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CA Infrastructure
BHCIP Round 4: Children and Youth
Deadline: 8/31/2022

San Francisco Department of Public Health San Francisco Intensive Youth Behavioral Health Services

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\$ 34,226,105.00 Requested
\$ 85,490,000 Match Amount

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SAM
Expires

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Applicant and Site Information

1. What type of entity is the lead applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

- City
- County
- Tribal Entity
- Nonprofit Corporation
- For-Profit Corporation

2. If applicable, what type of entity is the co-applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

- County
- City
- Tribal Entity
- Nonprofit Corporation
- For-Profit Corporation
- Not applicable

Pre-Application Consultation

3. PAC Survey: Have you submitted a pre-application consultation survey for Round 4: Children and Youth? The survey is necessary to schedule the pre-application consultation, which is a required activity.

The pre-application survey is necessary to schedule the pre-application consultation. (Attachment A: Pre-Application Consultation Process). The deadline to submit a pre-application consultation survey and request a PAC is 8/10/22.

PAC Code

Last name of PAC Implementation Specialist

TOTAL

Project Information

4. Facility Category

Please select the type category of the facility according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. Applicants should discuss project types during the pre-application consultation.

- Outpatient services
- Residential clinical program

5. Facility Type

See eligible facilities as outlined in Section 3.3: Eligible Facilities. Select all facility type(s) for which funding is being sought in this application.

- Adolescent Residential Treatment Facilities for Youth with Substance Use Disorder (SUD)
- Children's Crisis Residential Program (CCRP)
- Community Mental Health Clinic (outpatient)
- Community Treatment Facility (CTF)
- Community Wellness/Youth Prevention Center
- Crisis Stabilization Unit (CSU)
- Outpatient Treatment for SUD
- Partial Hospitalization Program
- Perinatal Residential SUD Facilities
- Psychiatric Acute Care Hospital
- Psychiatric Health Facility (PHF)
- School-Linked Health Center
- Short-Term Residential Therapeutic Programs (STRTPs)

6. State Priorities

Identify each of the State Priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

- Invest in behavioral health and community care options that advance racial equity
- Seek geographic equity of behavioral health and community care options
- Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy
- Leverage county and Medi-Cal investments to support ongoing sustainability
- Leverage the historic state investments in housing and homelessness

7. Describe State Priorities

Please describe how your project meets the priorities you have selected above (limit 500 words).

The San Francisco Intensive Youth Behavioral Health Services program to be implemented by the SFDPH Behavioral Health Services Unit will utilize BHCIP funds to renovate, remodel, and bring to code two large and currently unused spaces at Zuckerberg San Francisco General Hospital (ZSFGH), our city's public hospital facility and Level 1 Trauma Center and a part of SFDPH. The first of these spaces will be a new 12-bed psychiatric inpatient facility to serve adolescents ages 12 - 17 who are experiencing an acute mental health crisis. The second space will be an intensive behavioral health outpatient facility capable of serving up to 24 youth ages 12 - 17 at any given time and which will serve as a step-down unit for young people leaving the inpatient facility, a partial hospitalization program (PHP), and an intensive outpatient treatment (IOT) hub for youth experiencing severe mental health issues. The outpatient facility will provide an integrated matrix of services that includes individual and group mental health counseling; family counseling and support; and on and off-site socialization, recreation, and rehabilitation programs, and will maintain a symbiotic relationship with the inpatient unit, serving as a bridge to family, community, and educational re-entry while working to prevent hospitalizations for young people with severe mental health needs. The inpatient unit will provide a minimum of 450 admissions per year with an average stay of one week, some involving multiple admissions per year for the same patient. The PHP and IOT unit will be capable of serving at least 900 unduplicated young people each year through programs lasting three days, five days, and longer. The program effectively responds to several key State priorities. These include:

- Advancing racial equity by ensuring that virtually all patients served by both facilities are Medi-Cal recipients or uninsured - the majority of them youth of color - who currently have limited access to intensive outpatient programs and virtually no access to inpatient psychiatric facilities;
- Addressing urgent gaps in the behavioral health continuum by providing a long-overdue implementation of integrated adolescent-specific behavioral health facilities accessible to all San Francisco young people and families and many youth and families from surrounding Bay Area counties;
- Increasing alternatives to incarceration, hospitalization, homelessness, and institutionalization by: a) reducing the number of adolescents with behavioral health needs who are needlessly detained in juvenile justice facilities due to the lack of viable community-based treatment options; b) reducing inpatient psychiatric hospitalizations by addressing mental health needs before they require hospitalization; and c) addressing factors among youth that, if untreated or inadequately treated, can lead to incarceration, homelessness, and institutionalization later in life;
- Meeting the needs of vulnerable populations with the greatest needs for access by providing County-funded services to disadvantaged, marginalized, and low-income young people who lack access to inpatient and intensive outpatient psychiatric and behavioral health services; and
- Leveraging County and Medi-Cal investments to support ongoing sustainability by using extensive Medi-Cal reimbursements to offset and support the provision of direct services at both facilities.

