 220205

#### AMENDED IN COMMITTEE 4/13/2022 RESOLUTION NO.

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

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

11

12 WHEREAS, The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), through the California Department of 13 Health Care Services (DHCS), has agreed to fund the Department of Public Health (DPH) in 14 the amount of \$5,052,171.99 for participation in a program, entitled "Community Mental 15 16 Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental," for the period of July 1, 2021, through June 30, 2025; and 17 WHEREAS, The grant amount of \$5,052,171.99 has been funded in part from the 18 Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) in the amount 19 of \$1,508,181 for the period of July 1, 2021, through December 31, 2022, and in part from the 20 21 American Rescue Plan Act (ARPA) in the amount of \$3,543,990.99 for the period of September 1, 2021, through June 30, 2025; and 22 23 WHEREAS, With this grant funding, the Behavioral Health Services (BHS) Mental Health Services unit will significantly expand the services by adding positions to manage the 24 overall grant; expand and support the new Mobile Outreach Team field-based services that 25

1 engage with medical, law enforcement, or emergency psychiatric systems while providing

2 support to individuals in the field; and provide neurocognitive testing and treatment

3 coordination for older adults; and

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

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

WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
 WHEREAS, A request for retroactive approval is being sought because DPH received
 the award letter on December 6, 2021, for a project start date of July 1, 2021; and

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

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

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

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
 expend the grant funds pursuant to Administrative Code, Section 10.170-1.

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1	Recommended:	Approved: <u>/s/</u>
2		Mayor
3	<u>/s/</u>	
4	Dr. Grant Colfax	Approved: <u>/s/</u>
5	Director of Health	Controller
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#### File Number:

(Provided by Clerk of Board of Supervisors)

#### Grant Resolution Information Form

(Effective July 2011)

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

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

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

- 2. Department: Department of Public Health
- 3. Contact Person: Marlo Simmons

Telephone: 415-255-3915

- 4. Grant Approval Status (check one):
  - [X] Approved by funding agency [] Not yet approved
- Amount of Grant Funding Approved or Applied for: \$5,052,171.99
   Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) \$1,508,181
   American Rescue Plan Act (ARPA) \$3,543,990.99
- 6a. Matching Funds Required: \$0
- b. Source(s) of matching funds (if applicable): N.A.

## 7a. Grant Source Agency: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

- b. Grant Pass-Through Agency (if applicable): California Department of Health Care Services
- 8. Proposed Grant Project Summary:

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

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

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

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

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

- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes
- d. Is this likely to be a one-time or ongoing request for contracting out? One-time
- 11a. Does the budget include indirect costs? []Yes [X] No
  - b1. If yes, how much? \$
  - b2. How was the amount calculated?
  - c1. If no, why are indirect costs not included? [] Not allowed by granting agency [] Other (please explain):
- [X] To maximize use of grant funds on direct services

- c2. If no indirect costs are included, what would have been the indirect costs? 25% of personnel costs
- 12. Any other significant grant requirements or comments:

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

0.5 FTE for class 2574 in Year 1, and 1.0 FTE for Year 2-4 1.5 FTE for class 2587 in Year 1, and 3.0 FTE for Year 2-4 0.5 FTE for class 2593 in Year 1, and 1.0 FTE for Year 2-4

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

Proposal ID:	CTR00002805 (ARPA)
Version ID:	V101
Department ID:	251964
Project Desc:	HB HM HM112 2122 MHBG-Americ (10038377)
Project ID:	10038377 (ARPA)
Activity ID:	0001
Proposal ID:	CTR00002806 (CRRSAA)
Version ID:	V101
Department ID:	251964
Project Desc:	HB HM HM113 2122 MHBG-CRRSAA (10038378)
Project ID:	10038378 (CRRSAA)
Activity ID:	0001

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

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

[X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)

[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) [] Existing Program(s) or Service(s) [] New Program(s) or Service(s)

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

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;

2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;

 Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

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

Comments:

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

Toni Rucker, PhD			
(Name)			
DPH ADA Coordin	ator		
(Title)		DocuSigned by:	
Date Reviewed:	1/26/2022   10:36 AM PST	Toni Rucker	
		(Signature Required)	

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax			
(Name)			
Director of Health			
(Title)		DocuSigned by:	
Date Reviewed:	1/26/2022   12:53 PM PST	Greg Wagner 28527524752949F (Signature Required)	

Greg Wagner, COO for

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

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

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

### Wong, Greg (DPH)

From:	DHCS FGB Contracts <fgbcontracts@dhcs.ca.gov></fgbcontracts@dhcs.ca.gov>
Sent:	Monday, December 6, 2021 2:37 PM
То:	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 <u>Confidentiality Notice</u>: 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

Community Services Division Federal Grants Branch, MS 2624 1501 Capitol Avenue Sacramento, CA 95814 \*The original application stated "General Crisis Stabilization,' how ever the intended term w as "**General Crisis Services**." General Crisis Services allow s broader activities and more flexibility, therefore corrections can be made to your County's narrative and budget during the Budget Change Request(BCR) period to reflect those changes. BCR period is from March 1<sup>st</sup> through May 31<sup>st</sup> during each State Fiscal Year (SFY).

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

Should you have any questions, please contact the BHRRP team at <u>BHRRP@dhcs.ca.gov</u>.

Sincerely,

lis.

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

#### Funding Period 1 MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET

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

County:	San Francisco
FEP Program Title:	Early Psychosis Care Coordination
Program Contact:	Heather Weisbrod
E-mail:	heather.weisbrod@sfdph.org
Phone Number:	(415) 255-3513
MHBG FEP Set-Aside	
Amount:	\$129,464

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

From 7/1/2019 To 6/30/2020	
Please identify the total number of FEP programs your county is administrating (all funding sources)	1
Please identify the total number of FEP programs by unique site location 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 🔲 NÖ
What Fidelity Measure Do You Use?	The Felton Early Psychosis Program mode
	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)	I YES I 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

Federal Grant Detailed Program Budget				
TYPE OF GRANT ARPA Community Mental Health Services Block Grant (MHBG) Supplemental				
COUNTY	San Francisco	Submission	n 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

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

I.	Staffing	Itemized	Detail

	I. Staffing itemized Detail			
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Psychologist (2574)	\$ 123,362.37	0.500	\$ 61,681.18
Staff Expenses	Health Worker III (2587)	\$ 70,346.35	1.500	\$ 105,519.52
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 106,270.42	0.500	\$ 53,135.21
		\$-	0.500	\$-
		\$-	0.000	\$-
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Staff Expenses	Benefits	\$ 98,049.48	1.000	\$ 98,049.	.48

Federal Grant Detailed Program Budget			
II. Itemized Detail			
Category	Detail	Amount	Total
ndirect 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).

Program Title: Program Contact: Email:	San Francisco Discretionary/Base: Adult/Older-Adult System Jennie Hua jennie.hua@sfdph.org (415) 255-3628	is-of-Care Ou	utreach/Engago	ement
MHBG Funding Level:	\$ 318,385.39			
Types of Transformati • Check all	(Estimated <b>number</b> of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17) tional Service(s) Provided categories that are applicable aborate in the narrative portion of the appli	120 30	with MHBG fu	ınds)
Transformational Categori	es			ding used to goal? Please < one.
Americans Understand th	at Mental Health is Essential to Overall He	ealth	VES	□ NO
	nsumer and Family Driven		VES	L NO
	Ith Services are Eliminated		VES	□ NO
Common Practices	ening, Assessment, and Referral to Service		VES	□ NO
	Care is Delivered and Research is Accelera	ated	VES	□ NO
	ccess Mental Health Care and Information		VES	∐ NO
Additional Comments:				

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

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

Program Name Crisis Stabilization: 5150 Diversion & Engagement		
Summary		
Category	Amount	
Staff Expenses	\$-	
Consultant/Contract Costs	\$-	
Equipment	\$ -	
Supplies	\$ -	
Travel	\$-	
Other Expenses	\$-	
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
	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
ndirect Costs	Indirect is zero - No 1st period ARPA Gen Crisis Stab expenses	\$-	\$-
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DHCS Approval By:

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)

