File No. 210080 **Committee Item No.** 3
Board Item No. 14

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Finance Committee **Date** February 17, 2021

Board of Supervisors Meeting **Date** February 23, 2021

Cmte Board

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Completed by: Linda Wong **Date** February 12, 2021
Completed by: Linda Wong **Date** February 18, 2021

FILE NO. 210080 RESOLUTION NO.

[Accept and Expend Grant - Retroactive - Robert Wood Johnson Foundation - Evaluating San Francisco's Street Crisis Response Team as a Model for Treating Mental and Substance-Use Issues Among Adults Experiencing Homelessness - $300,000]

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of $300,000 from the Robert Wood Johnson Foundation for participation in a program, entitled "Evaluating San Francisco's Street Crisis Response Team as a Model for Treating Mental and Substance-Use Issues Among Adults Experiencing Homelessness," for the period of December 15, 2020, through June 14, 2022.

WHEREAS, The Robert Wood Johnson Foundation (RWJF) has agreed to fund the Department of Public Health (DPH) in the amount of $300,000 for the period of December 15, 2020, through June 14, 2022; and

WHEREAS, DPH applied for and received grant funding from the RWJF to complete a rigorous evaluation of the newly implemented Street Crisis Response Team as part of Mental Health San Francisco; and

WHEREAS, Three key outcomes post-crisis episode will be studied: (1) linkage to outpatient mental health and substance use treatment, (2) reutilization of crisis services, and (3) assessment for housing placement; and

WHEREAS, Interviews with clients will identify facilitators and barriers to effective care; and

WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

WHEREAS, A request for retroactive approval is being sought because DPH received the full award agreement on November 20, 2020, for a project start date of December 15, 2020; and

WHEREAS, The Department proposes to maximize use of available grant funds on program expenditures by not including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $300,000 from the RWJF; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City; and, be it

FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of Supervisors for inclusion in the official file.

Recommended:

/s/_____
Dr. Grant Colfax
Director of Health

Approved: /s/_____
Mayor

Approved: /s/_____
Controller

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: **Evaluating San Francisco's Street Crisis Response Team as a model for treating mental and substance-use issues among adults experiencing homelessness**

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

3. Contact Person: **Matthew Goldman** Telephone: **415-317-4142**

4. Grant Approval Status (check one):

[**X**] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$300,000**

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

7a. Grant Source Agency: **Robert Wood Johnson Foundation**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

DPH applied for and received grant funding from the Robert Wood Johnson Foundation to complete a rigorous evaluation of the newly implemented Street Crisis Response Team as part of Mental Health SF. Three key outcomes post-crisis episode will be studied: linkage to outpatient mental health and substance use treatment, reutilization of crisis services, and assessment for housing placement. Interviews with clients will identify facilitators and barriers to effective care. This research will be conducted in collaboration with DPH researchers, the Office of Mental Health Reform, the UCSF Clinical and Translational Science Institute, and Heluna Health.

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

Start-Date: **12/15/2020** End-Date: **6/14/2022**

10a. Amount budgeted for contractual services: **$289,040**

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?

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 [**X**] 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 [**X**] 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? **12.8% of Direct Costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to December 15, 2020. The Department received the letter of funding on November 20, 2020.
This grant does not require an ASO amendment.

Proposal ID:	**CTR00002102**
Proposal Description:	**HB MH HM108 Implemen**
Version ID:	**V101**
Project ID:	**10036950**
Project Description:	**HB MH HM108 Implementation of New Street Crisis Response**
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):

[**X**] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[**X**] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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: 1/6/2021 | 7:32 PM PST

DocuSigned by:
Toni Rucker
A84282F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 1/7/2021 | 6:25 PM PST

DocuSigned by:
Greg Wagner
2052732473284BF...
(Signature Required)

Greg Wagner, COO for

Robert Wood Johnson Foundation

GRANT AGREEMENT

The terms and conditions of this Grant Agreement (this "Agreement") apply to the grant identified below from the Robert Wood Johnson Foundation ("we" or "us"). Links in this Agreement to the Internal Revenue Code (as amended, the "Code"), Internal Revenue Service descriptions of the Code, and Department of the Treasury regulations are provided for your convenience; we are not responsible for the content to which they link.

Grantee:	San Francisco Public Health Department ("you")
I.D.:	78236
Amount:	$300,000
Project Title:	Evaluating San Francisco's Street Crisis Response Team as a model for treating mental and substance-use issues among adults experiencing homelessness
Grant Period:	December 15, 2020 through June 14, 2022 (the "Term")
Project Director:	Phillip O. Coffin, MD, MIA, 628-217-6282 (Phillip.Coffin@sfdph.org) Matthew L. Goldman, MD, MS, 415-970-3809 (Matthew.Goldman@sfdph.org)

ARTICLE 1 - USE OF FUNDS; REPRESENTATIONS

1.1 We will make grant payments to you over the Term as set forth in Section 4.6 not to exceed the award amount listed above. We have no obligation to provide any additional funds or support to you under this Agreement. You will use the grant funds to accomplish the following purpose:

This project will evaluate the San Francisco Department of Public Health's Street Crisis Response Team (SCRT) to determine how this innovative model impacts the linkage to care and offers a real-time street response team for people in behavioral health crises to reduce the reuse of acute services for people experiencing homelessness. In San Francisco, people with serious mental illness make up approximately one-quarter of all people who experience homelessness, and up to one-third of the population has a substance use disorder. African-American, Latinx, and other marginalized communities are dramatically overrepresented in those populations. In an effort to improve access and linkage to mental health and substance-use services, SCRT is structured to address the key components of this model of care for Medicaid-eligible populations as defined in the Health Systems Transformation Research Coordinating Center's research agenda. The deliverables for this project will be to (1) increase the percentage of the target population assessed for housing; (2) increase the percentage of the target population retained in planned, routine behavioral health care; and (3) reduce the percentage of the target population who use urgent and emergent services and the frequency of use per person. Matthew L. Goldman, MD, MS, project director, will have overall responsibility for the staff, activities, and deliverables of this project.

1.2 You will directly administer the work supported by this grant and may use the grant funds as allowed by this Agreement and as set forth in the final versions of your proposal narrative and budget

and any related materials approved by us for this grant (collectively, the "Proposal Materials"). If the content of the Proposal Materials conflicts with this Agreement, the terms of this Agreement control.

1.3 You represent and agree that:

1.3.1 You are described in the Code as exempt from federal income tax as: (a) a public charity that is not a nonfunctionally integrated Type III supporting organization; (b) an exempt operating foundation; or (c) a governmental entity described in Sections 170(c)(1) or 511(a)(2)(B) of the Code;

1.3.2 All activities conducted by you (and any authorized contractors) in connection with the project funded under this grant will be in full compliance with the requirements of all applicable federal, state, and local laws and regulations; and

1.3.3 You are not directly or indirectly controlled by us or by one or more of our "disqualified persons" as defined under Section 4946 of the Code.

1.4 To the extent not inconsistent with any confidentiality obligations to which you may be subject: (a) if we ask, you will provide us with a list of all individuals and organizations who provide financial or in-kind support to you as co-funders of the project supported by this grant (collectively, "Co-Funders") and (b) you will notify us, in the form and manner agreed to, if, to the best of your knowledge, you receive financial or in-kind support from Co-Funders who, as a material part of their activities, manufacture, distribute, or sell firearms, alcohol, cannabis, or tobacco products of any kind or foods of minimal nutritional value.

ARTICLE 2 - PROHIBITED USES; REPAYMENT

2.1 You will not use any of the grant funds to: (a) carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Code; or (b) attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Code. You acknowledge and are aware that activities that are not lobbying within the meaning of Section 4945(d)(1) may still trigger state lobbying registration requirements and that your activities should comply with those requirements, as applicable.

2.2 If you use any grant funds in ways this Agreement does not permit and that we have not otherwise agreed to, you will notify us immediately. In such an instance, we may choose to terminate the grant pursuant to Section 9.1 and: (a) if you used the grant funds for purposes that are not considered charitable under the Code, you will immediately repay those funds plus, if applicable, any additional amounts necessary for us to correct taxable expenditures arising under Section 4945 of the Code; or (b) if Section 2.2(a) does not apply, you will repay those funds promptly upon our request.

2.3 In addition to any repayments under Section 2.2, within sixty (60) days following the expiration or termination of this grant, you will repay all unspent grant funds, other than funds required to pay reasonable, noncancelable charges incurred in good faith and in accordance with the approved budget.

ARTICLE 3 - BUDGET AND AUDIT

3.1 Any deviations from your approved budget must comply with our Budget Revision Guidelines and any additional instructions you may receive from us.

3.2 You will list the grant separately on your books of account and will keep a systematic accounting record of the receipt and expenditure of the grant funds.

3.3 You will retain substantiating documents (e.g., bills, invoices, cancelled checks, and receipts) of expenditures under the grant for at least four (4) years after the expiration or termination of the grant. If we ask, you will provide us with copies of such documents and will make your books and records available for inspection by us at reasonable times and at our expense.

3.4 In addition to our rights to information under Section 3.3, our representatives may audit your grant-related books and records at reasonable times, with reasonable advance notice, and at our expense. You will cooperate fully with that audit.