8. Geographic Service Area

What is the geographic service area (including cities/counties) for the proposed project? Also include the physical address of the project site. San Francisco Intensive Youth Behavioral Health Services will be implemented at Zuckerberg San Francisco General Hospital in San Francisco, California, located at 1001 Potrero Avenue, zip code 94110. The primary service population will be adolescents and their families living in the City and County of San Francisco who are experiencing an acute mental health crisis and require hospitalization, are leaving hospitalization but require a transitional space prior to community re-entry, or young people with critical, intensive mental health and/or substance use needs who are at risk of hospitalization if left untreated. Because virtually all adolescents utilizing these programs will be Medi-Cal eligible or uninsured, the program will serve as a key lifeline to behavioral health treatment for low-income and underserved individuals and families in San Francisco. However, because of the capacity of the facility, beds at the youth inpatient psychiatric unit will also be available to Medi-Cal eligible young people who are experiencing a mental health crisis in other greater Bay Area counties, including Alameda, Contra Costa, Marin, San Mateo, Monterey, Santa Clara, and Santa Cruz Counties. Several of these counties have prepared letters of support for this application stating their strong interest in utilizing inpatient beds for young people in their county who are experiencing an urgent mental health crisis.

9. Medi-Cal Beneficiaries

Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

- Yes
 No

10. For-profit Experience: If the applicant is a for-profit organization that does not have prior behavioral health experience, they must collaborate with a nonprofit organization, tribal entity, city, or county, with the requirement that the partner organization has related prior experience, reflected in the successful development, ownership, or operation of a relevant project for the target population.

- A) Memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the for-profit organization's role in the project, including that they are working on behalf of the service provider
- B) Narrative description of related prior experience, describing the successful development, ownership, or operation of a comparable size and type of project for individuals who qualify as members of the target population (see #11).
- C) Not Applicable

11. If you selected "B) Related prior experience," above, please describe that experience.

Enter N/A if not applicable. Limit 400 Words.

N/A

12. Services Payors

Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete (limit 200 words).

While the proposed inpatient psychiatric facility and intensive outpatient unit will be located at Zuckerberg San Francisco General Hospital, which is owned by and is a part of the San Francisco Department of Public Health, the units themselves will be managed and staffed by the University of California San Francisco (UCSF) Department of Psychiatry and Behavioral Services, with which ZSFGH maintains a longstanding partnership to provide emergency and medical services. Although hired, supervised, and coordinated by UCSF, all staff required to operate the two proposed behavioral health units will be fully funded by the San Francisco Department of Public Health. At the current time, staff costs to operate the facilities are expected to amount to at least \$12,017,099 per year once both units are fully operational. A preliminary staffing budget has already been developed by UCSF and reviewed by SFDPH. Over time, this staffing cost will be offset by Medi-Cal and other insurance reimbursements, and will offset the County's ongoing expenses for the program. By the time the facilities are fully mature, Medi-Cal payments alone are expected to amount to at least 50% of the total staffing costs to operate the proposed programs.

13. Percentages of Funds by Payors

Please include percentages of funds by payor, as described in question 12. Totals should equal 100%. For other, please reference "other" as described in question 12. 50% should be entered as '50' with no percentage or decimals.

<input type="text" value="0"/>	Insurance: Private health
<input type="text" value="50"/>	Insurance: Medi-Cal
<input type="text" value="0"/>	Grant
<input type="text" value="50"/>	Funding from County
<input type="text" value="0"/>	Private Pay
<input type="text" value="0"/>	Other
<input type="text" value="100.00"/>	TOTAL

Target Population/Diversity

14. Expanding Capacity: Describe how the proposed project will expand community capacity for serving children and youth ages 25 and younger, including pregnant/postpartum women and their children and transition-age youth, along with their families.

In addition, please describe the applicant's experience working with this population (limit 500 words).

The City and County of San Francisco - and the greater Bay Area as a whole - have long suffered from a lack of both acute psychiatric inpatient and intensive outpatient services to serve young people ages 12-17 who are experiencing a mental health and/or substance use crisis. Only 15 beds currently exist in San Francisco that provide acute inpatient psychiatric care specifically designed to serve youth, and the vast majority of these beds are dedicated to fully insured, non-Medi-Cal patients. For many years, young people requiring acute inpatient care in San Francisco have either been served in traditional hospitals which are unequipped to meet their psychiatric needs, or have been detained for excessive amounts of time in juvenile justice facilities that are unable to provide appropriate care and facilitate recovery. In many other cases, young people in crisis simply do not receive the services they so urgently need. Similarly, while many young behavioral health outpatient programs exist, virtually none provide a rigorous level of multi-day, intensive outpatient services that are designed to both treat behavioral health conditions and prevent future psychiatric hospitalizations through collaborations involving treatment staff, families, and schools. Those outpatient programs that do exist also do not prioritize low-income youth and families, providing services mainly to patients with private insurance. The same limitations exist across the Bay Area, and often lead to desperate efforts among counties to find placement facilities for young people experiencing a psychiatric or behavioral health emergency. The lack of adequate intensive youth behavioral health services in our region reinforces disparities based on income and ethnicity by ensuring that most services