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

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

	Federal Grant Deta	iled Program Budget	
TYPE OF GRANT	ARPA Community Mental I	Health Services Block Grant (MI	HBG) Supplemental
COUNTY	San Francisco	Submissio	on Date
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465
Email Address	miguel.quinonez@sfdph.org		
Program Contact	Heather Weisbrod	Phone	(415) 255-3513
Email Address	heather.weisbrod@sfdph.org		

Program Name Early Psychosis Care Coordination	
Summary	
Category	Amount
Staff Expenses	\$ -
Consultant/Contract Costs	\$ 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 Prog	ram Budget		
Staff Expenses	Benefits II. Itemized Detai	\$ -	1.000	\$ -
Category	Detail	·	Amount	Total
	sts Early psychosis care coordination - contractor TBD	\$		\$ 129,464.00
Indirect Costs	Indirect is zero dollars - being paid but with other funds	\$		\$ 129,404.00
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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:	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)

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

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

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

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Program	Namo
FIUUIAIII	INALLE I

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:

Date:

MHBG ARPA Program Data Sheet		
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County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the ye         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG fr	unds)
<ul> <li>Types of Transformational Service(s) Provided</li> <li>Check all categories that are applicable</li> </ul>		
<ul> <li>Check all categories that are applicable</li> </ul>	support this	nding used to goal? Please k one.
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>	support this	goal? Please
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please k one.
<ul><li>Check all categories that are applicable</li><li>Please elaborate in the narrative portion of the application</li></ul>	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are	Support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated	Support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application  Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       PES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application  Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.

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

Federal Grant Detailed Program Budget					
TYPE OF GRANT	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				
Staff Expenses	Benefits \$	- 1.00	0\$-	
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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	n activities (as t	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG fi	unds)
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	VES	NO
Mental Health Care is Consumer and Family Driven	VES	L NO
Disparities in Mental Health Services are Eliminated	L 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	L YES	L NO
Additional Comments:		

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

Program	Namo
FIUUIAIII	

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$-	0.000	\$-
		\$-	0.000	\$-
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Federal Grant Detailed Frogrant Budget				
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Federal Grant Detailed Program Budget					
Staff Expenses	Benefits \$ -		1.000	\$	-
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Category	Detail	Amou	int	Т	otal
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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	on activities (as	budgeted).
<b>County:</b> 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone</b> : <u>0</u>		
MHBG Funding Level:		
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	ear with MHBG f	iunds)
Transformational Categories	support this	nding used to s 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	
Disparities in Mental Health Services are Eliminated	L 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	VES	□ NO
Technology is Used to Access Mental Health Care and Information		
Additional Comments:	<u> </u>	

	Federal Grant Detailed Program B	udget		
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental			
COUNTY		Submission Da	ate	
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			
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Gross Cost of Program	\$-
Total Other Funding Sources	\$-
Other Funding Sources: Non-Federal Funds	\$-
Other Funding Sources: Federal	\$ -

	I. Staffing Itemized			Total Not to
Category	Detail	Annual Salary	Grant FTE	Exceed
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Federal Grant Detailed Program Budget				
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	Federal Grant Detailed Program Budget				
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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformation	n activities (as b	oudgeted).
<b>County:</b> 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG fi	unds)
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>		
• Flease elaborate in the harrative portion of the application		
Transformational Categories	support this	nding used to goal? Please k one.
Transformational Categories	support this	goal? Please
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please k one.
	support this chec	goal? Please k one.
Transformational Categories          Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are	support this chec	goal? Please k one.
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	Support this chec	goal? Please k one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated	Support this chec	goal? Please k one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this chec	goal? Please k one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated	support this chec       Image: Chec <td>goal? Please k one.</td>	goal? Please k one.

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

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Program	Namo
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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				
Staff Expenses	Benefits \$ -		1.000	\$	-
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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformatio	n activities (as l	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the ye         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG f	unds)
Types of Transformational Service(s) Provided • Check all categories that are applicable		
<ul> <li>Check all categories that are applicable</li> </ul>	support this	nding used to goal? Please k one.
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>	support this	goal? Please
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please k one.
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated	support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application  Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	Support this chec	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application  Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this chec       Pres       YES       YES       YES       YES       YES       YES       YES       YES	goal? Please k one.

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

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Program	Namo
FIUUIAIII	INALLE I

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	Category Detail Annual Salary Grant FTE					
		\$-	0.000	\$-		
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$ -	1.00	0\$-	
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Category	Detail	Amount	Total	
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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformatio	n activities (as l	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the ye         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG f	unds)
Types of Transformational Service(s) Provided • Check all categories that are applicable		
<ul> <li>Check all categories that are applicable</li> </ul>	support this	nding used to goal? Please k one.
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>	support this	goal? Please
Check all categories that are applicable     Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please k one.
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Federal Grant Detailed Program Budget					
TYPE OF GRANT	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

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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	\$-

Ι.	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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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	on activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone</b> : <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)	ear with MHBG f	unds)
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	VES	L NO
Disparities in Mental Health Services are Eliminated	L 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	
Technology is Used to Access Mental Health Care and Information	YES	
Additional Comments:		•

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

# Program Name

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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 Deta	il

Category	Category Detail Annual Salary Grant FTE				Total Not to Exceed	
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Federal Grant Detailed Program Budget				
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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 transformatio	n activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the yer         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)    Types of Transformational Service(s) Provided • Check all categories that are applicable	ar with MHBG f	iunds)
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	nding used to s 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	L NO
Disparities in Mental Health Services are Eliminated	L 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	L YES	∐ NO
Additional Comments:		

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

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salar	Grant FTE	Total Not to Exceed
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DHCS Approval By:

Date:

MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformation	n activities (as b	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG fu	unds)
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the parrative portion of the application</li> </ul>		
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul> Transformational Categories	support this	nding used to goal? Please k one.
Please elaborate in the narrative portion of the application Transformational Categories	support this	goal? Please k one.
Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please
Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	support this check	goal? Please k one.
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Please elaborate in the narrative portion of the application Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	support this check       Image: Check state s	goal? Please k one.
Please elaborate in the narrative portion of the application Transformational Categories  Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices Excellent Mental Health Care is Delivered and Research is Accelerated Technology is Used to Access Mental Health Care and Information	support this check       Image: Check state s	goal? Please k one.

State of California - Health and Human Services AgencyDepartment of Health Care ServicesVer. 1.2Funding Period09-01-2021 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 #
	1	Early psychosis care coordination	To be determined		
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San Francisco	7				
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#### Funding Period 2 MHBG ARPA FIRST EPISODE PSYCHOSIS (FEP) PROGRAM DATA SHEET

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

County:	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 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 1

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

#### Program Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement Summary Category Amount Staff Expenses \$ 664,094.31 Consultant/Contract Costs \$ -Equipment \$ -Supplies \$ -Travel \$ -Other Expenses \$ -Indirect Costs \$ -County Support Administrative Direct Costs \$ -Net Program Expenses \$ 664,094.31

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

I.	Staffing	Itemized	Detail

i. Starning itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Clinical Psychologist (2574)	\$ 126,446.43	1.000	\$ 126,446.43
Staff Expenses	Health Worker III (2587)	\$ 73,852.04	3.000	\$ 221,556.13
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 111,578.28	1.000	\$ 111,578.28
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Federal Grant Detailed Program Budg	et
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Staff Expenses Benefits \$ 204,513.47	1.000 \$	204,513.47

II. Itemized Detail			
Category	Detail	Amount	Total
direct 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 2: 07-01-2022 to 06-30-2023
MHBG ARPA Program Data Sheet

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

County:       San Francisco         Program Title:       Discretionary/Base: Adult/Older-Adult Systems-of-Care Ou         Program Contact:       Jennie Hua         Email:       jennie.hua@sfdph.org         Phone:       (415) 255-3628	itreach/Engage	ement
MHBG Funding Level: \$ 664,094.31		
Target Population(s): (Estimated number of consumers to be served in the year         SMI Adult (18-59)       240         SMI Older Adult (60+)       60         SED Child (0-17)       50         Types of Transformational Service(s) Provided       60         • Check all categories that are applicable       9         • Please elaborate in the narrative portion of the application	with MHBG fu	nds)
Transformational Categories	Is MHBG fund support this g check	goal? Please
Americans Understand that Mental Health is Essential to Overall Health	✓ YES	
Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	<ul><li>✓ YES</li><li>✓ YES</li></ul>	
Mental Health Care is Consumer and Family Driven	 ✓ YES	
Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are	✓ YES	
Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	✓ YES ✓ YES ✓ YES	NO    NO    NO

### Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 2

				- 3 -				
Federal Grant Detailed Program Budget								
TYPE OF GRANT	ARPA Community Mental Health	n Services Block Grant (MH	BG) Supplemental					
COUNTY	San Francisco	Submissio	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	\$ 107,140.40					
Equipment	\$-					
Supplies	\$-					
Travel	\$-					
Other Expenses	\$-					
Indirect Costs	\$-					
County Support Administrative Direct Costs	\$-					
Net Program Expenses	\$ 107,140.40					
Other Funding Sources: Federal	\$-					
Other Funding Sources: Non-Federal Funds	\$-					
Total Other Funding Sources	\$-					
Gross Cost of Program	\$ 107,140.40					

I. Staffing Itemized Detail											
Category	Detail	Annual Salary		Annual Salary		Annual Salary		Annual Salary		Grant FTE	Total Not to Exceed
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	Federal Grant Detailed Progran	n Budget			
Staff Expenses	Benefits	\$-	1.	000 \$	-
· · ·	II. Itemized Detail	1			
Category	Detail		Amount		Total
Consultant/Contract Costs	5150 Diversion & Engagement program for last 6 mos of FY 22-23		\$ 107,140	.40 \$	107,140.40
Indirect Costs	Indirect is zero dollars - being paid with other funds		\$	- \$	-
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DHCS Approval By: Seongsook Duncan

Date: 12/3/21

NO

NO

NO

NO

NO

NO

∠ YES

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

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

County: San Francisco Program Title: Crisis Stabilization: 5150 Diversion & Engagement Program Contact: Marlo Simmons **Email:** marlo.simmons@sfdph.org Phone: (415) 255-3915 MHBG Funding Level: \$ 107,140.40 Target Population(s): (Estimated number of consumers to be served in the year with MHBG funds) SMI Adult (18-59) 15 SMI Older Adult (60+) 5 SED Child (0-17) Types of Transformational Service(s) Provided • Check all categories that are applicable Please elaborate in the narrative portion of the application Transformational Categories Is MHBG funding used to support this goal? Please check one. ✓ YES Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven ✓ YES Disparities in Mental Health Services are Eliminated ✓ YES ✓ YES Early Mental Health Screening, Assessment, and Referral to Services are **Common Practices** Excellent Mental Health Care is Delivered and Research is Accelerated ✓ YES

Technology is Used to Access Mental Health Care and Information

Additional Comments:

### Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 3

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

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

I. Staffing Itemized Detail						
Category	Detail Annual Salary		Grant FTE	Total Not to Exceed		
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Staff Expenses	Benefits	\$-		1.000	\$	-
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Category	Detail			Amount		Total
Consultant/Contract Costs	Early psychosis care coordination - contractor TBD		\$	155,359.00	\$	155,359.00
ndirect 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 2: 07-01-2022 to 06-30-2023 MHBG ARPA Program Data Sheet

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

County:	San Francisco	
Program Title:	Early Psychosis Care Coordination	
Program Contact:	Heather Weisbrod	
Email:	heather.weisbrod@sfdph.org	
Phone:	(415) 255-3513	
MHBG Funding Level:		
Target Population(s):	(Estimated number of consumers to be serve	d in the year with MHBG funds)
	SMI Adult (18-59)	26

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

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

#### Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 4

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

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	n activities (as t	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
<b>Email:</b> 0		
Phone: 0		
MHBG Funding Level:		
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	ar with MHBG fi	unds)
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	iding 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	
Disparities in Mental Health Services are Eliminated	L YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	S YES	□ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□ NO
Technology is Used to Access Mental Health Care and Information	L YES	L NO
Additional Comments:		

#### Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 5

Federal Grant Detailed Program Budget						
TYPE OF GRANT	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

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

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 b	oudgeted).	
<b>County:</b> 0			
Program Title: 0			
Program Contact: 0			
Email: <u>0</u>			
Phone: 0			
MHBG Funding Level:			
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	unds)	
Transformational Categories		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	L NO	
Disparities in Mental Health Services are Eliminated	YES	NO	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO	
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□ NO	
Technology is Used to Access Mental Health Care and Information	<b>YES</b>	∐ NO	
Additional Comments:			

### Department of Health Care Services Funding Period 07-01-2022 to 06-30-2023 Current ICR 25.00% Program 6

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

Program	Name
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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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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformatio	n activities (as b	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level: _\$		
Target Population(s): (Estimated number of consumers to be served in the year         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	ar with MHBG fu	unds)
Transformational Categories	support this	iding used to goal? Please k one.
Transformational Categories	support this	goal? Please
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this checl	goal? Please k one.
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	support this check	goal? Please
	support this check	goal? Please
Transformational Categories          Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are	support this check	goal? Please c one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       YES       YES       YES       YES       YES       YES	goal? Please           Image: No           Image: No           Image: No           Image: No           Image: No
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please c one.

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	Federal Grant Detailed Program B	udget		
TYPE OF GRANT	ARPA Community Mental Health Services Bloc	k Grant (MHBC	G) Supplemental	
COUNTY		Submission D	Date	
Fiscal Contact		Phone		
Email Address				
Program Contact		Phone		
Email Address				
Program Name				
	Summary			
	Category		Amount	
	Staff Expenses	\$	/ inouni	-
	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 Pro	ogram  \$			
I. Staffing Itemized Detail					
Category	Detail	Annual Sal	ary 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	s -
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Category	Detail	Amount	Total
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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	n activities (as t	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older 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	ar with MHBG fu	unds)
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO
Mental Health Care is Consumer and Family Driven	YES	L NO
Disparities in Mental Health Services are Eliminated	L YES	NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□ NO
Technology is Used to Access Mental Health Care and Information	L YES	NO
Additional Comments:		

Federal Grant Detailed Program Budget					
TYPE OF GRANT	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 I	Name
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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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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformatio	n activities (as b	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level: _\$		
Target Population(s): (Estimated number of consumers to be served in the year         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	ar with MHBG fu	unds)
Transformational Categories	support this	iding used to goal? Please k one.
Transformational Categories	support this	goal? Please
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health	support this checl	goal? Please k one.
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	support this check	goal? Please
	support this check	goal? Please
Transformational Categories          Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are	support this check	goal? Please c one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       YES       YES       YES       YES       YES       YES	goal? Please           NO           NO           NO           NO           NO
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please           one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres       Pres	goal? Please c one.

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

<b>Program</b>	Name
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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			
Staff Expenses	Benefits \$ -	1.00	0\$-
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MHBG ARPA Program Data Sheet		
Complete one sheet for each MHBG funded program that supports transformatio	n activities (as b	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level: _\$		
Target Population(s): (Estimated number of consumers to be served in the year         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	ar with MHBG fu	unds)
Transformational Categories	support this	iding used to goal? Please k one.
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Transformational Categories          Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are	support this check	goal? Please c one.
Transformational Categories         Americans Understand that Mental Health is Essential to Overall Health         Mental Health Care is Consumer and Family Driven         Disparities in Mental Health Services are Eliminated         Early Mental Health Screening, Assessment, and Referral to Services are         Common Practices         Excellent Mental Health Care is Delivered and Research is Accelerated         Technology is Used to Access Mental Health Care and Information	support this check       Pres       YES       YES       YES       YES       YES       YES	goal? Please           Image: No           Image: No           Image: No           Image: No           Image: No
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Federal Grant Detailed Program Budget				
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplemental			
COUNTY	Submission Date			
Fiscal Contact	Phone			
Email Address				
Program Contact	Phone			
Email Address				

# Program Name

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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	\$-

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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	on activities (as	budgeted).
<b>County:</b> 0		
Program Title: 0		
Program Contact: 0		
Email: <u>0</u>		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older Adult (18-59)         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	∋ar with MHBG f	íunds)
Transformational Categories	support this	nding used to s 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	
Disparities in Mental Health Services are Eliminated	L 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	L YES	L NO
Additional Comments:		

Federal Grant Detailed Program Budget				
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplementa	al		
COUNTY	Submission Date			
Fiscal Contact	Phone			
Email Address				
Program Contact	Phone			
Email Address				

### Program Name

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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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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	n activities (as t	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older 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	ar with MHBG fu	unds)
Transformational Categories Is MHBG funding used support this goal? Plea check one.		goal? Please
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO
Mental Health Care is Consumer and Family Driven	YES	L NO
Disparities in Mental Health Services are Eliminated	L YES	NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□ NO
Technology is Used to Access Mental Health Care and Information	L YES	NO
Additional Comments:		

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

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

I. Staffing Itemized Detail					
Category	Detail	Annual S	alary	Grant FTE	Total Not to Exceed
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Federal Grant Detailed Program Budget					
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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	n activities (as t	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older 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	ar with MHBG fi	unds)
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO
Mental Health Care is Consumer and Family Driven	YES	L NO
Disparities in Mental Health Services are Eliminated	L YES	NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	□ NO
Technology is Used to Access Mental Health Care and Information	L 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 22 to 06-30-2023 25.00%		
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2         Early Psychosis Care Coordination         To be determined         Image: Construction			5150 Diversion/Engagement	To be determined		
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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.