3.5 Unless we have agreed otherwise, you will ensure that your travel-related expenditures under this grant follow our Travel Policy for RWJF Grantees and Service Providers or otherwise follow your travel policy, which, in your reasonable determination, generally is at least as stringent as our policy.

ARTICLE 4 - ADMINISTRATIVE REPORTS AND EVALUATION

4.1 You will provide financial reports to us for each budget period of the grant and upon the expiration or termination of the grant or in connection with any repayment to us under Sections 2.2 and 2.3. Your financial reports should show your actual expenditures as of the date of the report against the approved budget.

4.2 You also will provide narrative reports to us in accordance with our Grantee Reporting Instructions for each budget period during the Term and upon the expiration or termination of the grant. Your narrative reports should report on the progress you made toward achieving the grant purposes and any problems or obstacles encountered in the effort to achieve those purposes.

4.3 All reports required under Sections 4.1 and 4.2 will be provided to us within sixty (60) days after the close of the period for which the report is made. You will retain these reports in your files for at least four (4) years after expiration or termination of the grant.

4.4 In addition to our audit rights under Section 3.4, we may monitor and conduct an evaluation of programmatic operations under the grant at reasonable times and at our expense, which may include visits by our representatives to observe your program procedures and operations and to discuss the program with your personnel. You will cooperate fully with us.

4.5 In the event we require the submission of any documentation or reports that are specific to this grant as part of our grant monitoring, those requirements will be set forth in Article 13.

4.6 In most instances, we make payments for each grant period and reserve the right to withhold payments pending receipt of the final financial and narrative reports described in Sections 4.1 and 4.2 and the Deliverables (as defined in Section 5.1). In addition, we may withhold payments otherwise due to you if you do not provide us with other reports or information when due under this Agreement or if you do not cooperate in any audits or evaluations we ask for under Sections 3.4 and 4.4.

ARTICLE 5 - INTELLECTUAL PROPERTY

5.1 You own all intellectual property ("IP") rights in any and all data, papers, software, videos, or other content and products created or generated by you under this grant (collectively, the "Deliverables"), and you grant to us a nonexclusive, irrevocable, perpetual, worldwide, royalty-free license to reproduce, publish, republish, summarize, excerpt, or otherwise use and license others to use, in print or electronic form, including in electronic databases or in any future form not yet discovered or implemented, for charitable purposes, any and all Deliverables. You will notify us in writing if the Deliverables contain any Pre-Existing IP (as defined in Section 5.4).

5.2 You represent and agree that:

5.2.1 You will send copies of all Deliverables promptly after they are finalized (and by no later than the submission of the final narrative report described in Section 4.2 for Deliverables that are finalized during the Term) to us as instructed following the execution of this Agreement;

5.2.2 With the exception of any Pre-Existing IP, the Deliverables will be original at the time of creation and will not have been previously published or used in any medium for any purpose;

5.2.3 To the best of your knowledge, the Deliverables will in no way infringe upon or otherwise violate the IP rights of others and will not contain anything unlawful or defamatory;

5.2.4 Any peer-reviewed publications resulting from the grant will be made publicly available immediately upon their publication, without any embargo period, and published under the Creative Commons Attribution 4.0 International License (CC BY 4.0) or an equivalent license agreed to by us that permits all users of the publication to copy and redistribute the material in any medium or format and transform and build upon the material for any purpose (including commercial) without further permission or fees being required; and

5.2.5 All public use data sets resulting from the grant, if applicable, will: (a) be constructed (with appropriate adjustments to ensure individual privacy) in accordance with the specifications of the Inter-University Consortium for Political and Social Research, University of Michigan (the "Consortium"), including the full documentation outlined in the Consortium's then-current data preparation manual; and (b) be transmitted to the Consortium within twelve (12) months of the expiration or termination of the grant for inclusion in our Health and Medical Care Archive.

5.3 You also are encouraged to submit any public use datasets resulting from this grant that involve public opinion research to The Roper Center at Cornell University for archiving.

5.4 "Pre-Existing IP" means your IP rights in any works of authorship, information, or other materials created prior to or independently of this Agreement.

5.5 Nothing in this Agreement grants to us any rights to your intellectual property by implication, estoppel, or otherwise beyond those set forth explicitly herein.

ARTICLE 6 - COMMUNICATIONS

6.1 We will report this grant in our tax filings, on our website, and in other public grant listings. We also may publish reports on the project supported by this grant.

6.2 If you wish to issue any communications directed outside of your organization concerning this grant through print, broadcast, digital media, social platforms, or other means, send them before release to the Program Officer and Communications Officer identified in your award letter for review and approval.

ARTICLE 7 - NOTICES

7.1 Unless legally prohibited from doing so, you will use best efforts to promptly notify us in writing if:

7.1.1 You learn or believe that you may have breached any provision of this Agreement, including, but not limited to, the conduct standards in Section 8.1;

7.1.2 Your representations in Sections 1.3.1 or 1.3.3 change in any material respect during the Term;

7.1.3 There is any change in circumstances that could have a significant impact on your ability to carry out the purposes of the grant, including, but not limited to: (a) your organization has a change in the executive director, chief executive officer, or president; (b) you undergo a merger, division, or other corporate reorganization; (c) you become subject to a proceeding under the Bankruptcy Code or other law relating to insolvency or make an assignment for the benefit of creditors; (d) you receive notice that a Co-Funder is ceasing its support; or (e) you have reason to believe that fraud has occurred that relates to the work supported by this grant;

7.1.4 You receive notice of an investigation or proceeding by the Attorney General or any other regulatory agency that: (a) relates to this grant or (b) could have a significant impact on your organization as a whole or, if you are a university, the school, unit, or department in which this grant is administered;

7.1.5 You receive notice of the filing of a claim in any court or with any governmental agency involving activities or staff covered by this grant, alleging: (a) sexual or other harassment, discrimination, hostile work environment, or similar claim; (b) financial impropriety; (c) breach of Academic Integrity (as defined in Section 8.1.5); or (d) breach of fiduciary obligations;

7.1.6 You receive notice of the filing of a claim in any court or with any governmental agency involving a member of your senior leadership or board of directors (or similar governing body), alleging: (a) sexual or other harassment, discrimination, hostile work environment, or similar claim; (b) financial impropriety; (c) breach of Academic Integrity; or (d) breach of fiduciary obligations, in each instance where such claim could have a significant impact on your organization as a whole or, if you are a university, the school, unit, or department in which this grant is administered;

7.1.7 You receive notice of any records request, litigation, or other legal action directly relating to the grant or are served with a subpoena or other legal process seeking to compel production of or obtain access to any information directly related to the grant; or

7.1.8 You file a claim or commence other legal process in a matter directly related to this grant.

ARTICLE 8 - CONDUCT STANDARDS

8.1 We seek to work with organizations and individuals who perform at the highest levels and who share our commitment to ethical conduct and practices. You represent and agree that:

8.1.1 You aspire to provide a tolerant and civil workplace that encourages equal employment opportunities for underrepresented groups to the fullest extent allowable under applicable law and is free of discrimination, harassment, and misconduct;

8.1.2 You have in place, and enforce in accordance with their terms, policies, procedures, and practices that help ensure a tolerant and civil workplace, including, but not limited to: staff training regarding workplace misconduct; mechanisms for complaints to be made to an impartial person; fair processes for investigation and adjudication; and prohibitions of retaliation against persons making good faith complaints. If we ask, you will provide us with copies of such policies and procedures as then in effect;

8.1.3 You will provide responsible stewardship of the grant funds, ensuring that they are used for the purposes, and in the ways set forth, in this Agreement;

8.1.4 You have in place and maintain a system of internal accounting controls and systems sufficient to: (a) provide reasonable assurance regarding the reliability of financial reporting and the preparation and fair presentation of financial statements in accordance with generally accepted accounting principles and (b) satisfy your financial responsibilities under this Agreement;

8.1.5 If any of the grant funds are to be used for research or other academic activities, you shall conduct that research and activities in full compliance with the fundamental ethics of scholarship and knowledge creation and transmission, including the principles of honesty, respect for truth and knowledge, fairness, and responsibility (collectively, "Academic Integrity"); and

8.1.6 You have in place and enforce in accordance with their terms, policies, procedures, and practices that help ensure Academic Integrity. If we ask, you will provide us with copies of such policies and procedures as then in effect.

8.2 If we learn of allegations of workplace misconduct, financial mismanagement or impropriety, or alleged violations of Academic Integrity, or otherwise believe you have done anything that is inconsistent with Sections 8.1.2 through 8.1.6, you will cooperate with our reasonable inquiries aimed at understanding the relevant policies, procedures, and practices you have in place and how they were operationalized in response to the situation at hand. In making such inquiries, our goal is not to be the fact-finder. If we conclude you lack the necessary policies, procedures, and practices, or have failed to investigate the situation in a fair and expeditious manner, we may take such action as we deem appropriate under the circumstances, including, but not limited to, suspending future grant payments until you have addressed the situation to our satisfaction or, in extreme cases, terminating the grant. Absent urgent circumstances, prior to taking any action, we will discuss the proposed course of action with you and provide you with an opportunity to respond and suggest corrective action.

