

Application: 1019 Market Street SF

Edwin Batongbacal - [REDACTED]
BHCIP Round 5: Crisis and Behavioral Health Continuum

Summary

ID: R5--0021764118
Status: Pending Review
Last submitted: Feb 13 2023 06:23 PM (PST)

Round 5 Application

Completed - Feb 13 2023

Application Questions

1. Please provide organization information:

Project Title	1019 Market Street SF
Amount Requested	10000000
Match Value	1000000

2. Applicant Information

(Name and Contact Information for Project Director)

First Name	David
Last Name	Pating, MD
Telephone	415-[REDACTED]
Email	[REDACTED]

3. Organization Information**(Entity Applying for Funding Information)**

Name of Entity	City and County of San Francisco
Street Address	1380 Howard Street
Apt., suite, place, etc.	5th floor
City	San Francisco
State	CA
ZIP Code	94103
County	San Francisco
Telephone	415- [REDACTED]
Fax	415- [REDACTED]
Website	https://sf.gov/departments/department-public-health/behavioral-health
Federal Tax ID (EIN)	94-6000417
UEI Number	DCTNHRGU1K75

4. Lead Authorized Representative

First Name	Hillary
Last Name	Kunins, MD
Title	Director, Behavioral Health Services, Department of Public Health, City and County of San Francisco
Email	[REDACTED]
Work Phone	415-[REDACTED]
Mobile Phone Number	415-[REDACTED]

5. Please Identify Fiscal Agent

First Name	Miguel
Last Name	Quinonez
Title	Director, Grants Accounts Payable Unit, Department of Public Health, City and County of San Francisco
Email	[REDACTED]
Work Phone	415-[REDACTED]
Mobile Phone Number	415-[REDACTED]

6. Please Identify Project Director

First Name	David
Last Name	Pating, MD
Title	Medical Director, New Beds & Facilities, Behavioral Health Services, Department of Public Health, City and County of San Francisco
Email	
Work Phone	415-
Mobile Phone Number	415-

7. What type of entity is the lead applicant?

County: Behavioral Health Agency

8. Is there a co-applicant?

No

9. Please summarize the applicant entity's organization and experience working with the target population.

The entity applying for this grant is the City and County of San Francisco through its Behavioral Health Services (BHS) agency within its Department of Public Health, .

BHS oversees the provision of all public behavioral health services to the county's Medi-Cal, indigent, SSI, low-income, undocumented, and uninsured client populations (including provision of urgent, crisis, emergency, and acute behavioral health services to all in San Francisco) who present with moderate to severe mental health, and/or substance-use-disorders. BHS's vulnerable at-risk target client population often present with co- occurring physical health and social service needs, and including homelessness, high use of acute and emergency services, and justice-related involvement, arising from functional impairments caused by the high severity and chronicity of their behavioral health conditions.

BHS oversees a very large behavioral health system-of-care across adult, older-adult, transition-age-youth, and children, youth, and families, age-population groups, and across a comprehensive continuum of modalities of care, including early-intervention and prevention, linkage case management, urgent behavioral health care, psychiatric emergency and acute hospitalization, outpatient treatment and rehabilitation, intensive case management and care coordination, intensive outpatient, psychiatric medication support and medication-assisted treatment, crisis residential treatment, medical and social residential detoxification, transitional residential treatment, institutional long-term care, and locked sub-acute facilities, as well as adjunct services including supportive housing, peer wellness and recovery services, and vocational rehabilitation, among others.

BHS oversees the delivery of services through a comprehensive specialty mental health system-of-care and substance-use-disorder organized-delivery system, composed of civil-service-operated programs and contracted service organizations.

BHS has an annual budget of over \$600 million from various sources, including county general fund, behavioral-health-directed state realignment funds, Med-Cal federal financial participation, Mental Health Services Act state funding, federal block grants, and other grants.

Project Information

10. Facility Category

Using the checkboxes below, please select the category or categories of the facility(ies) according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. (Do not double count beds or slots).

The definition of slots is the unduplicated number of persons served by this facility on an annual basis. For example, the number of clients served in a mental health clinic, or the number of patients served by a partial hospitalization program or crisis stabilization unit.

All client counts should be unduplicated. Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.