Federal Grant Detailed Program Budget					
TYPE OF GRANT	ARPA Community Mental Heal	th Services Block Grant (MHI	BG) Supplemental		
COUNTY	San Francisco	Submission	Date		
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-3465		
Email Address	miguel.quinonez@sfdph.org				
Program Contact	Jennie Hua	Phone	(415) 255-3465		
Email Address	jennie.hua@sfdph.org				

# Program Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement Summary Amount Category Amount Staff Expenses \$ 692,386.03

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\$-	Consultant/Contract Costs
\$-	Equipment
\$-	Supplies
\$-	Travel
\$-	Other Expenses
\$-	Indirect Costs
\$-	County Support Administrative Direct Costs
\$ 692,386.03	Net Program Expenses
\$-	Other Funding Sources: Federal
\$-	Other Funding Sources: Non-Federal Funds
\$-	Total Other Funding Sources
\$ 692,386.03	Gross Cost of Program

#### I. Staffing Itemized Detail

i. Starring Remized Detail						
Category	Detail	Annual Salary		Grant FTE	Total Not to Exceed	
Staff Expenses	Clinical Psychologist (2574)	\$	129,607.59	1.000	\$ 129,607.59	
Staff Expenses	Health Worker III (2587)	\$	77,489.06	3.000	\$ 232,467.17	
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$	117,085.12	1.000	\$ 117,085.12	
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Federal Grant Detailed Program Budget
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Staff Expenses	Benefits	\$ 213,226.15	1.000	\$ 213,226.15
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II. Itemized Detail				
Category	Detail	Amount	Total	
direct 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 3: 07-01-2023 to 06-30-2024
MHBG ARPA Program Data Sheet

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

County: San Francisco Program Title: Discretionary/Base: Adult/Older-Adult Systems-of-Care O Program Contact: Jennie Hua Email: jennie.hua@sfdph.org Phone: (415) 255-3465	utreach/Engag	jement
MHBG Funding Level: \$ 692,386.03		
Target Population(s): (Estimated number of consumers to be served in the yea         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 ft ] ]	unds)
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Transformational Categories		iding used to goal? Please k one.
	support this	goal? Please
Americans Understand that Mental Health is Essential to Overall Health	support this chec	goal? Please k one.
	support this chec	goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven	Support this chec	goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are	Support this check VES VES VES	goal? Please k one.
Mental Health Care is Consumer and Family Driven Disparities in Mental Health Services are Eliminated Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	Support this check VES VES VES VES VES	goal? Please k one.

Federal Grant Detailed Program Budget					
TYPE OF GRANT	ARPA Community Mental Health Services Blo	ock Grant (MHB	G) 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	\$ 219,637.83
Equipment	\$-
Supplies	\$-
Travel	\$-
Other Expenses	\$-
Indirect Costs	\$-
County Support Administrative Direct Costs	\$-
Net Program Expenses	\$ 219,637.83
Other Funding Sources: Federal	\$-
Other Funding Sources: Non-Federal Funds	\$-
Total Other Funding Sources	\$-
Gross Cost of Program	\$ 219,637.83

I. Staffing Itemized Detail					
Category	Detail	Annual Salary		Annual Salary Grant FTE	
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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

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

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

County:San FranciscoProgram Title:Crisis Stabilization: 5150 Diversion & EngagementProgram Contact:Marlo SimmonsEmail:marlo.simmons@sfdph.orgPhone:(415) 255-3915

 MHBG Funding Level:
 \$
 219,637.83

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

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

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

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

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Staff Expenses	Benefits	\$-		1.000	\$	-
·	II. Itemized Deta					
Category	Detail			Amount		Total
Consultant/Contract Costs	Early psychosis care coordination - contractor TBD		\$	155,359.00	\$	155,359.00
ndirect Costs	Indirect is zero dollars - being paid with other funds		\$	-	\$	-
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DHCS Approval By: Seongsook Duncan

Date: 12/3/21

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

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

County:	San Francisco		
Program Title:	Early Psychosis Care Coordination		
Program Contact:	Heather Weisbrod		
Email:	heather.weisbrod@sfdph.org		
Phone:	(415) 255-3513		
MHBG Funding Level:	\$ 155,359.00		
Target Population(s):	(Estimated number of consumers to be serve SMI Adult (18-59) SMI Older Adult (60+) SED Child (0-17)	ed in the year w 26 10	ith MHBG
	ional Comvine(a) Drevided		

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

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

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

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

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 b	udgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: <u>0</u>				
<b>Phone</b> : 0				
MHBG Funding Level:				
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	with MHBG fu	ınds)		
Transformational Categories		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:				

Federal Grant Detailed Program Budget						
TYPE OF GRANT	ARPA Community Mental Health Services Blo	ck Grant (MHB0	G) Supplementa	I		
COUNTY		Submission Date				
Fiscal Contact		Phone				
Email Address			- -			
Program Contact		Phone				
Email Address						

## Program Name

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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:

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 b	oudgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
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	unds)
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	L 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	L NO
Additional Comments:		

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

Program	Name
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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:

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 b	udgeted).	
County: 0			
Program Title: 0			
Program Contact: 0			
Email: <u>0</u>			
<b>Phone</b> : 0			
MHBG Funding Level:			
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	with MHBG fu	ınds)	
sformational Categories Is MHBG funding support this goa check on		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 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:			

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	Federal Grant Detailed Program B	udget		
TYPE OF GRANT	ARPA Community Mental Health Services Bloc	k Grant (MHBG	) Supplemental	
COUNTY		Submission Da	ate	
Fiscal Contact		Phone		
Email Address				
Program Contact		Phone		
Email Address				
Program Name				
egian i ano	Summary			
	Category		Amount	
	Staff Expenses	\$		-
	Consultant/Contract Costs	\$		-
	Equipment			-
	Supplies			-
	Travel			-
	Other Expenses Indirect Costs			-
	County Support Administrative Direct Costs	•		-
	Net Program Expenses			<u> </u>
	Other Funding Sources: Federal			-
	Other Funding Sources: Non-Federal Funds			-
	Total Other Funding Sources			-

	Gross Cost of I	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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Federal Grant Detailed Program Budget			
Staff Expenses	Benefits \$-	1.000	s -
	II. Itemized Detail		Ψ
Category	Detail	Amount	Total
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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	on activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the years)         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)    Types of Transformational Service(s) Provided • Check all categories that are applicable	ear with MHBG f	unds)
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO
Mental Health Care is Consumer and Family Driven	VES	L NO
Disparities in Mental Health Services are Eliminated	YES	□ NO
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	NO
Technology is Used to Access Mental Health Care and Information	L YES	∐ NO
Additional Comments:		

### Department of Health Care Services Funding Period 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 8

Federal Grant Detailed Program Budget				
TYPE OF GRANT	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				

<b>Program</b>	Name
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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:

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 b	udgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: <u>0</u>		
<b>Phone</b> : 0		
MHBG Funding Level:		
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	with MHBG fu	ınds)
Transformational Categories		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 07-01-2023 to 06-30-2024 Current ICR 25.00% Program 9

