

File No. 210499

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 9, 2021

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong

Date May 25, 2021

Completed by: Linda Wong

Date _____

1 [Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -
2 Transform Mental Behavioral Health Fund - \$925,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$925,000 from the San Francisco General Hospital**
5 **Foundation to participate in a program, entitled “Transform Mental Behavioral Health**
6 **Fund,” for the period of October 1, 2020, through August 31, 2022.**

7
8 WHEREAS, San Francisco General Hospital Foundation (SFGHF) has agreed to fund
9 the Department of Public Health (DPH) in the amount of \$925,000 for participation in a
10 program, entitled “Transform Mental Behavioral Health Fund,” for the period of October 1,
11 2020, through August 31, 2022; and

12 WHEREAS, Interdepartmental programs (Psychology, Social Medicine, Solid Start, and
13 Team Lily) within Zuckerberg San Francisco General Hospital have identified challenges with
14 consistent patient and program support, as well as data acquisition and analysis for evaluation
15 and impact; and

16 WHEREAS, The first phase will begin implementing immediate solutions to existing
17 problems in patient care through patient navigation involving hiring and resourcing frontline
18 staff, training and education for the frontline staff, and data acquisition and evaluation; and

19 WHEREAS, A request for retroactive approval is being sought because DPH received
20 a memorandum of understanding on February 2, 2021, for a project start date of October 1,
21 2020; and

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

23 WHEREAS, The Department proposes to maximize use of available grant funds on
24 program expenditures by not including indirect costs in the grant budget; now, therefore, be it
25

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

3 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
4 expend a grant in the amount of \$925,000 from the SFGHF; and, be it

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

7 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
8 Agreement on behalf of the City.

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1 Recommended:

Approved: /s/_____

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Mayor

3 /s/_____

4 Dr. Grant Colfax

Approved: /s/_____

5 Director of Health

Controller

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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: **Transform Mental Behavioral Health Fund**

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

3. Contact Person: **Susan Ehrlich & Kim Nguyen** Telephone: **628 206 2877**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for:
Full Project: **\$925,000**

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

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

7a. Grant Source Agency: **San Francisco General Hospital Foundation**

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

8. Proposed Grant Project Summary:

Four interdisciplinary, inter-departmental programs (Psychology, Social Medicine, Solid Start and Team Lily) within ZSFG’s behavioral and mental health services have identified challenges with consistent patient and program support and data acquisition and analysis for evaluation and impact. This first phase will begin implementing immediate solutions to existing problems in patient care through:

- 1. Patient navigation – hiring & resourcing frontline staff**
- 2. Training & education – particularly focused around frontline staff**
- 3. Data needs – SF Department of Public Health (DPH) / SF Health Network (SFHN) partnership, acquisition & evaluation**

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

Start-Date: **October 1, 2020** End-Date: **August 31, 2022**

10a. Amount budgeted for contractual services: **\$295,000**

b. Will contractual services be put out to bid? **Yes, they will go through CCSF bidding processes.**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **We will always support LBE goals. However, our main goal is to ensure services are cost effective and meet Department of Public Health and San Francisco Health Network mission and vision.**

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

11a. Does the budget include indirect costs? Yes 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

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? Indirect Supplies – roughly 5-10% of direct costs.

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2020. Due to COVID-19, the project was delayed, and the funds were not used. The Department received the award on February 2, 2021. This grant does not require an ASO amendment and partially reimburses the department for temporary positions during the period of October 1, 2020 through August 31, 2022.

This request funds existing, temporary positions which are currently in the ASO:

Program	Job Title	Year 1 Amount
Social Medicine	Patient Care Coordinator	\$ 110,000
	Social Worker	\$ 130,000
Psychology (Psychiatry and Psychiatric Emergency Services)	Patient Navigator	\$ 100,000
	Patient Navigator	\$ 100,000
Solid Start	Evaluation Manager	\$ 90,000
Team Lily	Patient Navigator	\$ 100,000
	Total	\$ 630,000

Contract Number – CTR00002362

Fund: 21132
Department: 251667
Authority: 10001
Project Description: TMBH Fund Round 1
Project: 10037495
Activity: 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 checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/24/2021 | 12:10 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/26/2021 | 10:54 AM PDT

DocuSigned by:
Greg Wagner
(Signature Required)



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Transform Mental Behavioral Health Fund

Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 10/1/ 2020:

PURPOSE AND SCOPE

The Purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the:

Transform Mental Behavioral Health Fund

The funds for which were received by the Foundation as part of the Gift provided by the donors in 2019.

MOU TERMS

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the **Transform Mental Behavioral Health Fund** begins October 1, 2020 and ends August 31, 2022.

PROGRAM RESPONSIBILITIES UNDER THIS MOU

Social Medicine, Team Lily, Solid Start, Psychology Department are sub-grantees under the TMBHF, expending grant funds to fulfill the purpose of the grant –funding toward projects that integrate and address the physical location of care and clinic, the technological coordination of care system wide, and the programmatic social and behavioral health care needs of the patient population.