****To calculate total slots please use formula - Annual Slots Current + Annual Slots Added = Annual Slots Total****

****To calculate total beds please use formula - Beds Current + Beds Added = Total Beds****

Outpatient Crisis Services

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)	✓	1889	2126	4015
Crisis Stabilization Unit (CSU)	✗			
Sobering Center (Funded by DMC- ODS and/or Community Supports)	✗			
Total				4015.0

Outpatient Behavioral Health Services

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Hospital-Based Outpatient Treatment (outpatient detoxification/with drawal management)	✗			
Intensive Outpatient Treatment	✗			
Narcotic Treatment Program (NTP)	✗			
NTP Medication Unit	✓	500	250	750
Office-Based Outpatient Treatment	✓	0	1690	1690
Total				2440.0

Residential Crisis Services

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Psychiatric Hospital	✗			
Adolescent Residential SUD Treatment Facility with a DHCS/ASAM Level of Care 3.5	✗			

Designation and Withdrawal Management (WM) Designation				
Adult Residential SUD Treatment Facility with Incidental Medical Services (IMS) and BHCS/ASAM Level of Care 3.5 Designation only or with DHCS Level of Care 3.2 WM Designation only	✕			
Children's Crisis Residential Program (CCRP)	✕			
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP) with the category of Short-Term Crisis Residential only	✕			
Mental Health Rehabilitation Centers (MHRC) only with Lanterman-Petris-Short (LPS) Designation	✕			
Peer Crisis Respite	✕			
Psychiatric Health Facility (PHF)	✕			
Psychiatric Residential				

Treatment Facility (PRTF)	✖			
Total				0

Residential Behavioral Health Services

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Inpatient Hospital - medical detox/withdrawal management (medically managed inpatient detoxification/withdrawal management facility)	✖			
Acute Psychiatric Inpatient Facility	✖			
Adolescent Residential SUD Treatment Facility	✖			
Adult Residential SUD Treatment Facility	✖			
Community Treatment Facility (CTF)	✖			
Chemical Dependency Recovery Hospital	✖			
General Acute Care Hospital (GACH) and Acute Care Hospital (ACH)	✖			

Mental Health Rehabilitation Center (MHRC)	✖			
Peer Respite	✖			
Short-Term Residential Therapeutic Program (STRTP)	✖			
Skilled Nursing Facility with Special Treatment Program (SNF/STP)	✖			
Social Rehabilitation Facility (SRF) with Transitional or Long-Term Social Rehabilitation Program (SRP)	✖			
Total				0

11. Community Wellness Center

If your facility is a community wellness center, please indicate whether it will provide mental health and/or SUD treatment.

	Facility Type	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Mental Health	✖			
SUD Treatment	✖			
Wellness/Prevention	✖			
Other	✖			

Community Wellness Center

Other explanation:

(No response)

12. Populations

Estimate the percentages of the racial and ethnic populations that you will serve.

(Whole numbers only and percentages must add up to 100%.)

	% Population Served
African American/Black:	26
Asian American/Pacific Islander:	3
Latino/Hispanic:	21
Native American/Alaska Native:	2
White:	43
Mixed race:	3
Other (please specify below and limit your response to a paragraph):	2
Total	100.0

Other explanation:

The above estimated percentages of the racial and ethnic populations that will be served at this 1019 Market Street project site takes into consideration the demographics of the county's population of homeless individuals with behavioral health urgent, outpatient, and medication care needs, who are expected to access services at this location in an area of the county with the most significant prevalence of homelessness.

13. Project Site Information

Enter the street address of the proposed project. For new ground-up construction, enter the APN# or Parcel ID if no address has been assigned. Abbreviate as follows: Rd., St., Pl., Blvd., Ave.

Street Address	1019 Market Street
Apt., suite, place, etc.	(No response)
City	San Francisco
State	CA
ZIP Code	94103
County	San Francisco
APN #	3703/076
Parcel ID	3703/076

14. Please provide a narrative description of the proposed project, including the structural plan for the facility and all planned services.

This project at 1019 Market Street -- proposed for BHCIP Round 5 funding -- is a planned county-operated Mental Health Service Center (MHSC) located in the South of Market/Tenderloin neighborhood of San Francisco, which will serve as a centralized access point for public behavioral health services, and will include the significant provision of three qualifying Round 5 eligible facility-type services described below. The establishment of the MHSC is mandated by a "Mental Health SF" county ordinance signed by the Mayor and Board of Supervisors in December 2019, as part of a package of measures to address gaps in care uncovered in a local county study commissioned by the Board of Supervisors. See page 10 of the text of the ordinance at <https://sfbos.org/sites/default/files/o0300-19.pdf>.