ARTICLE 9 - TERMINATION; SURVIVAL

9.1 At our sole option, we may terminate the grant at any time if:

9.1.1 You use any of the grant proceeds for any purposes other than those specified in Section 170(c)(2)(B) of the Code;

9.1.2 You cease to be exempt from federal income taxation as an organization listed under Section 1.3.1 of this Agreement;

9.1.3 You fail to comply with any of the terms or conditions of this Agreement, including, but not limited to, the Conduct Standards set forth in Article 8 (other than Section 8.1.1); or

9.1.4 In our sole judgment, you cease to be an appropriate means of accomplishing the purposes of the grant.

9.2 If we terminate the grant prior to the end of the Term, upon our request, you will provide us a full accounting of the receipt and disbursement of funds and expenditures under the grant as of the effective date of termination.

9.3 The following provisions shall survive the expiration or termination of this Agreement: Sections 2.2, 2.3, 3.3, 3.4, 4.3, and 4.6; Articles 5-6; Sections 7.1.1, 7.1.4(a), 7.1.7, 7.1.8, 8.2, 9.2, and 9.3; and Articles 10-13.

ARTICLE 10 - CHANGES; SEVERABILITY

10.1 Any changes to the terms of this Agreement or to the Proposal Materials must be made in writing and must be jointly approved by us and you.

10.2 The invalidity, in whole or in part, of any term or condition of this grant will not affect the validity of the other terms and conditions.

ARTICLE 11 - NONTRANSFERABILITY; NO JOINT VENTURE

11.1 This grant is not transferable.

11.2 Nothing contained in this Agreement should be construed in any manner to imply or create a relationship between us and you as partners, joint venturers, or agents. You will not act in any manner as our agent or representative.

ARTICLE 12 - ADDITIONAL PROVISIONS - STANDARD

12.1 Polls and Surveys. If any grant funds are to be used for polls or surveys, you will comply with the RWJF Guidelines for Funding and Releasing Polls and Surveys.

12.2 Research. You represent and agree that:

12.2.1 If any of the grant funds are to be used for research involving human subjects, you will conduct the research in compliance with the ethical standards and the criteria for approval and conduct of research set forth in United States Department of Health and Human Services policy for the protection of human research subjects (45 C.F.R. Part 46 and related guidance) and all other

federal and state laws applicable to the research project. Such requirements may include, but are not limited to, obtaining and maintaining institutional review board approval and obtaining informed consent of participating research subjects; and

12.2.2 If any of the grant funds are to be used for research involving laboratory animals, you will conduct the research in compliance with the Animal Welfare Act, 7 U.S.C. Section 2131 et seq., and its implementing regulations.

12.3 Personally Identifiable Health Information. You represent and agree that:

12.3.1 Any individually identifiable health information used or disclosed in connection with this grant will be used and disclosed in compliance with applicable federal and state statutes and regulations regarding the privacy and security of such information including, but not limited to, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 201 et seq., and its applicable implementing regulations, 45 C.F.R. Part 164 ("HIPAA"); and

12.3.2 Any health information you report to us will be de-identified within the meaning of the HIPAA privacy rule or will be consistent with the research subject's signed HIPAA authorization or will otherwise be permissible under applicable law.

12.4 Website Specifications. If you are using grant funds to create a website or other similar public online resource, you shall submit to us (through the Foundation program officer overseeing this project) for advance review the website specifications which will include, but not be limited to, information about privacy protections, website accessibility, anticipated third-party licensed materials, and plans for website support after the Term, if applicable.

12.5 Anti-Terrorism. You represent and agree that the grant funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules, and executive orders, including, but not limited to, the USA Patriot Act of 2001 and Executive Order No. 13224.

ARTICLE 13 - ADDITIONAL PROVISIONS

None.

All of the terms and conditions set forth above are hereby accepted and agreed to.

San Francisco Public Health Department

Date:_____ By: _____

Greg Wagner

Title: Chief Operating Officer

RWJF grant - MHSF street crisis response team
Funding Term Dec 15, 2020 to June 14, 2022

	Year 1 12/15/20 - 12/14/21 12 months	Year 2 12/15/21 - 6/14/22 6 months	Total
Contractual			
Heluna			
Personnel			
Salary			
Research Coordinator 1.00. fte x 73,000/yr x 18 mos	73,000	36,500	109,500
Research Assistant 0.50 fte x 50,000/yr x 18 mos	25,000	12,500	37,500
Fringe benefits	34,927	17,464	52,391
Statistician time through UCSF CTSI consulting			
Ann A. Lazar, PhD, Senior Biostatistician - $235 per hour x 75 hours	11,750	5,875	17,625
Alan Bostrom, PhD, Biostatistician - $170 per hour x 150 hours	17,000	8,500	25,500
Margaret Handley,Phd, MPH, Sicentific Advisor - $235 per hour x 28.50 hours	4,465	2,232	6,697
Travel - Local travel	333.00	167.00	500
Others			
Open Access publising fee	3,960	2,040	6,000
Workstation $264 x 2	352	176	528
	170,787	85,454	256,241
Indirect cost @ 12.8%	21,861	10,938	32,799
Heluna total	192,648	96,392	289,040
Equipment - Computer x 2	4,200	0	4,200
Materials & Supplies	660	340	1,000
Incentive - Gift card	3,840	1920	5,760
Total Amount	201,348	98,652	300,000

Research to Advance Models of Care for Medicaid-Eligible Populations
Budget Narrative

Identifying Information
Project Title: Impact of a New Street Crisis Response Team on Service Use Among San Francisco's Homeless Population with Mental and Substance Use Disorders
Proposal I.D.: 98662
Applicant Name: Matthew L. Goldman, MD, MS
Legal Name of Applicant Organization: San Francisco Department of Public Health

Category	Narrative
Personnel	
Project Director	**Matthew L. Goldman, MD, MS (Project Director; 0.20 FTE in kind),** is the Associate Medical Director for Comprehensive Crisis Services for Behavioral Health Services (BHS) in the San Francisco Department of Public Health (SFDPH). In this role, he is employed by the City and County of San Francisco as a salaried civil service employee. Overseeing and conducting research and evaluation of mental health and substance use crisis services within BHS and SFDPH is one of the primary responsibilities in Dr. Goldman's job description. As Project Director, Dr. Goldman will be responsible for developing and adhering to a timeline, overseeing Heluna Health's hiring process for the Research Coordinator and Research Associate (RC/RA), overseeing the IRB protocol and review process, partnering with the SCRT planning and implementation team on roll out and coordinate cross-system evaluations (biweekly meetings), working with SFDPH personnel to develop metrics and extract appropriate data from Avatar EHR and CCMS staff (bi-weekly meetings), coordinating the analysis with UCSF CTSI consulting statisticians Dr. Lazar and Dr. Bostrom (bi-weekly meetings), receiving scientific advice from Dr. Handley (monthly meetings), analyzing quantitative and qualitative data, managing day-to-day operations including supervision of the research team (2 weekly hour-long meetings, plus additional meetings and correspondence as needed), maintaining regular contact with collaborators, and preparing results for publication and dissemination. **Phillip Coffin, MD, MIA, (Project Co-Director; 0.025 FTE in kind)** is the Director of the Center on Substance Use and Health at SFDPH. He has a set percentage of his FTE that is dedicated to consulting to SFDPH's Behavioral Health Services on research projects such as the SCRT evaluation described in this proposal. Dr. Coffin will advise on all aspects of the proposed study, including design, data collection, analysis, and dissemination of findings. He will participate in bi-monthly team meetings plus additional correspondence as needed.
Project Staff	None direct through SFDPH; see contractor section for Heluna Health.
Administrative Staff	SFDPH has existing staff funded by San Francisco General Funds in the Budget Office (responsible for grant management and financial stewardship), the Office of Research & Evaluation (responsible for assisting with Avatar EHR data extraction), and the Whole Person Care team (responsible for assisting with CCMS data extraction).
Other Staff	Lauren Brunner, MPH, is the Program Coordinator for Mental Health Reform in the SFDPH Office of Policy and Planning; she is employed full-time by the SFDPH and is responsible for coordinating the operational roll out of the SCRT and will partner closely with the research team.
Fringe Benefits	None direct through SFDPH; see contractor section for Heluna Health.

Other Direct Costs	
Office Operations	Office supplies to support the RC/RA with regular office functions (printing, copying, mail, etc.) over the 18-month grant period are estimated at $1000.
Polls and Surveys	Semi-structured interviews will be administered using Qualitrics, which is available without charge to Drs. Goldman and Coffin through their affiliations with UCSF. Incentive payments ($60 Target card) will be provided to participants; we estimate 40 participants in each round of the two recruitment periods (pilot and citywide rollout), plus there is a surcharge of purchasing gift card through the SFDPH vendor; $60 x 80 participants + 20% vendor surcharge is estimated to total $5760.
Communications/ Marketing	None (SFDPH internal communications and marketing will be used for promotion of the roll out of the SCRT.)
Travel	None direct through SFDPH; see contractor section for Heluna Health.
Meeting Expenses	None (Staff have access to Zoom meeting accounts through UCSF and/or SFDPH)
Equipment	The RC/RA will each be provided with a SFDPH-encrypted touchscreen laptop computer to be used for all work related to this project, including to collect client responses to the interviews (touchscreen needed to ensure that participants with low technology literacy are able to participate). The computer model in SFDPH's inventory is the HP X360 1030 13" G3 i7 16GB memory 512SSD, each of which costs $2100 for a total of $4200.
Project Space	None (Drs. Goldman and Coffin already have office space through their employment; the RC/RA will be provided office space in an SFDPH building as determined by the SFDPH BHS Facilities manager upon hire.)
Other	None direct through SFDPH; see contractor section for Heluna Health.