are only provided to higher income, privately insured youth and families. These limitations also reinforce multi-generational patterns of poverty, substance use, and homelessness by depriving marginalized and underserved young people of the opportunity to receive state-of-the-art care that can successfully address and prevent future behavioral health crises. As noted above, our proposed program to create a new 12-bed psychiatric inpatient facility, along with an intensive behavioral health outpatient facility capable of serving up to 24 youth ages 12 - 17 at any given time, will address this urgent local need by providing a minimum of 450 inpatient admissions per year with an average stay of one week, along with outpatient services to at least 900 unduplicated young people each year, virtual all of whom will be Medi-Cal-eligible or uninsured. Also as noted above, because of the scale of the inpatient psychiatric unit in particular, San Francisco County will also be able to offer beds in the facility to residents of the 7 other counties in the greater Bay Area, which we expect to amount to as much as 25% of the beds in the facility at any given time.

15. Licensing and Certifications

List any behavioral health licensing, certifications, and/or accreditations required at the state and/or local level to operate the existing program. Include licensing and certification numbers and named holders as applicable.

The Infant, Child, and Adolescent Psychiatry Unit of the UCSF Department of Psychiatry and Behavioral Services maintains active Medi-Cal certifications to provide, among other services, Crisis Intervention, Mental Health Services, Case Management, and Medication Support specifically for children and adolescents. The two certification letters to provide these services are included in the attachments to this application. Meanwhile, at least 22 providers within the Infant, Child, and Adolescent Psychiatry Unit maintain active licenses to provide a variety of psychological services, as listed below:

- Stuart, Barbara, Psychologist, Lic. # 23425, 3/23/10-1/31/24
- Martinez, William, Psychologist, Lic. # 28084, 2/23/16-2/23/24
- Yang, Austin, Psychologist, Lic. # 28546, 8/8/16-8/8/24
- Bruett, Lindsey, Psychologist, Lic. # 29422, 8/22/17-8/22/23
- Fortuna, Lisa, Physician/Surgeon, Lic. # 167748, 1/30/20-1/31/24
- Szeftel, Zara, Physician/Surgeon, Lic. # 150724, 7/28/17-1/31/23
- Del Cid, Margareth, Psychologist, Lic. # 32253, 11/30/20-11/30/22
- Johnson, Madison, Ass. Clin. Soc. Wrkr, Lic. # 109455, 7/26/22-7/21/33
- Friedling, Naomi, Lic. MF Therapist, Lic. # 51970, 7/31/12-5/31/24
- Lau, Jennifer, Assoc. MF Therapist, Lic. # 103081, 11/6/17-11/30/22
- Basualdo, Ashley, Ass. Clin. Soc. Wrkr, Lic. # 96598, 8/28/20-8/31/23
- Underhill, Justine, Lic. Clin. Soc. Wrkr, Lic. # 24079, 8/6/07-11/30/22
- Reinsberg, Kristin, Lic. MF Therapist, Lic. # 39018, 9/16/02-3/31/24
- Scott, Andrea, Lic. MF Therapist, Lic. # 82190, 9/8/14-10/31/23
- Wong, Esther, Lic. Clin. Soc. Wrkr, Lic. # 81813, 3/1/18-10/31/23
- St John, Maria, Assoc. MF Therapist, Lic. # 22153, 11/25/92-11/30/95
- Brown, Lea Ann, Lic. Clin. Soc. Wrkr, Lic. # 10964, 11/19/84-4/30/24
- Perez, Lauren, Psychologist, Lic. # 32695, 6/21/21-6/21/23
- Albanes-Jower, Janelle, Lic. MF Therapist, Lic. # 125388, 4/7/21-4/30/23
- Spielvogel, Anna, Physician/Surgeon, Lic. # 43478, 9/29/80-10/31/23
- Borges, Maria, Lic. MF Therapist, Lic. # 77406, 11/15/13-8/31/23
- Wohlfleiler, Eleanor, Lic. MF Therapist, Lic. # 128735, 10/18/21-10/31/23

16. Family Services: Will the proposed infrastructure project include family-based clinical or supportive services to the target population?

Please indicate whether the project will provide family-based services for each target population by writing YES or NO in the spaces provided.

YES	Children (birth–18 years)
NO	Transition-Age Youth (18–25 years)
NO	Perinatal (pregnant/postpartum women and their children)
0.00	TOTAL

17. Family Services: Description

Describe any of the family-based clinical or supportive services being offered. Limit 500 words.

