

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: **Placement Solutions for Patients and Tenants Whose Needs Exceed Current PSH Capacity**
2. Department: **Department of Public Health Behavioral Health Services**
3. Contact Person: **Dr. Todd Barrett** Telephone: **628-588-7006**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$3,750,000**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Homes for the Homeless Fund LLC**
b. Grant Pass-Through Agency (if applicable): **N.A.**
8. Proposed Grant Project Summary:

The Department of Public Health (“SFDPH”) seeks to transform the care it provides to behaviorally complex patients experiencing barriers to getting the right services to age-in-place or to be moved to a higher level of care. With the grant funding, this program will complete a deeper, systemwide analysis of the current barriers for this population, create an interdisciplinary team with executive and systems-level support, implement innovative, transitional services for a pilot group of patients, evaluate SFDPH’s impact, and identify promising avenues to address this challenge going into the future.

The majority of the funds will be used for the most critical aspects of the program, i.e. to strategically test temporary, patient and tenant-centered interventions that are not available in the City’s current system. Examples of uses of patch funding:

- **1:1 behavioral coaching to support stabilization and transition**
- **Private or single-room accommodations to reduce environmental triggers in the hospital or once in housing or other placement.**
- **In-home care to support patients in existing housing “Single Case Agreements” with facilities or providers to secure placements for individuals with unique or high-acuity needs, such as those with behavioral dysregulation.**

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

Start-Date: **07/01/2026**

End-Date: **06/30/2028**

10a. Amount budgeted for contractual services: **\$ 3,750,000**

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:

The grant does not require an ASO amendment and does not create net new positions.

We respectfully request for approval to accept and expend these funds from July 1, 2026. The Department received the agreement on March 31, 2026.

The grantor is a Private entity.

Project Description: Placement solutions for patients and tenants

Project ID: 10043505

Proposal ID: CTR00005377

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: 5/4/2026 | 2:42 PM PDT

DocuSigned by:
Toni Rucker
A04292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/6/2026 | 1:02 PM PDT

Signed by:
Jenny Louie for Daniel Tsai
40CFE25DD8B4404...
(Signature Required)