Consultants/Contractors		
Consultants	None	
Contracts *	Contractor Name	Heluna Health
	Scope of Work	Heluna Health will receive a sub-contract to perform essential functions as a fiscal intermediary that cannot be feasibly completed directly by SFDPH. This includes the responsibility to recruit, hire, and provide human resources and payroll for the RC/RA, including directly paying their salaries and fringe benefits; sub-contracting to UCSF CTSI for statistical consultation; and covering expenses such as travel for the RC/RA while administering the interviews, covering the costs of statistical software for use by the PD and RC, and paying for Open Access fees.
	Deliverables	Specific deliverables required by Heluna Health and its employees and subcontractors include successful hiring of the RC/RA, acquisition and statistical analysis of the quantitative data (via UCSF sub-contract), collection and analysis of interview data, and assistance with producing a final report and 2-3 academic manuscripts.
	Total Cost	$289,040
	Cost Calculation	See full contractor budget narrative below

Indirect Costs	
Indirect Costs	SFDPH is a government entity and will not receive any indirect costs for

	this grant. 12.8% indirect costs will be paid by SFDPH to Heluna Health for the share of the costs that are included under that subcontract.
In-kind Support	
	Dr. Goldman (0.20 FTE), Dr. Coffin (0.025 FTE), and additional SFDPH staff will receive in-kind support for participation in this research project given their direct responsibilities for conducting research and evaluation as part of their job descriptions.
Budget Allocation by Project Elements**	Note the project element below and its percentage of the total project budget.
Project Activity #1	15%: Grant management, IRB application
Project Activity #2	25%: Quantitative data metric development, extraction, and cleaning
Project Activity #3	25%: Interrupted Time Series Analysis
Project Activity #4	25%: Semi-structured interview recruitment, collection, analysis
Project Activity #5	10%: Publications and Dissemination

Budget Narrative for Contractor: Heluna Health (including Sub-Contract to UCSF)

Category	Narrative
Personnel	
Project Director	**N/A**
Project Staff	

PERSONNEL		TYPE APPT. *(months)*	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS (35.64%)	TOTALS
TBD	**Research Coordinator**	**18**	**1.00**	**$73,000**	**$109,500**	**$39,026**	**$148,526**
TBD	**Research Assistant**	**18**	**0.50**	**$50,000**	**$37,500**	**$13,365**	**$50,865**

Research Coordinator (To-Be-Hired): This person will be primarily responsible for grant administration, preparing and submitting the IRB application to UCSF's IRB (through standing contract with SFDPH), facilitating quantitative data acquisition from Avatar EHR and CCSM and transfer to CTSI statistician for analysis, semi-structured interview guide design, oversight of interview recruitment, conducting interviews, developing reports to disseminate findings, ensuring compliance with Open Access requirements for academic publications, and complying with RWJF/Avalere grant reporting requirements. The Research Coordinator will be expected to have completed Research Ethics and Compliance Training and will receive additional training from the Project Directors as needed. The Research Coordinator will devote 12.0 calendar months (1.0 FTE) to this project in all 18 months of the grant period; at an annual base salary of $73,000 plus fringe rate of 35.64%, the total cost for the Research Coordinator position will be $148,526.

Research Associate (To-Be-Hired): Under the joint supervision of Dr. Goldman and Dr. Coffin, and in close collaboration with the Research Coordinator, the primary responsibilities of the Research Associate include assistance with grant administration and IRB application, managing research team meetings, scheduling and conducting outreach for interviews, obtaining informed consent, assisting with conducting semi-structured interviews, performing literature review and formatting results and data displays for reports and publications. The Research Associates will be trained in all

	aspects of the interview process and meet with the project directors to ensure adherence to the study protocol, as well as to address logistical issues that may arise. The Research Associate will devote 6.0 calendar months (0.50 FTE) to this project in all 18 months of the grant period; at an annual base salary of $50,000 plus fringe rate of 35.64%, the total cost for the Research Coordinator position will be $50,865. This person will receive additional funding through cost-sharing with another of Dr. Goldman's grants and will be hired as a full-time employee through Heluna Health.
Administrative Staff	Heluna Health has an administrative support team to assist with hiring, human resources, grant administration, sub-contracting to UCSF for CTSI consultant. and fiscal support; these functions are funded by 12.8% indirect funds in the sub-contract to Heluna Health.
Other Staff	None
Fringe Benefits	Staff hired through Heluna Health (Research Coordinator, Research Associate) will receive full benefits (including health and dental) at a cumulative fringe rate of 35.64%.
Other Direct Costs	
Office Operations	Two licenses for statistical software (SAS v9.4) will be purchased through the UCSF Library at a cost of $264 per workstation for the Project Director and Research Coordinator to be able to assist with data preparation prior to transfer to CTSI consultants, for a total of $528.
Polls and Surveys	None
Communications/ Marketing	None
Travel	In order to recruit and locate participants in the interviews, the RC/RA will need to travel to and from the office; these expenses are estimated at $500. (Given the unpredictability of COVID, we are not budgeting for travel to conferences of other large gatherings.)
Meeting Expenses	None
Equipment	None
Project Space	None
Other	As required by the RWJF Open Access policy, $6000 have been budgeted to cover the cost of 2-3 academic publications in leading research journals, which typically require payment of an open access fee to ensure that there is no embargo and that the publication is immediately accessible to the public.
Consultants/Contractors	
Consultants	None
Contracts *	Contractor Name: University of California, San Francisco Scope of Work: Heluna Health will sub-contract to UCSF Clinical and Translational Science Institute (CTSI), which provides statistical consultation and analysis by senior consultants and UCSF Faculty in the Department of Epidemiology and Biostatistics. Dr. Ann Lazar, faculty biostatistics consultant at CTSI, will direct Dr. Alan Bostrom, a specialist, on the statistical aspects of the project. This work will include development of the Statistical Analysis Plan (SAP). While Dr. Lazar will lead the development of the SAP, Dr. Bostrom will provide input on all analyses that will be performed. The SAP will

		contain any modifications to the analysis plan described in the grant application. The SAP will provide details about the variables collected (aka codebook) in addition to the definitions of the key variables for analyses purposes. This SAP will facilitate standardization of the data collected across the study locations. The CTSI consultants will receive the extracted data files from Avatar EHR and CCMS, and they will be responsible for performing data cleaning as necessary to prepare the files for analysis, assist with the design and modeling of the Interrupted Time Series analysis as well as the related sub-analyses to control for secular trends and stratify by race and ethnicity, and assistance with creating output tables and methods descriptions for publication.
	Deliverables	Specific deliverables required by UCSF CTSI include the SAP and codebook, acquisition and statistical analysis of the quantitative data, and assistance with producing a final report and 2-3 academic manuscripts.
	Total Cost	$49,822
	Cost Calculation	$17,625 ($235 per hour x 75 hours): **Ann A. Lazar, PhD, (Senior Biostatistician)** is an Associate Professor in the UCSF Division of Oral Epidemiology and Division of Biostatistics, and she is a member of CTSI, Helen Diller Family Comprehensive Cancer Institute (Biostatistics Core), Center to Address Oral Health Disparities, and Bakar Computational Health Sciences Institute. Dr. Lazar will serve as the primary biostatistician on this project and has extensive experience in protocol development/implementation and analysis of intervention studies, heterogeneity of treatment effect analysis, ITS designs, and health disparities research. She will participate in study design, development and overseeing of protocol development, data analysis, and interpretation of results. She will work directly with Drs. Goldman and Coffin, will be responsible for supervision and oversight of Dr. Alan Bostrom, and will collaborate with Scientific Advisor Dr. Margaret Handely. $25,500 ($170 per hour x 150 hours) **Alan Bostrom, PhD, (Biostatistician)**. Dr. Bostrom will be tasked with checking the quality and consistency of the data, including cleaning the data across study locations. Dr. Bostrom will perform preliminary analyses to examine frequency distributions and descriptive statistics of demographic and clinical data as well as basic associations with outcomes and among factors within and across groups. Continuous variables also will be grouped for analyses based on quantiles of the distribution. Differences between values at different time points also will be computed for analyses to assess changes over time using segmented regression via random effects models. Non-normal variables will be transformed for use in analyses where necessary. This

			will all be performed by Dr. Bostrom. Dr. Bostrom will be responsible for carrying out the analysis plans for the primary and secondary analyses described in Aim 1 and Aim 2. This includes multivariable regression analyses and longitudinal analyses, as well as multiple imputation. He will also generate publication quality tables and figures. $6,697 ($235 per hour x 28.5 hours) **Margaret Handley, PhD, MPH, (Scientific Advisor)** is a Professor of Epidemiology and Biostatistics and Medicine at UCSF and core faculty in the Center for Vulnerable Populations. She co-directs the UCSF Training Program in Implementation Science, she is the implementation science lead for the UCSF Benioff Housing and Homelessness Initiative, and she directs the new UCSF PRISE Center (Program in Research for Implementation Science for Equity), which focuses on achieving health equity through applied implementation science research. The PRISE Center is intended to strengthen partnerships with SFDPH programs to help tailor interventions and evaluate their impact on health and programmatic outcomes. Dr. Handley will serve as a scientific advisor to the proposed research and will be responsible for assisting with sampling for the mixed methods component, semi-structured interview guide development, input on data collection best practices, and interpretation of findings.