The San Francisco Department of Public Health Behavioral Health Services, Children, Youth, and Families System of Care is a comprehensive, integrated system of behavioral health services which offers the broadest possible spectrum of youth and family services, ranging from health promotion, prevention, and early intervention, to outpatient mental health and substance use treatment, to intensive outpatient treatment, to inpatient, hospitalization, and residential services. The system relies on extensive partnerships, including integrated interfaces with systems such as the San Francisco Unified School District, the San Francisco Child Welfare Department, the San Francisco Probation Department, First 5, and the Office of Early Care and Education, and services provided through local community-based service agencies. The system embraces a model which prioritizes family-centered care throughout all facets of its work. This approach acknowledges that young people need the understanding, support, and partnership of family members to overcome stigma, address difficult personal issues, and support long-term recovery and behavior change, and includes programs such as family education, family-centered therapy, insurance and benefits support, and ongoing emergency and crisis intervention services.

The department's approach is mirrored by the UCSF Department of Psychiatry and Behavioral Services, which also incorporates family-centered programming and support at all levels of youth behavioral health programs. Among other programs, the department operates a non-intensive Child and Adolescent Services (CAS) Outpatient Clinic at ZSFGH which provides family-centered mental health and substance services to an average of 150 San Francisco children and adolescents ages 0 - 21 each year. The program includes comprehensive assessment services; individual, family, and group psychotherapy services; psychiatric medication management services; and family mental health navigation services which train and support families in learning about and navigating the mental health service system. The department also operates the Infant-Parent Program (IPP), and infant and early childhood mental health program focusing on the relationship between young children ages 0 - 5 and their adult caregivers. The program incorporates individual and group family psychotherapy services, hospital-based reproductive and pre, peri, and postnatal mental health consultation, and an innovative early childhood mental health training program for mental health professionals. This program serves up to 80 families each year.

18. Diversity, Equity and Inclusion

Describe how the project will advance racial equity & meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care. Limit 500 words

The San Francisco Behavioral Health Children, Youth, and Families System of Care prioritizes racial equity as one of its three central priorities, embracing the critical need for behavioral health service programs that both acknowledge and address past ethnic and racial injustices while creating effective approaches for reducing disparities in regard to behavioral health treatment access and outcomes. A racial equity approach demands that systems acknowledge the extent to which underserved communities have historically lacked access to high-quality behavioral health services - in large part because of a lack of publicly funded behavioral health programs - and the degree to which this lack of access has resulted in the stigmatization and minimalization of behavioral health services within these populations. An effective racial equity approach also requires acknowledging and working to address the many social determinants of health that underlie and influence poor health outcomes, including factors such as poverty, inadequate or substandard housing, widespread institutionalized racism and discrimination, high levels of exposure to trauma and violence, extreme rates of incarceration, and a lack of culturally competent medical and behavioral health providers. A racial equity approach also necessitates a multi-faceted, intersectional methodology in which a range of public and private resources and providers, both within and outside of behavioral health specifically, are brought together to build new avenues for community engagement, collaboration, and mutual care, including through the involvement of affected communities in developing, implementing, and monitoring behavioral health programs.

The proposed San Francisco Intensive Youth Behavioral Health Services program is specifically designed to advance racial equity and to meet the needs of individuals from diverse backgrounds by providing an integrated intervention that specifically prioritizes services to low-income communities and marginalized persons of color. The program will achieve this goal by ensuring that all youth and families served by the program are Medi-Cal-eligible or uninsured, and by providing services in the unique context of a County program in which no individual can be refused service because of inability to pay. The program will incorporate outreach to public and private agencies in San Francisco that serve low-income youth and families affected by behavioral health issues, and will connect youth to the new facilities through our many in-county and inter-county networks, referral, and linkage networks. The proposed facilities will also consistently incorporate a trauma-informed approach throughout all facets of project services, including through the provision of extensive, ongoing staff training and through the incorporation of staff and professionals who, wherever possible, are reflective of the backgrounds and experiences of the populations they serve. The program will also continually solicit the input, suggestions, and feedback of young people and family members who have experienced behavioral health crises through the many consumer advisory boards and client satisfaction survey processes that exist within both the SFDPH and UCSF systems of care.

Project Development Requirements

19. Project Readiness

Has the proposed project met the minimum threshold for project readiness (as outlined in RFA Section 3.2)?

- Yes
 No

20. Development Phase

Which phase of development describes the current status of the project (see RFA Section 3.2)? Select only one.