Federal Grant Detailed Program Budget				
TYPE OF GRANT	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				

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$-	0.000	\$-
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	Federal Grant Detailed Program Budget		
Staff Expenses	Benefits \$ -	1.00	0\$-
	II. Itemized Detail	1.00	Ψ
Category	Detail	Amount	Total
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DHCS Approval By:

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	ation activities (as l	oudgeted).	
County: 0			
Program Title: 0			
Program Contact: 0			
Email: 0			
<b>Phone:</b> <u>0</u>			
MHBG Funding Level:			
Target Population(s): (Estimated number of consumers to be served in the 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	year with MHBG f	unds)	
Transformational Categories	support this	nding used to goal? Please k one.	
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO	
Mental Health Care is Consumer and Family Driven	YES	L NO	
Disparities in Mental Health Services are Eliminated	L 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	VES	🗌 NO	
Technology is Used to Access Mental Health Care and Information	L YES		
Additional Comments:		· 	

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

Federal Grant Detailed Program Budget				
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (M	HBG) Supplemental		
COUNTY	Submission Date			
Fiscal Contact	Phone			
Email Address	·			
Program Contact	Phone			
Email Address				

# Program Name

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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	\$-

Ι.	Staffing	Itemized	Detail

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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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DHCS Approval By:

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	on activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone</b> : <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the years         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ear with MHBG f	unds)
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	nding used to s goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO
Mental Health Care is Consumer and Family Driven	YES	∐ NO
Disparities in Mental Health Services are Eliminated	L 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	VES	□ NO
Technology is Used to Access Mental Health Care and Information		
Additional Comments:		

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

Federal Grant Detailed Program Budget				
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (MHBG) Supplementa	al		
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				
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Federal Grant Detailed Program Budget			
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DHCS Approval By:

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	ation activities (as l	oudgeted).	
County: 0			
Program Title: 0			
Program Contact: 0			
Email: 0			
<b>Phone:</b> <u>0</u>			
MHBG Funding Level:			
Target Population(s): (Estimated number of consumers to be served in the 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	year with MHBG f	unds)	
Transformational Categories	support this	nding used to goal? Please k one.	
Americans Understand that Mental Health is Essential to Overall Health	VES	□ NO	
Mental Health Care is Consumer and Family Driven	YES	L NO	
Disparities in Mental Health Services are Eliminated	L 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	VES	🗌 NO	
Technology is Used to Access Mental Health Care and Information	L YES		
Additional Comments:		· 	

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

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

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

I. Staffing Itemized Detail					
Category	Detail	Annual S	alary	Grant FTE	Total Not to Exceed
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DHCS Approval By:

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 transformat	ion activities (as	budgeted).	
<b>County:</b> 0			
Program Title: 0			
Program Contact: 0			
<b>Email:</b> 0			
<b>Phone:</b> 0			
MHBG Funding Level:			
Target Population(s): (Estimated number of consumers to be served in the y         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)    Types of Transformational Service(s) Provided • Check all categories that are applicable • Discuss of the applicable	rear with MHBG f	unds)	
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>			
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	L NO	
Disparities in Mental Health Services are Eliminated	L 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	VES	□ 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 23 to 06-30-2024 25.00%		
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1         5150 Diversion/Engagement         To be determined         Image: constraints           2         Early Psychosis Care Coordination         To be determined         Image: constraints           3         Image: constraints         To be determined         Image: constraints           5         Image: constraints         Image: constraints         Image: constraints           6         Image: constraints         Image: constraints         Image: constraints           7         Image: constraints         Image: constraints         Image: constraints           9         Image: constraints         Image: constraints         Image: constraints           11         Image: constraints         Image: constraints         Image: constraints         Image: constraints           12         Image: constraints         Image: constraints         Image: constraints         Image: constraints           14         Image: constraints         Image: constraints         Image: constraints         Image: constraints         Image: constraints           16         Image: constraints         Image: constraints         Image: constraints         Image: constraints         Image: constraints           20         Image: constraints         Image: constraints         Image: constraints         Image: constraints         Image: constraint	County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
2         Early Psychosis Care Coordination         To be determined         Image: Control of the system			5150 Diversion/Engagement	To be determined		
3         -		2	Early Psychosis Care Coordination			
San Francisco         5         Image: constraint of the second se						
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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

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

#### Program Name Discretionary/Base: Adult/Older-Adult Systems-of-Care Outreach/Engagement Summary Category Amount Staff Expenses \$ 721,677.26 Consultant/Contract Costs \$ -Equipment \$ -Supplies \$ -Travel \$ -Other Expenses \$ -Indirect Costs \$ -County Support Administrative Direct Costs \$ \_ Net Program Expenses \$ 721 677 26

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Other Funding Sources: Federal	\$ -
Other Funding Sources: Non-Federal Funds	\$ -
Total Other Funding Sources	\$ -
Gross Cost of Program	\$ 721,677.26

### I. Staffing Itemized Detail

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Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed	
Staff Expenses	Clinical Psychologist (2574)	\$ 132,847.78	1.000	\$ 132,847.78	
Staff Expenses	Health Worker III (2587)	\$ 81,261.77	3.000	\$ 243,785.30	
Staff Expenses	Care Coordinator (Health Program Coordinator III - 2593)	\$ 122,797.55	1.000	\$ 122,797.55	
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Federal Grant Detailed Program Budget
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Staff Expenses	Benefits	\$ 222,246.	63 1.000	\$	222,246.63
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II. Itemized Detail				
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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).

County:       San Francisco         Program Title:       Discretionary/Base: Adult/Older-Adult System         Program Contact:       Jennie Hua         Email:       jennie.hua@sfdph.org         Phone:       (415) 255-3628	ns-of-Care Outreach/E - -	Engagement
MHBG Funding Level: \$ 721,677.26	-	
Target Population(s): (Estimated number of consumers to be serve 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 appli		IBG funds)
Transformational Categories	suppor	G funding used to t this goal? Please check one.
Americans Understand that Mental Health is Essential to Overall He	ealth 🛛 YES	5 🗌 NO
Mental Health Care is Consumer and Family Driven	VES	5 🗌 NO
Disparities in Mental Health Services are Eliminated		5 🗌 NO
Early Mental Health Screening, Assessment, and Referral to Servic Common Practices	ces are	5 🗌 NO
Excellent Mental Health Care is Delivered and Research is Acceleration	ated 🖂 YES	5 🗌 NO
Technology is Used to Access Mental Health Care and Information		5 LI NO
Additional Comments:		

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

Program Name Crisis Stabilization: 5150 Diversion & 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 S	alary	Grant FTE	Total Not to Exceed
		\$	-	0.000	\$-
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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

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

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

 County:
 San Francisco

 Program Title:
 Crisis Stabilization: 5150 Diversion & Engagement

 Program Contact:
 Marlo Simmons

 Email:
 marlo.simmons@sfdph.org

 Phone:
 (415) 255-3915

 MHBG Funding Level:
 \$ 225,128.77

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

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

-		

### Types of Transformational Service(s) Provided

• Check all categories that are applicable

• Please elaborate in the narrative portion of the application

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

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

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

	I. Staffing Itemized Detail			
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
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Federal Grant Detailed Program Budget					
Staff Expenses	Benefits \$	-	1.000	\$	-
	II. Itemized Detail				
Category	Detail		Amount		Total
Consultant/Contract Cos Indirect Costs	ts Early psychosis care coordination - contractor TBD Indirect is zero dollars - being paid with other funds	\$	155,359.00 -	\$ \$	155,359.00 -
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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).