Indirect Costs	
Indirect Costs	12.8% indirect costs will be paid to Heluna Health for the share of the costs that are included under that subcontract ($32,799, included in the total balance of $289,040)
In-kind Support	
	N/A

BN Form 9/2019

FINANCIAL REPORT (As of 11/25/2020)
Robert Wood Johnson Foundation

78236 Evaluating San Francisco's Street Crisis Response Team as a model for treating mental and substance-use issues among adults experiencing homelessness

(HST) Health Systems Transformation
City and County of San Francisco Department of Public Health
Project Director: Phillip O. Coffin, Matthew L. Goldman
Financial Officer: Katherine Gee
Program Officer: Jacquelynn Orr
Program Financial Analyst: Stephen Theisen
Budget Period: 12/15/2020 to 06/14/2022
Project Period: 12/15/2020 to 06/14/2022
Budget for Period: 1
Revised: 11/25/2020 System Generated

Item	Approved Budget Amount	Period 1 12/15/20-12/14/21	Period 2 12/15/21-06/14/22
Other Direct Costs	10,960		
Other Direct Costs TOTAL	**10,960**		
Consultants/Contractors	289,040		
Consultants/Contractors TOTAL	**289,040**		
Grand Total	**300,000**		

Research to Advance Models of Care for Medicaid-Eligible Populations
Full Proposal Narrative

Identifying Information
Project Title: Impact of a New Street Crisis Response Team on Service Use Among San Francisco's Homeless Population with Mental and Substance Use Disorders
Proposal I.D.: 98662
Applicant Name: Matthew L. Goldman, MD, MS
Legal Name of Applicant Organization: San Francisco Department of Public Health

Background

Mental illness and substance use are highly prevalent among homeless adults in San Francisco. Of the 17,695 people identified as homeless in FY18-19, 12,735 (67.5%) had a mental health or substance use diagnosis. Of those, 7,830 (65.5%) had a medical comorbidity and 3,930 (30.9%) were extremely high risk, with a psychotic disorder as well as a documented diagnosis related to alcohol, methamphetamine, cocaine, or opioids. One of the most troubling findings about this group is the inequity of the burden of these diagnoses: thirty-five percent of the population identifies as Black/African American, compared to five percent of the overall population of San Francisco. **Unfortunately, San Francisco is no exception.** People with serious mental illness comprise approximately one quarter of all people who experience homelessness, and up to one third has a substance use disorder.[1] People of color are dramatically over-represented in these populations,[2] and the burden of disease is severe: A 30-year-old man experiencing homelessness has a life expectancy that is 11 years shorter than the general population, and a 30-year-old woman's life expectancy is 16 years shorter.[3]

Yet access to appropriate services is limited. Only 44 percent of this high-risk population had accessed both health and housing services through city programs and just 10.5 percent had an intensive case manager (ICM). There are multiple obstacles to engaging this high-risk population in mental health and substance use care, as well as in social services. People with lived experience of homelessness face marginalization, dehumanization, and structural violence, which interfere with trust and engagement in health care and social services.[4] These barriers to care are multiplied by intersectional experiences of structural racism, stigma about mental illness and addiction, and criminalization of all of these factors.[5–7]

Behavioral health leaders in San Francisco have engaged with community stakeholders to create a Street Crisis Response Team (SCRT) to improve access and linkage to mental health and substance use services for people experiencing homelessness who are in crisis. We propose a rigorous evaluation of the SCRT to determine how this innovative model impacts linkage to care and reduction of acute service reutilization in this vulnerable population. This proposal is structured to address the key components of this model of care for Medicaid-eligible populations as defined in the Health Systems Transformation Research Coordinating Center (HSTRC) Research Agenda developed by the Robert Wood Johnson Foundation (RWJF) and Avalere Health.

Health System Contextual Factors: SFDPH Behavioral Health Services

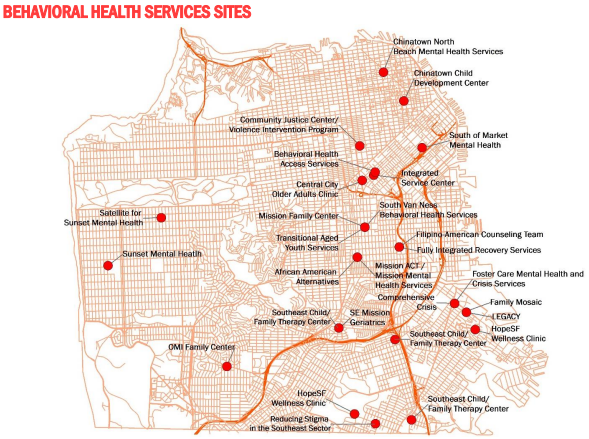
The San Francisco Department of Public Health (SFDPH) is comprised of the San Francisco Health Network (SFHN), which provides a range of medical, mental health, and substance use services, and the Population Health Division, which researches and implements evidence-based policies in the City & County of San Francisco. The Behavioral Health Services (BHS) division of SFHN provides direct treatment services for mental health and substance use disorders to more than 30,000 unique San Franciscans each year, at an annual cost of $393 million (17% of total SFDPH FY18-19 budget).[8] BHS provides services under the San Francisco

Mental Health Plan, which was created to meet the mental health needs of San Francisco residents who are Medi-Cal beneficiaries, uninsured, and/or indigent.[9]

Services offered by BHS are primarily for individuals with moderate to severe mental health and substance use disorders. Mental health services include hospitalization or inpatient services; long-term care in locked and unlocked facilities; crisis services; residential treatment; outpatient or planned services; prevention and early intervention services; and supportive housing. Substance use disorder services include residential treatment; residential detox services; opioid treatment; outpatient or planned services; intensive outpatient services; and prevention and early intervention services.[9] The majority of BHS mental health and substance use disorder clients are between the ages of 18 and 59.

Of the 20,382 clients served by BHS Mental Health Services in FY18-19, 10,810 were seen by SFDPH providers, and 12,604 were seen by contracted community-based organizations (CBOs) (unduplicated client count; clients can be seen in both SFDPH and contract programs in the course of a year). Client insurance coverage in mental health settings included 61% Medi-Cal, 19% Medicare, 20% uninsured/other, and 1% privately insured.

BHS contracts with providers to provide substance use services; in FY18-19, 5,975 clients were seen by CBOs, including 74% insured by Medi-Cal, 26% uninsured/other, and 0% privately insured.



Health System Model of Care: Street Crisis Response Team

While San Francisco has an extensive infrastructure for mental health and substance use disorder services, one important gap remains: real-time response for people in behavioral health crisis in the streets. There is currently a mobile crisis team called Comprehensive Crisis Services (where Project Director Dr. Matthew Goldman is Associate Medical Director), but this team is not equipped to respond rapidly enough to serve most homeless clients in crisis. These calls therefore get referred to 9-1-1, which often dispatches San Francisco Police Department (SFPD) officers rather than behavioral health clinicians. San Francisco's 9-1-1 call data from 2019 demonstrated that the most common types of calls law enforcement receive are for welfare checks (55%) and public assistance for a mentally disturbed person (31%); they receive approximately 50,000 such calls annually.

To help fill this gap, San Francisco is creating a new Street Crisis Response Team (SCRT). Through a co-responder model in which a behavioral health clinician is paired with a paramedic from the San Francisco Fire Department (SFFD) and a peer specialist, the SCRT will provide trauma-informed assistance for clients who have symptoms of acute mental illness or substance use. By dispatching the SCRT from 9-1-1 operators, calls that would typically go to SFPD will instead be diverted to clinicians so that individuals in behavioral health crisis avoid unnecessary contact with law enforcement, which is particularly important to protect the health and safety of people of color who are in crisis. Linkage to outpatient mental health and housing services will be a key focus of the SCRT, with a goal of reducing reutilization of acute services.

The SCRT will build on prominent national models for crisis services. Many states and counties throughout the U.S. have turned to crisis services as a cost-effective solution to constraints in behavioral health service capacity. A 2020 report issued by the Substance Abuse and Mental Health Services Administration, titled "National Guidelines for Crisis Care – A Best Practice Toolkit," lays out essential services for a crisis continuum of care: call centers, mobile teams, and stabilization centers.[10] These three levels of care will all be reinforced by the

implementation of the SCRT by allowing for 9-1-1 to dispatch appropriate calls to specialized behavioral health clinicians who can triage and link clients to an appropriate level of care.