- Phase 1: Planning and pre-development
 Phase 2: Design development
 Phase 3: Shovel ready
 Final Phase: Construction

21. Development Phase Description

Describe the phase selected above and how your project fits within this phase below. (Limit 400 words)

The San Francisco Department of Public Health and the UCSF Department of Psychiatry have long recognized the urgent need for both an inpatient youth psychiatric facility and an intensive youth behavioral health outpatient facility in San Francisco, particularly to improve access to high-quality behavioral services for low-income and marginalized youth and families. Creation of a psychiatric youth inpatient facility in fact has been the number one priority of the SF Children, Youth, and Families System of Care for nearly a decade, although it has gone unrealized because of a lack of funds to identify, remodel, and equip an adequate service space. Similarly, the County and UCSF have long recognized the need for a complementary partial hospitalization and intensive outpatient program that provides step-down services for adolescents leaving the inpatient facility while providing an effective outpatient alternative for youth with severe behavioral health needs. The identification two years ago of two large, vacant spaces within the large Zuckerberg San Francisco General Hospital complex at last provided the impetus for a joint effort between SFDPH and UCSF to begin planning the two integrated facilities. At the same time, the propitious availability of funding through Round 4 of the BHCIP offered us the long-sought opportunity to seek funding for the construction and equipping of the two facilities, while SFDPH made the commitment to support the extensive staffing that would be needed to operate the two facilities on a long-term basis.

The two unused clinical spaces to be developed for the proposed inpatient and intensive outpatient facilities resulted from the construction of a new acute care hospital on the campus of ZSFGH in 2016. This process led to the vacating of several inpatient units within the old main hospital building following occupancy of the replacement hospital. The old hospital building currently functions primarily as group of ambulatory outpatient clinics, along with a 30-bed skilled nursing facility. The existing, vacant, 8,727 square foot Unit 7A would be used for the inpatient facility while the vacant, 3,200-square foot Unit 6B would be used for the intensive outpatient facility. SFDPH staff at ZSFGH began to develop preliminary plans for the units in late 2021, and accelerated these efforts with the appearance of the Round 4 BHCIP RFP. This has brought us to the Stage 1 Planning and Pre-Development Phase which we discussed with the State consultant in July 2022, and which is described in the present application.

22. Project Construction Type: Enter the square footage associated to the project type, as it applies to your proposed project. Multiple selections allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; e.g., 1,354 sqf should be entered as "1354"

- | | |
|------------------------------------|---|
| <input type="text" value="0"/> | 1. New ground-up construction (e.g., a new facility or new setting being built) |
| <input type="text" value="0"/> | 2. Addition to an existing structure (e.g., constructing a new wing, new floor) |
| <input type="text" value="11927"/> | 3. Rehabilitation of an existing facility that expands service capacity at current site |

0	4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)
0	5. Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)
11927	TOTAL Square Footage
23,854.00	TOTAL

23. Describe Project Construction Type: Based on above selection(s) please clearly describe not only the construction type, but what services will be offered as a result of that construction.

Refer to Application Instructions for Question 23, located at the top of this page. Limit 400 words.

As noted above, requested BHCIP Round 4 funding will support an extensive interior remodeling of two floors totaling 11,927 square feet that are located within an existing hospital building on the campus of Zuckerberg San Francisco General Hospital and Trauma Center. This building currently houses outpatient services and a Skilled Nursing Facility with CDPH license number 220000063. The existing vacant Unit 7A is a 9,327 square foot space which will be used for the new 12-bed inpatient facility, while the vacant Unit 6B is a 3,200-square foot space that will be used for the 24-slot intensive outpatient facility unit. Requested BHCIP support will fund the renovation, remodeling, and bringing to code of the two integrated facilities, as detailed in the attached forms.

24. Previous Applications

Has the applicant applied for previous BHCIP Rounds 1 through 3, including the Joint RFA and any Community Care Expansion (CCE) funding?

- Round 1: Crisis Care Mobile Units (CCMU)
- Round 2: County and Tribal Planning
- Round 3: Launch Ready
- CCE: Capital Expansion
- CCE: Pre-Development
- No

25. Previous Awards: Has the applicant received an award or notice of award for any of the above funding rounds?

Enter project title, award date, & describe how funds requested for Round 4 will be used for the separate and distinct purpose of further expansion of behavioral health services for the target population (limit 400 words).

The San Francisco Department of Public Health has received funding through two prior rounds of the Behavioral Health Continuum Infrastructure Program (BHCIP) as follows:

Round 1:

Project Name: San Francisco Crisis Care Mobile Units Infrastructure Expansion Project

Notice of Conditional award: October 4, 2021

Brief Description: To utilize expanded mobile crisis intervention services to enhance the quality, scope, and impact of San Francisco Comprehensive Crisis Services.

Round 3:

Project Name: CSU Tenderloin

Notice of Conditional award: June 2022

Brief Description: To fund establishment of an adult Crisis Stabilization Unit (CSU) in the San Francisco Tenderloin neighborhood, which includes a high proportion of individuals dealing with mental health and substance use issues

26. Match Requirements: Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document.

The match values listed here should align with the match values listed in Form 2: Budget Template.