Expenses allowed are up to the maximum spend not to exceed the amounts in \$925,000.

Program	Year 1	
Social Medicine	\$300,000	(110,000) 1 Patient care coordinator + (130,000)1 social worker + (60,000)training
Psychology Department (Psych + PES)	\$250,000	(100,000 each) 2 patient navigators + (50,000)training
Solid Start	\$250,000	(80,000 each) 2 CBO subcontracts + (90,000) 1 evaluation manager
Team Lily	\$125,000	(100,000) 1 navigator+ (25,000)training
	\$925,000	



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

ZSFG shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A), namely, provide adequate payroll records documenting the personnel expenses and final purchased invoices/receipts. Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement may be terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the Transform Mental Behavioral Health Fund budget covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

CONTACT INFORMATION

All notices hereunder shall be in writing, personally delivered, sent by certified mail, return receipt requested, addressed to the other party as follows:

Gerry Chow
Chief Financial Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

SIGNATURE

Kim Meredith

Date: 01.26.2021

Kim Meredith
Chief Executive Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110

Date: 2/2/2021

ZSFG Authorized Signer

Susan Ehrlich
Chief Executive Officer
Zuckerberg San Francisco General Hospital



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

EXHIBIT A

Disbursement Request Policy and Procedure

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, * payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

*Reimbursements: the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

**Salaries and benefits: the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

*The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15th in order to close the June 30 fiscal year. **Expenses that do not fall within the open fiscal year will not be reimbursed.***

The disbursement form can be submitted several ways:

1. Email to accounting@sfgfhf.org
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.



SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Donors to the Transform Mental and Behavioral Health Fund for disclosure.

Bank of America Charitable Foundation	\$900,000.00
Franklin Templeton Investments	\$10,000.00
Garen and Sharalyn Staglin	\$10,000.00
Carolyn Klebanoff, MD, PhD and Fred Cohen, MD	\$2,500.00
Chris and Kristina Smith	\$2,500.00

TMBHF Budget Breakdown Round 1

Category	Description	Year 1
Personnel	Patient Care Coordinator	\$ 110,000
	Social Worker	\$ 130,000
	Patient Navigator	\$ 100,000
	Patient Navigator	\$ 100,000
	Evaluation Manager	\$ 90,000
	Patient Navigator	\$ 100,000
Training	Social Medicine Training	\$ 60,000
	Psychology Department Training	\$ 50,000
	Team Lily Training	\$ 25,000
Sub-Contracts	2 CBO Sub-contracts with Solid Start	\$ 160,000
Total		\$ 925,000

Personnel

Program	Description	Year 1 Amount
Social Medicine	Patient Care Coordinator	\$ 110,000
	Social Worker	\$ 130,000
Psychology (Psychiatry and Psychiatric Emergency Services)	Patient Navigator	\$ 100,000
	Patient Navigator	\$ 100,000
Solid Start	Evaluation Manager	\$ 90,000
Team Lily	Patient Navigator	\$ 100,000
	Total	\$ 630,000

Training

Program	Description	Year 1 Amount
Social Medicine	Training	\$ 60,000
Psychology (Psychiatry and Psychiatric Emergency Services)	Training	\$ 50,000
Team Lily	Training	\$ 25,000
	Total	\$ 135,000

Sub-Contracts

Program	Description	Year 1 Amount
Solid Start	CBO Subcontracts	\$ 80,000
	CBO Subcontracts	\$ 80,000
	Total	\$ 160,000



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dr. Grant Colfax
Director of Health
DATE: 4/2/2021
SUBJECT: Grant Accept and Expend
GRANT TITLE: Accept and Expend Grant - Transform Mental Behavioral Health Fund - \$925,000

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: Not Applicable. No application submitted.
- 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

FILE NO.

RESOLUTION NO.

1 [Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -
2 Transform Mental Behavioral Health Fund - \$925,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$925,000 from the San Francisco General Hospital**
5 **Foundation to participate in a program, entitled “Transform Mental Behavioral Health**
6 **Fund,” for the period of October 1, 2020, through August 31, 2022.**

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8 WHEREAS, San Francisco General Hospital Foundation (SFGHF) has agreed to fund
9 the Department of Public Health (DPH) in the amount of \$925,000 for participation in a
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11 2020, through August 31, 2022; and

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13 Team Lily) within Zuckerberg San Francisco General Hospital have identified challenges with
14 consistent patient and program support, as well as data acquisition and analysis for evaluation
15 and impact; and

16 WHEREAS, The first phase will begin implementing immediate solutions to existing
17 problems in patient care through patient navigation involving hiring and resourcing frontline
18 staff, training and education for the frontline staff, and data acquisition and evaluation; and

19 WHEREAS, A request for retroactive approval is being sought because DPH received
20 a memorandum of understanding on February 2, 2021, for a project start date of October 1,
21 2020; and

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

23 WHEREAS, The Department proposes to maximize use of available grant funds on
24 program expenditures by not including indirect costs in the grant budget; now, therefore, be it
25

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

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4 expend a grant in the amount of \$925,000 from the SFGHF; and be it

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

7 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
8 Agreement on behalf of the City.