The evidence base for mobile crisis teams like the SCRT is robust. First developed in the 1970s,[11,12] mobile crisis has been prioritized by policymakers[13] as a way of addressing Emergency Department (ED) boarding of psychiatric patients[14–16] and inadequate psychiatric inpatient bed capacity.[17,18] Mobile crisis teams have previously been studied for their impact on post-crisis service utilization, including increased community engagement,[19–21] decreased ED utilization[22] and decreased psychiatric admissions.[23] Mobile crisis has a unique ability to respond rapidly in a less restrictive environment[24] and to coordinate with community partners such as law enforcement and EDs to divert people from those settings.[25] As of August 2019, there were mobile crisis services in 48 states in the U.S.[26] The SCRT co-responder team composition is based on the CAHOOTS model in Eugene, Oregon.

The SCRT model is designed to address all three arms of the equity-oriented health care (EOHC) paradigm: Trauma- and Violence-Informed Care, by ensuring that a specialized behavioral health team is capable of responding real-time to those in need of urgent crisis support; Culturally Safe Care (CSC), by reducing the role of law enforcement in behavioral health crisis response; and Contextually Tailored Care, by addressing contextual factors like linkage to appropriate behavioral health and housing services.

SCRT Intervention

The SCRT will be piloted in San Francisco's highest demand neighborhoods starting in December 2020, and then expanded citywide later in 2021. There are four core clinical functions of the SCRT program: Dispatch, Assess, Treat, and Triage. Dispatch will be coordinated from 9-1-1 operators and non-emergency response system (3-1-1). Any reports of a crime in progress, violence, or a life-threatening emergency may result in a co-response by SCRT and SFPD.

The team of three (clinician, paramedic, and peer) will respond real-time and immediately assess the situation. Each team member will play a key role in providing care, including immediate stabilization in case of urgent medical need (paramedic), de-escalation in the case of psychological crisis (behavioral health clinician), and providing patient-centered peer support (peer specialist). The SCRT will utilize trauma-informed care principles and engaging clients in the least restrictive setting rather than resorting to involuntary psychiatric holds for all individuals in crisis. Finally, the team will triage to the appropriate level of care, be it resolution of the crisis in the field, linkage to outpatient mental health and substance use services, or transportation to an acute treatment setting. Linkage to housing services will also be offered.

To assist with these clinical functions, the SCRT will use mobile laptop computers to access Avatar electronic health records, the Coordinated Care Management System (CCMS) for the client's housing status, and a real-time tracking system for residential bed availability. Metrics will be monitored closely in partnership with SFDPH providers, SFPD, SFFD, 9-1-1 dispatch, and others. The SCRT and 9-1-1 operators will receive specialized training to ensure that adequate clinical decision-support is available to treat and triage these complex cases.

Target Population

The population of primary interest for the SCRT includes adults in San Francisco who have been diagnosed with a mental health and/or substance use disorders and are experiencing homelessness. Sub-groups of interest include people who self-identify as Black/African-American, who are overrepresented in the population described above. Additional sub-populations of interest include those who have a history of criminal justice involvement. All of these populations are at risk of not having reliable access to long-term treatment or social services, which often results in their becoming frequent utilizers of acute services. As described above, nearly all of this population are either enrolled in or eligible for Medi-Cal.

Types of Needs Addressed

Access and Linkage to Long-Term Mental Health and Substance Use Treatment

As described above, nearly 4,000 adults in San Francisco in 2019 were found to be experiencing homelessness as well as co-occurring serious mental illness and substance use disorders, though less than half had accessed both SFDPH and housing services. Furthermore, according to the 2015 San Francisco County Drug Medi-Cal Organized Delivery System Implementation Plan, 24,293 Medi-Cal beneficiaries would meet the criteria for substance use treatment, but SFDPH estimated that only half of eligible clients accessed treatment services.[9]

These trends highlight the reality that large segments of the target population are unable to reliably access long-term services and instead rely on acute services that are ill-equipped to connect them to the care they need. For example, of the 4666 visits to Psychiatric Emergency Services (PES) by homeless patients in FY16-17, 38% of visits resulted in discharge without an outpatient referral or service linkage.[9] This pattern leads to a revolving door: of the 44,809 adults who accessed San Francisco's urgent and emergency services in FY16-17, five percent (or 2,239 adults) accounted for 52 percent of service use; 90 percent of these adults were found to have behavioral health diagnoses, and many are homeless.[9]

San Francisco does offer services that would be more appropriate for this population than the ED or PES, including BHS outpatient services, intensive case management (primarily through Citywide, a CBO affiliated with UCSF), a behavioral health urgent care clinic (Westside Crisis), a crisis stabilization unit (DORE, a CBO), a sobering center, and both detox and residential settings for substance use recovery services. The SCRT will be able to link people in crisis to the most appropriate setting using standardized triage protocols, rather than SFPD bringing only a subset of people meeting criteria for involuntary holds to PES.

Housing Services

A key priority for the SCRT is to improve outcomes for the target population by securing placement in long-term housing. San Francisco has a range of residential options including supportive housing settings that follow the "Housing First" model.[27] The SCRT will support clients to engage with San Francisco's Coordinated Entry process that is required to access long-term placement, including participation in housing case management services.

Resources to Support the Intervention

The implementation of the SCRT is part of a wide-reaching process that has engaged multiple key stakeholders in San Francisco governance as well as community representatives.

Office of Mental Health Reform

In 2019, the Mayor of San Francisco created an Office of Mental Health Reform charged with developing system interventions to improve the quality of life for adults experiencing homelessness with co-occurring mental health and substance use disorders. The Mental Health Reform team convened engagement sessions with leaders from SFDPH BHS, contracted CBOs, and the Department of Homelessness and Supportive Housing (HSH). Top priorities that resulted from this process included providing tailored, innovative services for Black/African-American communities to address inequities and disparities in health, as well as centralizing behavioral health intake processes to improve client experience, system flow, and data analysis. The Office of Mental Health Reform is deeply involved in the planning process for the SCRT and its director and staff are committed to the evaluation described in this proposal.

Whole Person Care

SFDPH is committed to advancing innovative models, using data to inform continuous quality improvement, and striving for equity throughout the system. One example is the creation of Whole Person Care (WPC), a pilot program within Medi-Cal 2020, California's Section 1115

Medicaid Waiver. The WPC program developed a multi-agency universal assessment tool for high-risk, high-utilizing patients that was aimed at coordinating the delivery of physical health, behavioral health, housing support, and other critical community services. The data collected by WPC is managed in the Coordinated Care Management System (CCMS), which will be a data source for the SCRT evaluation ***(see section on Data Infrastructure)***.

Leveraged Assets of SFDPH and SFFD

The roll out of the SCRT will benefit from the SFDPH Office of Communications, which has already partnered with the Mayor's Office on an August 11 press release, titled, "Mayor London Breed Announces Plan to Create Behavioral Health Street Crisis Response Team."[28] The funding for the SCRT will be supported by Medi-Cal reimbursements and augmented by the City and County of San Francisco general funds, which will cover the costs of clinician salaries and benefits, vehicles, trainings, and other direct service expenses without costs to the client ***(see section on Mechanism)***. SFDPH and SFFD will be responsible for hiring and training the SCRT members, including peer specialists already active in the SFDPH system.

Community Participation

Critical to the successful implementation of a new program is ensuring adequate input and buy-in from community stakeholders. The San Francisco Coalition on Homelessness and Human Rights Commission were involved in the design and planning for the SCRT and will continue to provide oversight. The research methods described in this proposal will also be presented to the BHS Client Council[29] and the San Francisco Behavioral Health Commission,[30] to ensure that the chosen metrics are valid and important to the target population.

Mechanism: Mental Health SF

The San Francisco Board of Supervisors collaborated with the Office of Mental Health Reform and SFDPH, with input from community stakeholders and care providers, to develop legislation called Mental Health SF, which was signed into law by Mayor London Breed in December 2019. Mental Health SF provides for improved delivery of behavioral health services, with a focus on adults experiencing homelessness. In addition to the SCRT, Mental Health SF includes provisions for a 24-hour Mental Health Service Center to expand urgent mental health treatment capacity and a new Office of Care Coordination to track system-wide demand and offer case management services, both of which are pending funding. Potential funding sources, including a bond and a reformed business tax, have been identified. Treatment providers under Mental Health SF will be licensed through existing mechanisms overseen by SFDPH.

Defining Success

The Office of Mental Health Reform defined a set of metrics for the Mental Health SF initiative, of which the SCRT is a core component. These internal metrics, which focus on the high-risk population of 3,930 adults with a psychotic and substance use disorder, include:

Metric	FY1819 Baseline	Target 7/1/21	Target 7/1/22
1. Increase the percentage of the target population assessed for housing.	36%	75%	90%
2. Increase the percentage of the target population retained in planned, routine behavioral health care.	54%	62%	71%
3. Reduce the percentage of target population who use urgent and emergent services and the frequency of use per person.	80%	68%	58%
4. Increase the number of people who are placed in permanent supportive housing or other long-term placements (cumulative).	9%	25%	50%

Metrics 1-3 are closely aligned with the main outcomes for this project ***(see Research Methods)***; metric 4 is beyond this grant's timeline. Additional measures of success, which will be collected using internal SFDPH evaluation funds, will include descriptive metrics such as SCRT response time (target average 15 minutes), number of clients evaluated by SCRT (target 150 encounters per team per month), and calls diverted from SFPD (target 50% reduction following citywide expansion; 9-1-1 dispatch data not available for this analysis). Time to these targets will be tracked closely, as well as equity of these outcomes across sub-populations.