The required 10% match for County entities for the San Francisco Intensive Youth Behavioral Health Services program will be met primarily through the appraised cash value of the ZSFCH building in which the two proposed units will operate. As noted in the attached appraisal letter, the current estimated value of the property is \$85 million, which represents approximately 248.3% of the total requested grant amount. In addition to this real property value, the San Francisco Department of Public Health will contribute \$490,000 in in-kind costs as specified in the budget form, along with at least \$12 million per year to fund required staff to operate the two facilities, an amount that will be offset to some degree by Medi-Cal reimbursements. While the latter amount is not included in our proposed match, it does further leverage the value of the requested BHCIP grant amount through an actual cash contribution.

27. Permits and Approvals

List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them (limit 500 words).

The SFDPH Office of Architecture and Capital Planning, under the leadership of Jason Zook, Executive Project Manager, will secure all needed California Department of Health Care Access and Information (HCAI) Building Permits required for renovation of the proposed facilities. The SFDPH Capital Programs Team, with the assistance of the San Francisco Department of Public Works, are experienced and well versed in designing and constructing projects under HCAI jurisdiction and in conducting permitted projects within the building proposed for this grant program.

28. Outpatient Capacity: Provide existing and expanded capacity below, by indicating how many individuals from the target population are currently served at the facility discussed in this proposal. Provide first existing capacity followed by expanded capacity.

If no outpatient services are provided, enter 0. If New Construction, Enter 0. Enter numerical values only. Calculate slots on an annual basis. If 6,133 people patients are services annually, enter as '6133'

0	Existing: Children (birth–18 years)
0	Existing: Transition-Age Youth (18–25 years)
0	Existing: Perinatal (pregnant/postpartum women and their children)

<input type="text" value="0"/>	Existing: Family Services
<input type="text" value="0"/>	Existing: Total
<input type="text" value="900"/>	Expansion: Children (birth–18 years)
<input type="text" value="0"/>	Expansion: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Expansion: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="900"/>	Expansion: Family Services
<input type="text" value="900"/>	Expansion: Total
<input type="text" value="2,700.00"/>	TOTAL

29. Outpatient Expanded Capacity by Project Type: Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.

The expanded total number of unique individuals served on an annual basis above your current outpatient capacity is the total value. Do not include current capacity. Enter numerical values only. Do not enter ranges.

<input type="text" value="0"/>	Ground-Up Construction: Children (birth–18 years)
<input type="text" value="0"/>	Ground-Up Construction: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Ground-Up Construction: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="0"/>	Ground-Up Construction: Family Services
<input type="text" value="0"/>	Total Expanded Capacity Ground-Up Construction
<input type="text" value="0"/>	Rehab/Addition: Children (birth–18 years)
<input type="text" value="900"/>	Rehab/Addition: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Rehab/Addition: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="900"/>	Rehab/Addition: Family Services
<input type="text" value="900"/>	Total Expanded Capacity Rehab:
<input type="text" value="2,700.00"/>	TOTAL

30. Residential Capacity: Provide existing and expanded residential capacity below, by providing number of beds in use at the proposed project site (EXISTING) and then proposed number of new beds (EXPANSION)

Provide physical number of beds only, not annual capacity. If no residential services are currently provided, enter 0. If Ground-Up Construction, Enter 0. Enter numerical values only. Do not enter ranges or any other values.

<input type="text" value="0"/>	Existing: Children (birth–18 years)
<input type="text" value="0"/>	Existing: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Existing: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="0"/>	Existing: Family Services
<input type="text" value="0"/>	Existing: Total
<input type="text" value="12"/>	Expansion: Children (birth–18 years)
<input type="text" value="0"/>	Expansion: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Expansion: Family Services
<input type="text" value="12"/>	Expansion: Total
<input type="text" value="24.00"/>	TOTAL

31. Expanded Residential Capacity by Project Type: Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.

The expanded number of physical beds proposed is the total value. Do not include current capacity. Enter numerical values only. Do not enter ranges.

<input type="text" value="0"/>	Ground-Up Construction: Children (birth–18 years)
<input type="text" value="0"/>	Ground-Up Construction: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Ground-Up Construction: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="0"/>	Ground-Up Construction: Family Services
<input type="text" value="0"/>	Total Expanded Capacity Ground-Up Construction
<input type="text" value="12"/>	Rehab/Addition: Children (birth–18 years)
<input type="text" value="0"/>	Rehab/Addition: Transition-Age Youth (18–25 years)
<input type="text" value="0"/>	Rehab/Addition: Perinatal (pregnant/postpartum women and their children)
<input type="text" value="12"/>	Rehab/Addition: Family Services
<input type="text" value="12"/>	Total Expanded Capacity Rehab:
<input type="text" value="36.00"/>	TOTAL

32. Narrative Description: Refer to Application Instructions, Question 32, at the top of this page.

Provide a detailed narrative description of the proposed project's construction and design. If copying from a word document, please remove any special formatting or characters before pasting into the space below. Limit 1500 words.