County:	San Francisco	
Program Title:	Early Psychosis Care Coordinat	ion
Program Contact:	Heather Weisbrod	
Email:	heather.weisbrod@sfdph.org	
Phone:	(415) 255-3513	
MHBG Funding Level:	\$	155,359.00

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

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

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

Federal Grant Detailed Program Budget						
TYPE OF GRANT	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			
Staff Expenses	Benefits \$ -	1.00	0\$-
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DHCS Approval By:

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 transformatio	n activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
<b>Email:</b> 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
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	ar with MHBG f	unds)
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	YES	
Mental Health Care is Consumer and Family Driven	YES	L NO
Disparities in Mental Health Services are Eliminated	L 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	VES	□ NO
Technology is Used to Access Mental Health Care and Information	L YES	∐ NO
Additional Comments:		

Federal Grant Detailed Program Budget					
TYPE OF GRANT	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	Ann	ual 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:

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 transformatio	n activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year         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	ar with MHBG f	unds)
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	
Disparities in Mental Health Services are Eliminated	L 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	L YES	∐ NO
Additional Comments:		

Federal Grant Detailed Program Budget						
TYPE OF GRANT	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						

<b>Program</b>	Name
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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		
Staff Expenses	Benefits \$ -	1.00	0\$-
	II. Itemized Detail	1.00	Ψ
Category	Detail	Amount	Total
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DHCS Approval By:

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 transformatio	n activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
<b>Email:</b> 0		
<b>Phone:</b> <u>0</u>		
MHBG Funding Level:		
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	ar with MHBG f	unds)
Transformational Categories	support this	nding used to goal? Please k one.
Americans Understand that Mental Health is Essential to Overall Health	YES	
Mental Health Care is Consumer and Family Driven	YES	L NO
Disparities in Mental Health Services are Eliminated	L 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	VES	□ NO
Technology is Used to Access Mental Health Care and Information	L YES	∐ NO
Additional Comments:		

		••••••		
	Federal Grant Detailed Program B	udget		
TYPE OF GRANT	ARPA Community Mental Health Services Bloc	k Grant (MHBG	6) Supplemental	
COUNTY		Submission D	ate	
Fiscal Contact		Phone		
Email Address				
Program Contact		Phone		
Email Address				
Program Name				
eg. an	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 Pro	ogram \$		-		
	I. Staffing Itemized Detail					
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed		
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Federal Grant Detailed Program Budget				
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$-	1.000	s -	
	II. Itemized Detail		Ψ	
Category	Detail	Amount	Total	
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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	on activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone</b> : <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older 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	ear with MHBG f	funds)
Transformational Categories	support this	nding used to s goal? Please :k one.
Americans Understand that Mental Health is Essential to Overall Health	YES	NO
Mental Health Care is Consumer and Family Driven	VES	
Disparities in Mental Health Services are Eliminated	L 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	L YES	L NO
Additional Comments:		

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

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

	I. Staffing Itemized Detail			
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$-	0.000	\$-
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Federal Grant Detailed Program Budget			
Staff Expenses	Benefits \$ -	1.00	0\$-
	II. Itemized Detail	1.00	Ψ
Category	Detail	Amount	Total
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DHCS Approval By:

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	ation activities (as	budgeted).	
<b>County:</b> 0			
Program Title: 0			
Program Contact: 0			
Email: <u>0</u>			
<b>Phone:</b> <u>0</u>			
MHBG Funding Level:			
Target Population(s): (Estimated number of consumers to be served in the 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	year with MHBG f	iunds)	
Transformational Categories	support this	nding used to s 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	L NO	
Disparities in Mental Health Services are Eliminated	L 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	L YES	∐ NO	
Additional Comments:			

### Department of Health Care Services Funding Period 07-01-2024 to 06-30-2025 Current ICR 25.00% Program 9

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

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

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$-	0.000	\$-
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Federal Grant Detailed Program Budget			
Staff Expenses	Benefits \$ -	1.00	0\$-
	II. Itemized Detail	1.00	Ψ
Category	Detail	Amount	Total
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DHCS Approval By:

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 transformatio	n activities (as	budgeted).	
County: 0			
Program Title: 0			
Program Contact: 0			
<b>Email:</b> 0			
<b>Phone:</b> <u>0</u>			
MHBG Funding Level:			
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	ar with MHBG f	unds)	
Transformational Categories	support this	nding used to goal? Please k one.	
Americans Understand that Mental Health is Essential to Overall Health	YES		
Mental Health Care is Consumer and Family Driven	YES	L NO	
Disparities in Mental Health Services are Eliminated	L 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	L YES	∐ NO	
Additional Comments:			

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

Federal Grant Detailed Program Budget				
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (M	HBG) Supplemental		
COUNTY	Submission Date			
Fiscal Contact	Phone			
Email Address	·			
Program Contact	Phone			
Email Address				

# Program Name

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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	\$-		

Ι.	Staffing	Itemized	Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$ -	0.000	
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	Federal Grant Detailed Program Budget		
Staff Expenses	Benefits \$ -	1.00	0\$-
	II. Itemized Detail	1.00	Ψ
Category	Detail	Amount	Total
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DHCS Approval By:

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	n activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone:</b> 0		
MHBG Funding Level:		
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)	ar with MHBG 1	unds)
<ul> <li>Types of Transformational Service(s) Provided</li> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>		
Transformational Categories	support this	nding used to s 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	L NO
Disparities in Mental Health Services are Eliminated	L 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	
Technology is Used to Access Mental Health Care and Information	L YES	
Additional Comments:		·

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

	Federal Grant Detailed Program Budget	
TYPE OF GRANT	ARPA Community Mental Health Services Block Grant (M	HBG) Supplemental
COUNTY	Submission Date	
Fiscal Contact	Phone	
Email Address	·	
Program Contact	Phone	
Email Address		

# Program Name

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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 Deta	il

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:

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	on activities (as	budgeted).
County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
<b>Phone</b> : <u>0</u>		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older 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	ear with MHBG f	funds)
Transformational Categories	support this	nding used to s goal? Please :k one.
Americans Understand that Mental Health is Essential to Overall Health	YES	NO
Mental Health Care is Consumer and Family Driven	VES	
Disparities in Mental Health Services are Eliminated	L 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	L YES	L NO
Additional Comments:		

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

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

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

I. Staffing Itemized Detail					
Category	Detail	Annua	l Salary	Grant FTE	Total Not to Exceed
		\$	-	0.000	\$-
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	Feo	deral Grant Detailed Prog	gram Budget		
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DHCS Approval By:

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	on activities (as	budgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
<b>Phone</b> : <u>0</u>				
MHBG Funding Level:				
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	ear with MHBG t	iunds)		
Transformational Categories	support this	nding used to s goal? Please k one.		
Americans Understand that Mental Health is Essential to Overall Health	YES	□ NO		
Mental Health Care is Consumer and Family Driven	VES	L NO		
Disparities in Mental Health Services are Eliminated	L 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	L YES	L NO		
Additional Comments:				

State of California - Health and Human Services AgencyDepartment of Health Care ServicesVer. 1.2Funding Period07-01-2024 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 #
		5150 Diversion/Engagement	To be determined		
	2	Early Psychosis Care Coordination	To be determined		
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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			

Department of Health Care Services

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

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Federal Grant Detailed Program Budget						
TYPE OF GRANT	CRRSAA Community Menta	I Health Services Block Grant (I	MHBG) Supplemen	tal		
COUNTY		Submissio	Submission Date			
Fiscal Contact	Miguel Quinonez	Phone	(415) 255-346	5		
Email Address	miguel.quinonez@sfdph.org		•			
Program Contact	Heather Weisbrod	Phone	(415) 255-351	3		
Email Address	heather.weisbrod@sfdph.org					
Program Name	Early Psychosis Capacity Buildin	ng				
		nmary				

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 Sa	lary	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	Early psychosis technical assistance & capacity building - contractor is TBD	\$	129,295.00	\$	129,295.0
direct 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				
	Early Psychosis Cap	acity Building			
Program Contact:	Heather Weisbrod				
Email:	heather.weisbrod@s	fdph.org			
Phone	: (415) 255-3513				
MHBG Funding Level:	\$	129,295.00			
Target Population(s):	SMI Ad SMI Olde	of consumers to be served lult (18-59) r Adult (60+) hild (0-17)	in the year 20 10	with MHBG	funds)
Types of Transformat	tional Service(s) Pr				
	-	tive portion of the application	tion		
	aborate in the narrat			support this	nding used to s goal? Please ck one.
Please el	laborate in the narrat	tive portion of the applica		support this	s goal? Please
Please el Transformational Categor	laborate in the narrat ries nat Mental Health is I	tive portion of the applica		support this cheo	s goal? Please ck one.
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Please el Transformational Categor Americans Understand th Mental Health Care is Co Disparities in Mental Hea Early Mental Health Scre Common Practices Excellent Mental Health C Technology is Used to Ad	hat Mental Health is I ponsumer and Family onsumer and Family of Services are Elim pening, Assessment, Care is Delivered and	Essential to Overall Heal Driven hinated and Referral to Services d Research is Accelerate	th are	Support this check VES VES VES VES VES	s goal? Please k one.
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#### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 2