Data Infrastructure

The implementation of the SCRT will rely on robust data systems for real-time clinical use as well as for program evaluation. The two main components are the Avatar EHR, which is used system-wide by BHS providers, and the Coordinated Care Management System (CCMS), an integrated data platform used both clinically and administratively to facilitate data exchange.

Avatar Electronic Health Record

The primary data source for this analysis will be the Avatar EHR, which is the shared documentation and billing system for San Francisco's behavioral health providers (both direct SFDPH clinics and CBOs) and will be the clinical record used by the SCRT. Patients are assigned a unique ID and episodes are labeled with a code corresponding to a specific mental health or substance use program. The Avatar EHR captures demographic information (age, gender, race, ethnicity, primary language, sexual orientation), diagnosis, medications, and clinical notes, address, insurance coverage, and billable episodes. Episodes can be analyzed sequentially to determine, for example, whether an outpatient episode occurred within a specified timeframe relative to a crisis episode. The BHS Office of Quality Management and the Office of Research and Evaluation have extensive experience analyzing Avatar EHR data and will assist with data extraction for this evaluation.

Coordinated Care Management System

CCMS compiles information from 15 data sources providing a "whole person" profile comprising 20 years of medical, mental, and substance use health histories and social information on vulnerable populations served by SFDPH. CCMS data systems include:

Data Source	Description
Avatar EHR	As described above; linked by unique patient identification number
Epic EHR	Used by SFDPH medical clinics, EDs and hospitals, as well as the sobering center, PES, and inpatient psychiatry
Homeless Management Information System (HMIS)	Records on initiation of coordinated entry, assessment by a case manager, initiation and termination of placement in permanent housing
Jail Information Management System (JIMS)	Used by Jail Health clinicians that assess every person who enters the San Francisco County Jail, including admission date and duration of stay
County Adult Assistance Program and Medi-Cal eligibility criteria	Can be used as proxies for socioeconomic status as well as criteria for inclusion in the Medi-Cal eligible population

These data, including Avatar EHR records, are already linked at the unique individual level and updated regularly to inform clinical dashboards about housing status, criminal justice involvement, and high-utilizer status. Furthermore, the WPC team has developed sophisticated approaches to define metrics and patient attributes; for example, CCMS defines someone as experiencing homelessness if they 1) utilize a service that indicates housing instability (e.g., a shelter) or 2) self-report homelessness while accessing health care services.

Research Methods

To determine the efficacy of the SCRT, we will analyze the following outcome measures among Medicaid-eligible homeless adults in behavioral health crisis:

1. *Post-crisis episode linkage to outpatient mental health or substance use treatment*
2. *Post-crisis episode acute service reutilization (return to ED, PES, or other crisis service)*
3. *Post-crisis episode assessment for supportive housing or other long-term placement*

For the purpose of this analysis, crisis episodes will be defined as instances in which an individual accessed crisis services (e.g., PES, sobering center, and DORE urgent care) that accept patients of similar acuity as the SCRT, are frequently utilized as drop off points by SFPD, and lack significant case management capabilities. The SCRT intervention is reasonably expected to improve the above outcomes across these components of the behavioral health crisis system. All outcomes will be measured at both 7- and 30-days post-crisis episode.

Aim 1: Determine the impact of a new Street Crisis Response Team on service outcomes for Medicaid-eligible homeless adults in the behavioral health crisis system.

Research Design: Interrupted Time Series (ITS) design is a quasi-experimental methodology that allows for non-randomized evaluation of a discrete intervention.[31] ITS studies measure the effect of an intervention by comparing the trend line of a regularly measured outcome before and after an intervention, which thus accounts for secular trends in data not due to the intervention itself. The analysis will include three time segments:

1. Pre-SCRT baseline (March 2020 to November 2020)
2. SCRT pilot in two neighborhoods (December 2020 to June 2021)
3. SCRT citywide expansion (June 2021 to November 2021)

Study Sample: Using ITS with the data systems we have available for the project will allow for a multiple cross-sectional analysis, moving from a pre-intervention period, to one with follow-up periods of time. The target population—defined as Medicaid-eligible homeless adults in behavioral health crisis—will be identified based on receipt of a crisis service episode as described above, meeting criteria for homelessness in the 12 months prior to the crisis episode, and being eligible for or insured by Medi-Cal at the time of the episode.

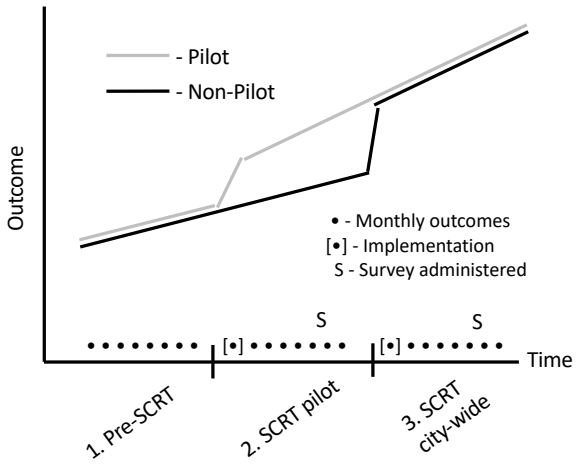
Data Collection: Each of the outcome measures will be computed as a monthly rate, with the numerator equaling the individuals meeting criteria for each measure and the denominator equaling the total target population in a given month. We will plan for monthly data extraction, which would yield approximately six data points per time series segment (although the frequency of measurement may vary depending on the trade-offs between length of observation, level of aggregation, noise, and statistical power). We will conduct a sensitivity analysis of data collected during implementation months (pilot in December 2020 and citywide expansion in June 2021), since this data may need to be adjusted during the time the programs are incompletely implemented.

Power Analysis: Though it is difficult to anticipate the statistical power required for an ITS design since the signal-to-noise ratio will only become apparent upon completing the analysis, we anticipate that the power will be adequate for this analysis based on the number of clients previously identified in the target population (n=12,735 in FY18-19).

Statistical Modeling: Segmented linear regression will be used to analyze the trends in outcomes before and after the implementation of the SCRT. Models will be adjusted by age, gender, race/ethnicity, zip code (based on last location documented prior to the crisis episode), medical comorbidity (using the Elixhauser Comorbidity Index,[32] which is already computed in CCMS), homelessness status at the time of the crisis episode, receipt of public assistance as a proxy for socioeconomic status, and history of criminal justice involvement.

This analysis will use several statistical techniques to account for potential threats to internal validity. First, the study design using two nonequivalent groups with staggered SCRT implementation (initial pilot followed by citywide implementation) will allow for a between-site

comparison of the pilot catchment area relative to the non-pilot areas (see figure below). Additional sub-analyses will examine within-site differences for the pilot neighborhoods across the three time periods, and, separately, within-site differences for the non-pilot neighborhoods. Second, a non-equivalent non-treatment control group (non-homeless adults accessing crisis services) will be compared to the target population (homeless adults accessing crisis services) using a difference of differences approach to account for secular variations in mental health and substance use service utilization. Third, a series of non-equivalent dependent outcome variables that are not expected to be impacted by the implementation of the SCRT (e.g., non-crisis initiation of outpatient mental health services) will be evaluated across the same time periods with a similar goal of accounting for secular variations in mental health service utilization. Fourth, given the uncertainty about the future COVID context of SCRT implementation, we will conduct sensitivity analyses using an additional pre-COVID time segment compared to post-COVID baseline segments for comparison to the SCRT implementation phases. We will also model the main findings using a covariate of either monthly COVID case rate or San Francisco's economic opening status. Finally, we will identify individual clients with episodes in each segment and examine their outcomes across segments using generalized estimating equations.[33] Additional issues such as autocorrelation of repeated measures will be corrected for in the final analyses.



Aim 2: Evaluate the effect of an innovative Street Crisis Response Team on equity of access to mental health, substance use, and housing resources among Medicaid-eligible homeless adults in behavioral health crisis.

We will conduct an additional ITS analysis that stratifies the population by race and ethnicity, as determined by patient self-report in EHR demographic records. By stratifying the total population into sub-categories of interest and comparing the outcomes of the ITS analyses, we will be able to describe if the potential influence of the SCRT intervention was equitably distributed across racial groups. Furthermore, we will be able to identify if potential baseline disparities are perpetuated or reduced by the implementation of the SCRT.

Aim 3: Describe the facilitators and barriers to achieving positive outcomes following utilization of a new Street Crisis Response Team among Medicaid-eligible homeless adults in behavioral health crisis.

Research Design: We will conduct semi-structured interviews to assist with interpretation of the ITS analysis.

Sampling: We will use Sequential Mixed Methods Sampling (QUANT→QUAL), a sequential sampling strategy beginning with quantitative data and followed by targeted qualitative data collection for primary purposes of confirmation, assessment of variation (such as for priority sub-groups) and hypothesis testing.[34,35] Based on preliminary findings for the 7-day outpatient linkage and acute service reutilization outcomes, we will recruit from the pilot (n=40) and citywide expansion (n=40) cohorts according to this frame.