In 2016, ZSFGH completed and opened a new replacement Acute Care Hospital building to meet California Seismic Requirements contained in California Senate Bill 1953. Acute Care Services were relocated from the old Main Hospital building #5 to the new Acute Care Hospital Building #25, leaving several units vacated in building 5. SFDPH intends to convert two of these vacated units in building 5 into the new proposed inpatient and intensive outpatient adolescent behavioral health service facilities.

Building 5 is an 8-level, 658,324 square foot hospital building that includes 5-6 distinct units per floor, several of which are currently vacant. The building was removed from "Acute Care" status in 2018 and is now categorized as an HCAI 1R building that continues to house acute and emergency psychiatric services, a skilled nursing facility, outpatient clinics, labs, and an outpatient pharmacy. Building 5 also has an existing rooftop exterior patio and garden dedicated to psychiatric programs, as well as multiple exterior patio gardens on each floor of the building. 7A is the unit proposed for the adolescent inpatient psychiatric facility (8,727 square feet) and it is located directly adjacent to the rooftop garden / patio. A section of 6B - will be repurposed to serve as the proposed intensive outpatient unit (3,200 square feet). SFDPH has extensive experience in remodeling and repurposing many vacant units in Building 5, including currently relocating a specialties clinic into units 4B and 4D while constructing an outpatient dialysis unit in the 3H Unit on the third floor which was the home of the old surgery suite prior to the opening of the new Acute Care Hospital. The Former Emergency Department (1E) in Building 5 is also under construction, and will house a new 22-bed adult psychiatric emergency program when completed. In addition to these projects, Building 5 is currently undergoing a Seismic Upgrade that includes increasing the size and strength of all columns and the application of (FRP) Fiberglass Reinforced Polymer to strategic locations throughout the building.

Other Unit remodels in this building have been tracking (in real numbers) at approximately \$1,800 per square foot in hard costs (construction only). This brings the total cost estimate for this project to \$34,226,105, including all soft costs, permitting and, contingencies. Once funding is in place, the design teams and project management teams will engage with the site's user groups, including staff and patient advocacy groups, to design and plan all required programming, while obtaining design development and construction documents necessary to deliver a successful project. This process will include the use of BIM modeling of the spaces and utilities to identify the existing conditions that will inform the design team and allow the facility to coordinate clash detection issues with the operational programs in spaces adjacent, above, and below.

Although we will not know the final quantities of materials and final layout until the design process is complete, we can make some assumptions based on our experience delivering projects on other floors of this building. In addition to patient rooms and a centralized nurse / physician station and group rooms, we know that the design of the inpatient facility will include a kitchen, a minimum of 6 ADA (accessible) restrooms, clean and soiled utility rooms, EVS rooms, staff work rooms, an Intermediate Distribution Frame (IDF) room to provide data for phones, computers, and security devices, and connection to the (BMS) Building Management System. Additionally, neither proposed unit currently includes a fire suppression system and these systems will need to be designed and installed as part of the project. The unit is currently connected to the building's old Autocall fire alarm system and this will be upgraded to the new EST3 fire alarm system being installed as part of all new construction projects within this building. Based on new life safety code requirements, all walls at the perimeter of this unit will also be upgraded to create a distinct smoke compartment. This includes replacement of all perimeter wall framing, installation of (FSD) Fire smoke dampers, and double layers of fire rated gypsum board from slab to slab to achieve a 2-hour separation.

No site mitigation efforts are required, as this is within an existing operational hospital building. Complete demolition of the existing walls and ceilings are required to accommodate a revised layout that will optimize the space for the new programs. The existing 20-gauge studs do not meet current code, while the mechanical, electrical, and plumbing systems will also require major modifications and/or replacement.

One challenge we face in regard to this circa 1975 post tensioned structure is the presence of post tensioned cables and reinforcing bar within the floor slabs. We are able to make some assumptions regarding the locations of these structural elements during design. Our current process, however, includes the use of Ground Penetrating Radar (GPR) to identify the precise locations of these elements after demolition is complete. GPR identifies any conflicts with the wall anchorage, plumbing, and slab penetrations, and will allow the Design and construction team to validate layouts and dimensions or make adjustments as necessary.

Asbestos and lead abatement will also be required during demolition. During abatement and construction, a negative air containment will be constructed around the construction site to provide additional layers of infection control and patient safety measures.

As this project square footage is in excess of 10,000 square feet of interior renovation, the City and County of San Francisco will require that this project meet the goals of a LEED gold level remodel. LEED Certification is reviewed and issued by the US Green Building Council, influencing how spaces and buildings are designed, built, and operated, and enabling healthy, environmentally and socially responsible environment promoting improved quality of life. To achieve LEED Certification, a project will earn points by adhering to the prerequisites and credits that address carbon, energy, water, waste, transportation, materials, health, and indoor environmental quality.