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Recommended:

DocuSigned by:
Greg Wagner
28527524752849F...

Dr. Grant Colfax
Director of Health
Greg Wagner, COO for

Approved: _____

Mayor

Approved: _____

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: **Transform Mental Behavioral Health Fund**

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

3. Contact Person: **Susan Ehrlich & Kim Nguyen** Telephone: **628 206 2877**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for:
Full Project: **\$925,000**

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

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

7a. Grant Source Agency: **San Francisco General Hospital Foundation**

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

8. Proposed Grant Project Summary:

Four interdisciplinary, inter-departmental programs (Psychology, Social Medicine, Solid Start and Team Lily) within ZSFG’s behavioral and mental health services have identified challenges with consistent patient and program support and data acquisition and analysis for evaluation and impact. This first phase will begin implementing immediate solutions to existing problems in patient care through:

- 1. Patient navigation – hiring & resourcing frontline staff**
- 2. Training & education – particularly focused around frontline staff**
- 3. Data needs – SF Department of Public Health (DPH) / SF Health Network (SFHN) partnership, acquisition & evaluation**

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

Start-Date: **October 1, 2020** End-Date: **August 31, 2022**

10a. Amount budgeted for contractual services: **\$295,000**

b. Will contractual services be put out to bid? **Yes, they will go through CCSF bidding processes.**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **We will always support LBE goals. However, our main goal is to ensure services are cost effective and meet Department of Public Health and San Francisco Health Network mission and vision.**

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

11a. Does the budget include indirect costs? Yes 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

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? Indirect Supplies – roughly 5-10% of direct costs.

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2020. Due to COVID-19, the project was delayed, and the funds were not used. The Department received the award on February 2, 2021. This grant does not require an ASO amendment and partially reimburses the department for temporary positions during the period of October 1, 2020 through August 31, 2022.

This request funds existing, temporary positions which are currently in the ASO:

Program	Job Title	Year 1 Amount
Social Medicine	Patient Care Coordinator	\$ 110,000
	Social Worker	\$ 130,000
Psychology (Psychiatry and Psychiatric Emergency Services)	Patient Navigator	\$ 100,000
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	Total	\$ 630,000

Contract Number – CTR00002362

Fund: 21132
Department: 251667
Authority: 10001
Project Description: TMBH Fund Round 1
Project: 10037495
Activity: 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 checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/24/2021 | 12:10 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/26/2021 | 10:54 AM PDT

DocuSigned by:
Greg Wagner
(Signature Required)

TMBHF Budget Breakdown Round 1

Category	Description	Year 1
Personnel	Patient Care Coordinator	\$ 110,000
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Sub-Contracts

Program	Description	Year 1 Amount
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SAN FRANCISCO
GENERAL HOSPITAL
FOUNDATION

Transform Mental Behavioral Health Fund

Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 10/1/ 2020:

PURPOSE AND SCOPE

The Purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the:

Transform Mental Behavioral Health Fund

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Program	Year 1	
Social Medicine	\$300,000	(110,000) 1 Patient care coordinator + (130,000)1 social worker + (60,000)training
Psychology Department (Psych + PES)	\$250,000	(100,000 each) 2 patient navigators + (50,000)training
Solid Start	\$250,000	(80,000 each) 2 CBO subcontracts + (90,000) 1 evaluation manager
Team Lily	\$125,000	(100,000) 1 navigator+ (25,000)training
	\$925,000	



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ZSFG shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A), namely, provide adequate payroll records documenting the personnel expenses and final purchased invoices/receipts. Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement may be terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the Transform Mental Behavioral Health Fund budget covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

CONTACT INFORMATION

All notices hereunder shall be in writing, personally delivered, sent by certified mail, return receipt requested, addressed to the other party as follows:

Gerry Chow
Chief Financial Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110



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SIGNATURE

Kim Meredith

Date: 01.26.2021

Kim Meredith
Chief Executive Officer
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110

Date: 2/2/2021

ZSFG Authorized Signer

Susan Ehrlich
Chief Executive Officer
Zuckerberg San Francisco General Hospital



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EXHIBIT A

Disbursement Request Policy and Procedure

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, * payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

*Reimbursements: the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

**Salaries and benefits: the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

*The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15th in order to close the June 30 fiscal year. **Expenses that do not fall within the open fiscal year will not be reimbursed.***

The disbursement form can be submitted several ways:

1. Email to accounting@sfgfhf.org
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.



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Donors to the Transform Mental and Behavioral Health Fund for disclosure.

Bank of America Charitable Foundation	\$900,000.00
Franklin Templeton Investments	\$10,000.00
Garen and Sharalyn Staglin	\$10,000.00
Carolyn Klebanoff, MD, PhD and Fred Cohen, MD	\$2,500.00
Chris and Kristina Smith	\$2,500.00