Sampling Frame		Linkage to Outpatient	
		Yes	No
Acute Service Reutilization	Yes	10	10
	No	10	10

Interview Guide: The 20-30-minute semi-structured interview will include specific questions related to each of the four clinical functions of the SCRT program: Dispatch (did the right team respond to your needs?), Assess (did the team understand your needs?), Treat (did

the team provide treatment that was well suited to your needs?), and Triage (did the team connect you to a setting that was appropriate to your needs?). It will also include validated scales on self-efficacy (e.g., PROMIS adult mental health scale for Self-Efficacy[36]), general satisfaction (e.g., ED Patient Experience of Care Survey[37]), and experience of discrimination (e.g., Everyday Discrimination Scale[38]).

Data Collection: The research coordinator hired with grant funds will partner with our homeless outreach clinicians to engage with individuals who had experienced a crisis episode 7 to 30 days prior, so as to provide time for the resolution of the crisis in question. Respondents will have the option of responding by interview or by using a touchscreen computer. Patient consent will be obtained prior to participation in the study. An incentive ($60 gift card) will be provided to all participants; receipt of this payment should not affect Medi-Cal eligibility.

Mixed-Methods Analysis: In combination with the ITS analysis (for example, taking into account results from the stratified analysis), the interview findings will be quantified descriptively and coded for salient themes using well-established qualitative methods.[39] These findings will directly inform further iterations and improvements in the SCRT.

Limitations

There are several limitations to the research methods described above. While ITS designs can measure the impact of a non-randomized intervention, this quasi-experimental approach may not yield definitive results. Though data from 9-1-1 dispatch might help identify which cases are being diverted from SFPD to the SCRT, these data will not be available in time for this evaluation, so related crisis episodes will function as a proxy. It is not possible to anticipate potential future impacts of COVID on data collection. Incomplete data on the location of homeless individuals may impede the neighborhood-specific analysis; in this case, only the pre-pilot and citywide expansion segments would be included. In the structured interviews, those with negative experiences may be disinclined to participate, thus exposing the results to bias. Furthermore, it is possible that if only a small number of clients can be located or agree to participate, this will limit the available perspectives. As acknowledged in the research agenda, the duration of RWJF HSTRC grants will likely not allow for a complete evaluation of long-term outcomes, though SFDPH will seek additional funding to complete a long-term evaluation.

Applicant Background and Experience

Matthew L. Goldman, MD, MS, (Project Director) is the Associate Medical Director for Comprehensive Crisis Services in SFDPH, and he is a Volunteer Clinical Assistant Professor in the UCSF Department of Psychiatry and Behavioral Sciences. Dr. Goldman is currently funded by the American Foundation for Suicide Prevention to study triage decision-making by crisis call center and mobile crisis clinicians using a large clinical dataset. Dr. Goldman is a member of the Board of the American Association of Community Psychiatry, a member of the American Psychiatric Association's Council on Advocacy and Government Relations, and the National Council for Behavioral Health's Medical Director's Institute.

Phillip Coffin, MD, MIA, (Project Co-Director) is the Director of Substance Use Research in the Center for Public Health Research at SFDPH. He is a board-certified internal medicine and infectious diseases clinician; specific foci of Dr. Coffin's training include HIV management, buprenorphine maintenance, addiction management, toxicology, and viral hepatitis care. As Center Director, Dr. Coffin oversees several pharmacologic and behavioral trials that aim to reduce substance use and related HIV risk behaviors. Since the early 1990s, Dr. Coffin has been involved in developing and studying services for drug users, including syringe exchange, agonist maintenance therapy, and overdose prevention programs.

Margaret Handley, PhD, MPH, (Scientific Advisor) is a Professor of Epidemiology and Biostatistics and Medicine at UCSF and core faculty in the Center for Vulnerable Populations. She co-directs the UCSF Training Program in Implementation Science, she is the implementation science lead for the UCSF Benioff Housing and Homelessness Initiative, and

she co-directs the new UCSF PRISE Center (Program in Research for Implementation Science for Equity), which focuses on achieving health equity through applied implementation science research. The PRISE Center is intended to strengthen partnerships with SFDPH programs to help tailor interventions and evaluate their impact on health and programmatic outcomes.

Ann A. Lazar, PhD, (Senior Biostatistician) is an Associate Professor in the UCSF Division of Oral Epidemiology and Division of Biostatistics, and she is a member of the Clinical and Translational Science Institute (CTSI), Helen Diller Family Comprehensive Cancer Institute (Biostatistics Core), Center to Address Oral Health Disparities, and Bakar Computational Health Sciences Institute. She has extensive experience developing protocols for intervention studies and serving as a statistical consultant, including on ITS designs. She works closely with ***Alan Bostrom, PhD,*** a UCSF-based statistical analyst who will also assist on this project.

Relationships with Partners

The University of California, San Francisco (UCSF) is a national leader in academic health sciences and has a long history of close collaboration with SFDPH. Drs. Goldman and Coffin are volunteer clinical faculty at UCSF and thus have access to a range of resources, including the UCSF Library and Center for Knowledge Management, UCSF IT services such as Zoom meetings, and access to high value research methods consultation through the CTSI, which will be sub-contracted for statistical services (Dr. Ann Lazar) and mixed methods input (Dr. Margaret Handley) for this grant. Furthermore, SFDPH holds a contract with the UCSF Institutional Review Board to conduct reviews of projects based at SFDPH.

Heluna Health (formerly Public Health Foundation Enterprises) is a licensed non-profit that will provide fiscal, human resources, and administrative support for this proposal, as it has done for research conducted in several divisions of SFDPH for over 40 years. Heluna Health currently serves over 250 programs with combined budgets totaling more than $120 million dollars and serves in this same capacity on Dr. Goldman's and Dr. Coffin's research grants.

The Substance Use Research Unit (SURU)**,** directed by Dr. Coffin, is part of the Community Health Equity & Promotion Branch (CHEP) in the Population Health Division of SFDPH. The SURU and other researchers in the Center for Public Health Research work on a variety of projects with the goal of improving health in San Francisco. The research infrastructure and expertise that are well established in SURU and the Population Health Division frequently collaborate with other divisions of SFDPH, including BHS.

SFDPH Research Environment

Information Storage and Security: All data are collected and saved in highly secure password-protected network drives that are automatically backed up twice daily. Staff use state of the art programs for statistical analysis (e.g., SAS) and reference management (e.g., Zotero).

Offices: Drs. Goldman and Coffin already have offices, and research staff will be given office spaces in SFDPH buildings. The office suite will have workstations equipped with phones, computers, printers, and internet access, as well as 24-hour in-house security.

Milestones, Deliverables and Dissemination

The SCRT is an innovative model with extensive support across San Francisco's public and community stakeholders, and a robust evaluation of a real-world implementation of this type of team will offer a significant contribution to the literature on crisis services. Ensuring adequate advancement and dissemination of results is essential. Milestones for the proposed research are described in the project timeline. The findings of the proposed research will be summarized in a summative report provided to RWJF and Avalere Health and circulated extensively within SFDPH and among its partners. The findings will also be disseminated via 2-3 peer-reviewed publications and presentations at national meetings. The results of this project will inform future implementation of model crisis system components and best practices, particularly for homeless and otherwise vulnerable populations.

Research to Advance Models of Care for Medicaid-Eligible Populations

Identifying Information
Project Title: Impact of a New Street Crisis Response Team on Service Use Among San Francisco's Homeless Population with Mental and Substance Use Disorders
Proposal I.D.: 98662
Applicant Name: Matthew L. Goldman, MD, MS
Legal Name of Applicant Organization: San Francisco Department of Public Health

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Research to Advance Models of Care for Medicaid-Eligible Populations
Project Timeline Template

Identifying Information
Project Title: Impact of a New Street Crisis Response Team on Service Use Among San Francisco's Homeless Population with Mental and Substance Use Disorders
Proposal I.D.: 98662
Applicant Name: Matthew L. Goldman, MD, MS
Legal Name of Applicant Organization: San Francisco Department of Public Health

Timeline Chart(s)

Year One Timeline (dates)	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**
Interrupted Time Series Segment	PILOT						CITYWIDE					
Objective A – Measure impact and equity of implementation of SCRT on key outcomes												
Tactic/task: Develop & revise outcome measures	X	X			X							
Tactic/task: Extract data from Avatar EHR & CCMS			X		X		X			X		
Objective B – Interview client perspectives on facilitators/barriers to service use												
Tactic/task: IRB application submission		X										
Tactic/task: Interview guide development	X	X										
Tactic/task: Recruitment & data collection					X	X					X	X

Year Two Timeline (dates)	**D**	**J**	**F**	**M**	**A**	**M**
Interrupted Time Series Segment	ANALYSIS					
Objective A – Measure impact and equity of implementation of SCRT on key outcomes						
Tactic/task: Interrupted Time Series analysis	X	X	X	X		
Objective B – Interview client perspectives on facilitators/barriers to service use						
Tactic/task: Mixed-methods analysis	X	X	X	X		
Objective C – Dissemination of Findings						
Tactic/task: Final report						X
Tactic/task: 2-3 academic publications				X	X	X

10012019

London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 1/7/2021

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - Evaluating San Francisco's Street Crisis Response Team as a model for treating mental and substance-use issues among adults experiencing homelessness - $300,000

Attached please find the original and 1 copy of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist -

☒ Budget and Budget Justification

☒ Grant application

☒ Agreement / Award Letter

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes ☐ No ☒