

File Number: 211179
(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: **The Care Coordination and Transitions Management (CCTM) Project**

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

3. Contact Person: **Heather Weisbrod** Telephone: **415-255-3513**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$3,000,000**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Substance Abuse and Mental Health Services Administration (SAMHSA)**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

San Francisco Behavioral Health Services (BHS) was awarded a grant from SAMHSA to implement the Care Coordination and Transitions Management (CCTM) Project, a part of the Office of Coordinated Care under Mental Health SF. CCTM will provide field-based services to support access to substance use and mental health services. The two-year initiative will utilize a highly qualified, multidisciplinary CCTM team to provide care coordination, case management services, centralized intake, assessment, referral, linkage, and engagement and retention support services.

The overarching goal of CCTM is to significantly increase the number of people with unmet or under-addressed behavioral health conditions who are successfully supported, stabilized, and anchored in mental health services and substance use treatment. CCTM will incorporate short-term behavioral health interventions, short-term field-based support, assertive outreach, extensive peer support and involvement, wide-ranging telehealth and telemedicine strategies, and pro-active efforts to inform, educate, and link to care. CCTM will place an emphasis on serving low-income and underserved populations, including people experiencing homelessness, people recently released from incarceration or hospitalization, and underserved communities including Black/African American communities, Asian/Pacific Islander communities, Latinx communities and the LGBTQQI+ communities.

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

Start-Date: **9/30/2021**

End-Date: **9/29/2023**

10a. Amount budgeted for contractual services: **\$274,335**

b. Will contractual services be put out to bid? **No. We will use existing RFP authorization to expand current contracted services since project activities will remain the same. This is an extension of the existing contract under Hatchuel, Tabernik & Associates (HTA), which has authorization to contract with the San Francisco Department of Public Health under RFQ 36-2017. This is also an extension of the existing contract under Richmond Area Multi-Services (RAMS), which has authorization to contract with the San Francisco Department of Public Health under RFQ 27-2020.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

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

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

b1. If yes, how much? **\$136,364**

b2. How was the amount calculated? **10% of total direct costs**

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

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 30, 2021. The Department received the award on September 23, 2021

Proposal ID: CTR00002573

Version ID: V101

Dept ID: 251984

Project Desc: HB HM110-22 The Care Coordination and Transitions Management (CCTM)

Project ID: 10038058

Activity ID: 0001

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 11/3/2021 | 7:31 PM PDT

DocuSigned by:
Toni Rucker
764282F7301F41E...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 11/8/2021 | 10:01 AM PST

DocuSigned by:
Greg Wagner
20327324732843F...
(Signature Required)

Greg wagner, COO for