

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: **Housing and Homelessness Incentive Program ("HHIP") Expanding San Francisco Department of Public Health Recuperative Care Community Supports**
2. Department: **Department of Public Health
San Francisco Health Network**
3. Contact Person: **Alex Boyder** Telephone: **(628) 206-2400**
4. Grant Approval Status (check one):
☒ Approved by funding agency ☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$2,489,698.63**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **California Department of Health Care Services**
b. Grant Pass-Through Agency (if applicable): **San Francisco Health Plan**
8. Proposed Grant Project Summary:

The purpose of this program is to tackle San Francisco's mental health, addiction, and homelessness crisis by moving people quickly from the streets into effective treatment and sustained recovery. Expected outcomes include caring for clients in the right setting and thus avoiding unnecessary emergency department utilization and hospital days. Expanding Recuperative Care Community Supports and streamlining program delivery. The RESTORE, Eleanora Fagan / Kean, and Hummingbird programs provide recuperative care for Medi-Cal members experiencing homelessness. Included in the models of care are referrals to Coordinated Entry, Housing Community Supports, ECM and other services to promote physical and behavioral health linkages, recovery, and stabilization. This grant is for RESTORE operating expenses and staffing, and for Epic implementation for RESTORE /Eleanora Fagan Kean / Hummingbird programs to enable staff to implement Customer Service (CS) closed loop referrals, documentation, invoicing, reporting, and care coordination.

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

Start-Date: **05/15/2025**

End-Date: **06/30/2026**

- 10a. Amount budgeted for contractual services: **\$1,410,000**

b. Will contractual services be put out to bid? **No**

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

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

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

b1. If yes, how much? **\$0**

b2. How was the amount calculated? **N.A.**

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

☐ Not allowed by granting agency

☒ To maximize use of grant funds on direct services

☐ Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

This grant does not require an ASO amendment, does not create net new position(s), and partially reimburses the Department for the positions below:

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator 3	0.50	05/15/2025	06/30/2026
2	2320	Registered Nurse	0.25	05/15/2025	06/30/2026
3	2586	Health Worker II	0.25	05/15/2025	06/30/2026
4	2587	Health Worker III	0.25	05/15/2025	06/30/2026
5	2588	Health Worker IV	0.25	05/15/2025	06/30/2026
6	P103	Special Nurse	0.25	05/15/2025	06/30/2026

We respectfully request for approval to accept and expend these funds retroactive to May 15, 2025. The Department received the award letter on May 15, 2025.

Equipment will not require tracking per grantor and will not need capitalization. Equipment will be owned by Whole Person Integrated Care.

Project Description: HHIP Volume Increases

Project ID: 10042565

Proposal ID: CTR00004863

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID: 0001

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

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

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

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 5/22/2025 | 1:29 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/23/2025 | 6:18 AM PDT

Signed by:
Jenny Louie for Daniel Tsai
(Signature Required)