				5	
Federal Grant Detailed Program Budget					
TYPE OF GRANT	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	Annua	I Salary	Grant FTE	Total Not to Exceed
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Benefits \$ II. Itemized Detail Detail 5150 Diversion & Engagement program for 1st 6 mos of FY 22-23	-	1.000 Amount	\$	-
Detail 5150 Diversion & Engagement program for 1st 6 mos of FY 22-23		Amount		
5150 Diversion & Engagement program for 1st 6 mos of FY 22-23		Amount		
				Total
	\$	185,303.88	\$	185,303.88
Subscriptions for mobile hot-spots (\$250/mo for 6 months)	\$	1,500.00	\$	1,500.00
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:	San Francisco				
-	Crisis Stabilization: 5150	) Diversion & Engageme	ent		
Program Contact:	Marlo Simmons				
Email:	marlo.simmons@sfdph.c	org			
Phone:	(415) 255-3915				
MHBG Funding Level:	\$	186,803.88			
Target Population(s):	: (Estimated <b>number</b> of co SMI Adult SMI Older Ad SED Child	(18-59) dult (60+)	n the year 20 10	with MHBG t	funds)
	tional Service(s) Provi categories that are app				
Please ela	aborate in the narrative				
				support this	
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Please ela Transformational Categor	<b>ies</b> nat Mental Health is Ess	portion of the application of th	5	support this chec	s goal? Please :k one.
Please ela Transformational Categor Americans Understand th	<b>ies</b> hat Mental Health is Ess insumer and Family Driv	portion of the application of th	5	support this chec	□ NO
Please else     Transformational Categor     Americans Understand the     Mental Health Care is Co	ies nat Mental Health is Ess insumer and Family Driv Ith Services are Elimina	portion of the application of th	h	support this chec ves ves	s goal? Please ck one.
Please ela Transformational Categor Americans Understand th Mental Health Care is Co Disparities in Mental Hea Early Mental Health Scree	ies nat Mental Health is Ess insumer and Family Driv Ith Services are Elimina ening, Assessment, and	portion of the application sential to Overall Healt ven ated d Referral to Services	h are	Support this check VES VES VES	s goal? Please k one.
Please else     Transformational Categor     Americans Understand th     Mental Health Care is Co     Disparities in Mental Hea     Early Mental Health Scree     Common Practices	ies nat Mental Health is Ess insumer and Family Driv Ith Services are Elimina ening, Assessment, and Care is Delivered and R	portion of the application sential to Overall Healt ven ated d Referral to Services esearch is Accelerate	h are	Support this check VES VES VES VES VES	s goal? Please k one.
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### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 3

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

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

I. Staffing Itemized Detail					
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed	
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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, \$1050/mo	onth) \$	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

### Funding Period 2: 07-01-2022 to 12-31-2022 MHBG CRRSAA Program Data Sheet

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

County:	San Francisco	
Program Title:	Early Intervention: Housing-Related Engagement/Respit	е
<b>Program Contact:</b>	Valerie Lai	
Email:	valerie.lai@sfdph.org	
Phone:	(415) 255-3432	

 MHBG Funding Level:
 \$
 293,012.38

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

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

27
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 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	VES	L NO
Disparities in Mental Health Services are Eliminated	VES	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	VES	∐ NO
Additional Comments:		

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 4

Federal Grant Detailed Program Budget					
TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MI	HBG) 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		Annual Salary		Total Not to Exceed
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	Federal Grant Detailed Program Budget			
Staff Expenses	Benefits	\$-	1.000	\$-
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DHCS Approval By:

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 transformati	on activities (as	budgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
<b>Phone:</b> 0				
MHBG Funding Level: _\$				
Target Population(s): (Estimated number of consumers to be served in the y         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)    Types of Transformational Service(s) Provided • Check all categories that are applicable	ear with MHBG f	unds)		
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>				
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	L 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	L YES	L NO		
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 5

Federal Grant Detailed Program Budget						
TYPE OF GRANT	CRRSAA Community Mental Health Services Bloc	k Grant (MHE	3G) Supplemen	tal		
COUNTY	S	Submission Date				
Fiscal Contact	P	hone				
Email Address						
Program Contact	P	hone				
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:

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	on activities (as	budgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
Phone: 0				
MHBG Funding Level:				
Target Population(s): (Estimated number of consumers to be served in the years of SMI Adult (18-59)	ear with MHBG f	unds)		
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>				
Transformational Categories	support this	nding used to goal? Please k one.		
Americans Understand that Mental Health is Essential to Overall Health	VES	NO		
Mental Health Care is Consumer and Family Driven	VES	L NO		
Disparities in Mental Health Services are Eliminated	L YES	NO		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO		
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	NO		
Technology is Used to Access Mental Health Care and Information	L YES	∐ NO		
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 6

Federal Grant Detailed Program Budget						
TYPE OF GRANT	CRRSAA Community Mental Health Services Block Gr	ant (MHBG) Supplementa	al			
COUNTY	Subm	Submission Date				
Fiscal Contact	Phon	e				
Email Address						
Program Contact	Phon	e				
Email Address		•				

# Program Name

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

I. Staffing	Itemized	Detail

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Category	Detail	Annual	Salary	Grant FTE	Total Not to Exceed
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DHCS Approval By:

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	n activities (as	budgeted).		
<b>County:</b> 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
<b>Phone:</b> <u>0</u>				
MHBG Funding Level:				
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG 1	unds)		
<ul> <li>Types of Transformational Service(s) Provided</li> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>				
Transformational Categories	support this	nding used to s 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	L 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	VES	□ NO		
Technology is Used to Access Mental Health Care and Information	YES			
Additional Comments:				

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 7

	Federal Grant Detailed Program Budget							
TYPE OF GRANT	CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental							
COUNTY	Submission Date							
		Dhana						
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
		\$	-	0.000	\$-
		\$	-	0.000	\$-
		\$	-	0.000	\$-
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Federal Grant Detailed Program Budget				
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$-	1.000	s -	
	II. Itemized Detail		Ψ	
Category	Detail	Amount	Total	
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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	on activities (as	budgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
Phone: 0				
MHBG Funding Level:				
Target Population(s): (Estimated number of consumers to be served in the years of SMI Adult (18-59)	ear with MHBG f	unds)		
<ul> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>				
Transformational Categories	support this	nding used to goal? Please k one.		
Americans Understand that Mental Health is Essential to Overall Health	VES	NO		
Mental Health Care is Consumer and Family Driven	VES	L NO		
Disparities in Mental Health Services are Eliminated	L YES	NO		
Early Mental Health Screening, Assessment, and Referral to Services are Common Practices	VES	□ NO		
Excellent Mental Health Care is Delivered and Research is Accelerated	YES	NO		
Technology is Used to Access Mental Health Care and Information	L YES	∐ NO		
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 8

Federal Grant Detailed Program Budget							
TYPE OF GRANT	TYPE OF GRANT CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental						
COUNTY	Subm	Submission Date					
Fiscal Contact	Phon	e					
Email Address	mail Address						
Program Contact	Phon	e					
Email Address		•					

# Program Name

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Summary	
Category	/ Amount
Staff Expense:	
Consultant/Contract Cost	
Equipmen	t \$ -
Supplie	
Trave	
Other Expense:	
Indirect Cost	
County Support Administrative Direct Cost	
Net Program Expenses	s \$ -
Other Funding Sources: Federa	- 1
Other Funding Sources: Non-Federal Fund	
Total Other Funding Sources	s \$ -
Gross Cost of Program	-

I.	Staffing	Itemized	Detail

	i. Stanling itemized Detail					
Category	Detail Ann		Salary	Grant FTE	Total Not to Exceed	
		\$	-	0.000	\$-	
		\$	-	0.000	\$-	
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		\$	-	0.000	\$-	
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$ -	1.00	o \$ -	
	II. Itemized Detail	1.00	Ψ	
Category	Detail	Amount	Total	
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DHCS Approval By:

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 transformati	on activities (as	budgeted).		
County: 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
<b>Phone:</b> 0				
MHBG Funding Level: _\$				
Target Population(s): (Estimated number of consumers to be served in the y         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)    Types of Transformational Service(s) Provided • Check all categories that are applicable	ear with MHBG f	unds)		
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>				
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	L 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	L YES	L NO		
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 9

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

# Program Name

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Summary	
Category	/ Amount
Staff Expenses	
Consultant/Contract Costs	
Equipmen	t \$ -
Supplies	
Trave	- 1
Other Expenses	
Indirect Costs	
County Support Administrative Direct Costs	
Net Program Expenses	s \$ -
Other Funding Sources: Federa	
Other Funding Sources: Non-Federal Funds	
Total Other Funding Sources	s \$ -
Gross Cost of Program	-

I. Staffind	ltemized	Detail

Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
		\$-	0.000	\$-
		\$ -	0.000	\$
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$ -	1.00	o \$ -	
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Category	Detail	Amount	Total	
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DHCS Approval By:

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	n activities (as	budgeted).		
County: <u>0</u>				
Program Title: 0				
Program Contact: 0				
Email: 0				
Phone: 0				
MHBG Funding Level:				
Target Population(s): (Estimated number of consumers to be served in the yes         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG t	funds)		
<ul> <li>Types of Transformational Service(s) Provided</li> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>				
Transformational Categories	support this	nding used to s goal? Please :k one.		
Americans Understand that Mental Health is Essential to Overall Health	VES	NO		
Mental Health Care is Consumer and Family Driven	YES	∐ NO		
Disparities in Mental Health Services are Eliminated	L 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	VES	□ NO		
Technology is Used to Access Mental Health Care and Information	L YES	NO		
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 10

Federal Grant Detailed Program Budget					
TYPE OF GRANT CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental					
COUNTY	Submissi	on Date			
Fiscal Contact	Phone				
Email Address					
Program Contact	Phone				
Email Address					

## Program Name

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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 Det
--------------------------

i. Stanning itemized Detail					
Category	Detail Annual Salary	Annual Salary Grant FTE		Grant FTE	Total Not to Exceed
		\$	-	0.000	\$-
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Federal Grant Detailed Program Budget				
Staff Expenses	Benefits \$ -	1.00	0\$-	
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Category	Detail	Amount	Total	
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DHCS Approval By:

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	n activities (as	budgeted).		
<b>County:</b> 0				
Program Title: 0				
Program Contact: 0				
Email: 0				
<b>Phone:</b> <u>0</u>				
MHBG Funding Level:				
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG 1	unds)		
<ul> <li>Types of Transformational Service(s) Provided</li> <li>Check all categories that are applicable</li> <li>Please elaborate in the narrative portion of the application</li> </ul>				
Transformational Categories	support this	nding used to s 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			
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	VES	□ NO		
Technology is Used to Access Mental Health Care and Information	YES			
Additional Comments:				

# State of California - Health and Human Services Agency Ver. 1.2

### Department of Health Care Services Funding Period 07-01-2022 to 12-31-2022 Current ICR 25.00% Program 11

Federal Grant Detailed Program Budget						
TYPE OF GRANT CRRSAA Community Mental Health Services Block Grant (MHBG) Supplemental						
COUNTY	S	Submission Date				
Fiscal Contact	P	Phone				
Email Address						
Program Contact	P	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				
Staff Expenses	Benefits \$ -	1.00	0\$-	
	II. Itemized Detail	1.00	Ψ	
Category	Detail	Amount	Total	
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DHCS Approval By:

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	n activities (as	budgeted).
<b>County:</b> 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level: \$		
Target Population(s): (Estimated number of consumers to be served in the ye         SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ar with MHBG f	unds)
Check all categories that are applicable		
<ul> <li>Please elaborate in the narrative portion of the application</li> </ul>		
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### 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					
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Federal Grant Detailed Program Budget			
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DHCS Approval By:

Date:

Funding Period 2: 07-01-2022 to 12-31-2022 MHBG CRRSAA Program Data Sheet		
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County: 0		
Program Title: 0		
Program Contact: 0		
Email: 0		
Phone: 0		
MHBG Funding Level:		
Target Population(s): (Estimated number of consumers to be served in the year SMI Adult (18-59)         SMI Older Adult (60+)         SED Child (0-17)	ear with MHBG f	funds)
<ul> <li>Check all categories that are applicable</li> </ul>		
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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	\$

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1	County Name	#	Program Name	Subcontractor Full Legal Name	Subcontractor Address	Phone #
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From:	Lindsay, Claire (DPH)
To:	BOS-Supervisors
Cc:	BOS-Legislative Aides; Somera, Alisa (BOS); Jalipa, Brent (BOS); Hua, Jennie (DPH); Jackson, Alexander (DPH); Mayer-Twomey, Charles (DPH); Rocha, Maximilian (DPH); Patil, Sneha (DPH); Validzic, Ana (DPH); Wong, Greg (DPH)
Subject:	4/19 BOS: DPH Retroactive Items
Date:	Friday, April 15, 2022 12:41:58 PM

Hello Honorable Members of the Board of Supervisors:

The Department of Public Health (DPH) will request approval for one (1) retroactive item at the April 19<sup>th</sup> Full Board of Supervisors meeting. We'd like to provide you with brief background information and reason for retroactivity prior to the meeting. Please see below for a brief description of the item and our DPH representative who may be contacted directly should you have any questions.

Agenda item #9 – File No. 220205 - Accept and Expend Grant - Retroactive - Department of Health and Human Services - Community Mental Health Services Block Grant - Behavioral Health Response and Rescue Project Supplemental - \$5,052,171.99 - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$5,052,171.99 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration through the California Department of Health Care Services for participation in a program, entitled "Community Mental Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental," for the period of July 1, 2021, through June 30, 2025.

- **Description**: With this grant funding, BHS' Mental Health Services unit will significantly expand existing services by adding positions to manage the overall grant; expanding and supporting the new Mobile Outreach Team field-based services; and providing neurocognitive testing and treatment coordination for older adults. The funding will also expand early psychosis care coordination, early psychosis capacity building and staff training, increase funding to emergency stabilization units and wellness rooms (including cleaning and repair costs), and a low-income housing (Housing Opportunities for People Everywhere (HOPE) San Francisco Wellness Center Office) trailer to provide services. The grant funding will also increase Diversion and Engagement services.
- **Reason for Retroactivity**: We respectfully request approval to retroactively accept and expend these funds. The Department received the award on December 6th , 2021 retroactive to the grant start date of July 1st, 2021.
- **DPH Representative**: Jennie Hua, LMFT | Adult/Older Adult System of Care, Behavioral Health Services, San Francisco Department of Public Health | email: jennie.hua@sfdph.org

Thank you for your time and consideration, Claire

**Claire Lindsay, MPH** 

Senior Health Program Planner | Office of Policy and Planning San Francisco Department of Public Health <u>claire.lindsay@sfdph.org</u> | desk: 415-554-2667 | mobile: 831-239-1094



London N. Breed Mayor

то:	Angela Calvillo, Clerk of the Board of Supervisors
FROM:	Dr. Grant Colfax Director of Health
DATE:	2/1/2022
SUBJECT:	Grant Accept and Expend
GRANT TITLE:	Accept and Expend Grant - Community Mental Health Services Block Grant (MHBG) - Behavioral Health Response and Rescue Project (BHRRP) Supplemental - \$5,052,171.99

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):
   MHBG ARPA Funding Period 1-Approved MHBG ARPA Funding Period 2-Approved MHBG ARPA Funding Period 3-Approved MHBG ARPA Funding Period 4-Approved MHBG CRRSAA Funding Period 1-Approved MHBG CRRSAA Funding Period 2-Approved

### **Special Timeline Requirements:**

<b>Departmental representative to receive a copy of</b> Name: Gregory Wong (greg.wong@sfdph.org)	the adopted resolution: Phone: 554-2521
Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108	
Certified copy required Yes	No 🖂