33. If applicable to your phase, please upload the following documents:

Limit file size to 20MB for each file. Label files as follows: Form Name_Project Title_Date. An example would be: Form 8_Sunny Acres Rehab_060122 or Drawings_Sunny Acres Rehab_060122.

- Form 8: Schematic Design Checklist
- Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans
- Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

34. Timeline for Incomplete Documents

If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below (limit 500 words).

N/A

Community Support and Youth Involvement

35. Letters of Support and Community Engagement: Complete and Upload Form 7: Community and Youth Engagement Tracking, as well as one of more of the following(see RFA Section 3.1 Eligibility Requirements):

Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. An example would be: LOS_Sunny Acres Rehab_Kern County BH Department. Abbreviations are fine.

- County board of supervisors, county behavioral health director, or county executive
- City council
- Tribal council (i.e., tribal council resolution)
- Community stakeholders and/or other community-based organizations
- Elected or appointed officials

36. If applicable, upload a letter of support from (see RFA Section 3.1: Eligibility Requirements):

See file naming convention examples for question 35. See Application Instructions for Question 36 at the top of this page.

- The applicant's CEO and/or board
- School district or county office of education (Required for School-Linked Health Centers)
- The county behavioral health agency or, if a tribal facility, the tribal board

37. Please list the Name, Title and Affiliation of all authors of letters of support included with this application. If you have requested letters of support and they are still being written, please provide details below and the expected date that letter will be provided.

The following letters of support are included with this submission:

City and County of San Francisco Letters:

- Grant Colfax, Director of Health, San Francisco Department of Public Health
- London Breed, Mayor, City of San Francisco

Community Provider Letters:

- Marsha Lewis-Akyeem, Chief Executive Officer, Alternative Family Services
- Leticia Galyean, President and CEO, Seneca Family of Agencies

Letters from Bay Area Counties Supporting the Proposed Youth Inpatient Psychiatric Facility:

- Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services
- Todd Schimer, Interim Director, Marin County Behavioral Health and Recovery Services
- Katy Eckert, Behavioral Health Bureau Chief and Director, Monterey County
- Lisa Mancini, Interim Director, San Mateo County Behavioral Health and Recovery Services
- Erik Riera, Director, County of Santa Cruz Behavioral Health

38. Funding Request by Project Type

As indicated in applicant response to Question 22, provide the total grant amount requested, not including match, by project construction type. Enter numerical values only. Enter 0 if type does not apply.

<input type="text" value="0"/>	New ground-up construction (e.g., a new facility or new setting being built)
<input type="text" value="0"/>	Addition to an existing structure (e.g., constructing a new wing, new floor)
<input type="text" value="34226105"/>	Rehabilitation of an existing facility that expands service capacity at current site
<input type="text" value="0"/>	Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)
<input type="text" value="0"/>	Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)
<input type="text" value="34,226,105.00"/>	TOTAL

Project Summary [top](#)

Project Summary

Address Line 1	1001
Address Line 2	
Street	Potrero Avenue
City	San Francisco
State	California
ZIP	94110
County	San Francisco
Parcel/APN #	4154/001
Congressional District(s)	12

Medi-Cal Information

Target Population	Current percentage of Medi-Cal Beneficiaries served	Projected percentage of additional Medi-Cal beneficiaries to be served
Children (Birth – 18 years)	0	100
Transition-age youth (18 – 25 years)	0	0
Perinatal (Pregnant/postpartum women and their children)	0	0
Family Services	0	100

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Form 2: Budget Template download template	<input checked="" type="checkbox"/>	Form 2
Form 3: Development Team Information download template	<input checked="" type="checkbox"/>	Form 3
Form 4: Design, Acquisition, and Construction Milestone Schedule download template	<input checked="" type="checkbox"/>	Form 4
Form 5: Applicant's Certification of Prevailing Wage download template	<input checked="" type="checkbox"/>	Form 5
Form 6: Applicant's Certification of Funding Terms download template	<input checked="" type="checkbox"/>	Form 6
Form 7: Community and Youth Engagement Tracking download template	<input checked="" type="checkbox"/>	Form 7
Site plans, design drawings, construction drawings or architectural drawings	<input checked="" type="checkbox"/>	Site Plans and Drawings
Resumes of the development team that developed the design/construction plans	<input checked="" type="checkbox"/>	Resumes
A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)	<input checked="" type="checkbox"/>	Contracts and Agreements
REQUIRED AS APPLICABLE: A certified appraisal and a bank loan document, if identifying a real property contribution for match		Certified Appraisal
REQUIRED AS APPLICABLE: A valid Rough Order of Magnitude (ROM) cost estimate, if no construction plan is yet in place		ROM Document
REQUIRED AS APPLICABLE: Form 8: Schematic Design Checklist download template		Schematic Design Checklist
REQUIRED AS APPLICABLE: letter(s) of support		Letters of Support

* ZoomGrants™ is not responsible for the content of uploaded documents.

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