

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: **Transform Mental Behavioral Health Fund**

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

3. Contact Person: **Susan Ehrlich & Kim Nguyen** Telephone: **628 206 2877**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for:
Full Project: **\$925,000**

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

7a. Grant Source Agency: **San Francisco General Hospital Foundation**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:
Four interdisciplinary, inter-departmental programs (Psychology, Social Medicine, Solid Start and Team Lily) within ZSFG’s behavioral and mental health services have identified challenges with consistent patient and program support and data acquisition and analysis for evaluation and impact. This first phase will begin implementing immediate solutions to existing problems in patient care through:

- 1. **Patient navigation – hiring & resourcing frontline staff**
- 2. **Training & education – particularly focused around frontline staff**
- 3. **Data needs – SF Department of Public Health (DPH) / SF Health Network (SFHN) partnership, acquisition & evaluation**

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

Start-Date: **October 1, 2020** End-Date: **August 31, 2022**

10a. Amount budgeted for contractual services: **\$295,000**
b. Will contractual services be put out to bid? **Yes, they will go through CCSF bidding processes.**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **We will always support LBE goals. However, our main goal is to ensure services are cost effective and meet Department of Public Health and San Francisco Health Network mission and vision.**

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

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

b1. If yes, how much? \$

b2. How was the amount calculated?

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

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **Indirect Supplies – roughly 5-10% of direct costs.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2020. Due to COVID-19, the project was delayed, and the funds were not used. The Department received the award on February 2, 2021. This grant does not require an ASO amendment and partially reimburses the department for temporary positions during the period of October 1, 2020 through August 31, 2022.

This request funds existing, temporary positions which are currently in the ASO:

Program	Job Title	Year 1 Amount
Social Medicine	Patient Care Coordinator	\$ 110,000
	Social Worker	\$ 130,000
Psychology (Psychiatry and Psychiatric Emergency Services)	Patient Navigator	\$ 100,000
	Patient Navigator	\$ 100,000
Solid Start	Evaluation Manager	\$ 90,000
Team Lily	Patient Navigator	\$ 100,000
	Total	\$ 630,000

Contract Number – CTR00002362

Fund: 21132
Department: 251667
Authority: 10001
Project Description: TMBH Fund Round 1
Project: 10037495
Activity: 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 checked="" 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: 3/24/2021 | 12:10 PM PDT

DocuSigned by:
Toni Rucker
28327324733629F
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/26/2021 | 10:54 AM PDT

DocuSigned by:
Greg Wagner
28327324733629F
(Signature Required)