

File Number: 240268
(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 and Behavioral Health**
- 2. Department: **Department of Public Health
Zuckerberg San Francisco General**
- 3. Contact Person: **Angelica Journagin** 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: **\$909,095**

- 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: **This grant will help fund EPIC Compass Rose Management support which will provide coordination efforts for the Department of Public Health's Transform Mental and Behavioral Health. Serving as lead project manager for Transform Mental and Behavioral Health Fund (TMBHF) Programs EPIC transition with broad assessment of TMBHF Program needs related to EPIC transition. To fill gaps in understanding by translating between the different terminologies used by TMBHF Programs, EPIC software, and the San Francisco Department of Public Health (DPH) IT team. Program Navigator/ Behavioral Health Support will bridge gaps in linkage to care through communication, data tracking, and medical care plans. Connecting with medical staff to bridge gaps in conversations with patients about care, develop expertise and knowledge based upon specialty areas and cross train with each other to provide shared information both in EPIC and across staff in patients care plans.**

This grant will also be used to supply patients at discharge with hygiene kits to promote support and provide items of need. As well as provide TracFones to patients, to allow patients who are discharged from the hospital to be able access additional services or connect to the next stage of clinical care, allowing a way for providers to contact them.

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **September 30, 2023** End-Date: **September 29, 2028**

- 10a. Amount budgeted for contractual services: **\$359,990**
- 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? **Ongoing**

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

b1. If yes, how much? \$ **N.A.**

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, does not create net new position, and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2587	Health Worker III	1.00	09/30/2023	09/29/2028
2	2586	Health Worker II	1.00	09/30/2023	09/29/2028
3	2924	Social Work Supervisor	1.00	09/30/2023	09/29/2028

We respectfully request for approval to accept and expend these funds retroactive to September 30, 2023. The Department received the memorandum on December 5, 2023. The AL # for this grant is 93.493.

The grantor is a Private entity.

Project Description: HG TMBH SAMHSA

Project ID: 10040954

Contract ID: CTR00004033

Fund ID: 21132

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: 2/28/2024 | 5:02 PM PST

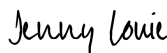
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 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 2/29/2024 | 7:27 AM PST

DocuSigned by:

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 (Signature Required)
 Jenny Louie, CFO for