As an effective behavioral health services access point, the MHSC features, as key components, #1) Behavioral Health Urgent Care (including onsite pharmacy), #2) NTP Medication Unit (Office-Based Opiate Treatment OBOT Buprenorphine Induction), and #3) Office-Based Outpatient Treatment as bridge service to ongoing post-urgent-care, post-crisis treatment and rehabilitation. These three services conform with Round 5 eligible facility types under crisis continuum (#1) and behavioral health continuum (#2 and #3).

City and County of San Francisco requests Round 5 funding of \$10M towards the acquisition cost for this project. The \$10M requested represents only 1/6 of the total cost of about \$60M towards the acquisition, and the renovation, of the building at 1019 Market St. (The cost to acquire the building without renovation costs included is \$52M, and this Round 5 request of \$10M is only for assistance in covering a part of the total acquisition cost.) The estimated share of the \$60M total cost for acquiring and renovating the building, associated in particular with the building's partial use for expanded crisis and behavioral health continuum of services, is about 50% of the total cost -- eligible for Round 5 funding. The three floors (basement and first two floors) housing the MHSC -- which includes the Behavioral Health Access Center (BHAC) and BHS Pharmacy (both providing urgent care integral to their services), OBOT (NTP), and the Office-Based Outpatient Treatment provided by BHAC as bridge service -- will incur a much larger portion of the renovation costs. The upper floors that will be used as office spaces for county behavioral health central administration staff have lesser need for renovation.

A Letter of Intent has been executed by the county to purchase the existing 7-story building at 1019 Market Street. The seller of the property will perform the renovations to the building in accordance with county specifications for its behavioral health urgent care, NTP, office-based outpatient, and (on the upper floors) for office space use. But again, this Round 5 funding request is only for property acquisition funding assistance, not renovation costs. For transparency, and for clarification, please note that BHS is applying to the CalAIM PATH CITED grant for possible funding towards renovation costs for this project, but not for funding towards property purchase-acquisition cost, as purchase-acquisition is not eligible for CalAIM PATH CITED funding.

15. Describe how the proposes project will expand service capacity for crisis and/or behavioral health facilities.

The project will not only house relocating existing behavioral health programs, but will significantly expand these already-existing programs, and also, will house additional new programs -- to constitute a robust new Mental Health Service Center serving behavioral health clients most at risk and with the fewest resources in an area of the county with the highest concentration of individuals experiencing homelessness.

The BHS programs that are relocating to the project site (Behavioral Health Access Center (BHAC), BHS Pharmacy, and OBOT -- which, combined, provide urgent behavioral health care, NTP, and office-based outpatient treatment bridge services) will expand their staffing and office hours into the evenings and

weekends at this new site. This represents a 65% increase in hours of the week that their services are to be provided.

And then, the MHSC will also house additional new services. Adding to the expanded office-based outpatient treatment and bridge services provided by BHAC, care coordination services will be expanded and improved with CalAIM Enhanced Care Management (ECM) and BHS Office of Coordinated Care (OCC) services to be provided at the site. Space will also be made available for the BHS Street Crisis Response Team to meet with their clients, and for community based programs to provide services, including food services, Housing assessments and referrals for housing will be conducted in housing services in collaboration with the county's Department of Homelessness and Supportive Housing. The next door proximity to the site of the new Maria X Martinez Health Resource Center allows for strong linkages with primary care and physical health urgent care services. Bridges and Engagement Services Team (BEST), a county ECM provider, will see people onsite to facilitate linkages to ongoing outpatient care after crisis.

The MHSC site is also part of a suite of new behavioral health programs being expanded under the auspices of the Mental Health SF ordinance, including the SoMa RISE low-threshold drug sobering center, a high intensity Crisis Stabilization Unit (in development), and the Maria X Martinez urgent medical care clinic—all linked to each other and to the MHSC via shuttle bus.

The MHSC is the 'one-stop' ambulatory behavioral health care service center and clinic that will provide crisis and urgent care, and critical post-crisis 'next step' bridge outpatient services, including mental health and substance use disorder assessment, pharmacy services, medications for opioid use disorder, extended care management and linkages, and housing services, all of which are necessary for a comprehensive crisis and urgent care response.

The building is centrally located in the most high-demand neighborhood of San Francisco, with proximity to other services frequently accessed by priority target populations, allowing ease of access for the ~3,800 people experiencing homelessness (PEH) in that district based on the 2022 Point in Time Count (PIT) (approximately half of SF's 7,800 PEH). This proximity will significantly improve quality outcomes and reduce health disparities and barriers to access for these services. In the first year, 80-100 client visits daily are anticipated, with services growing to reach 10,469 clients annually.

16. Licensing and Certifications

List any behavioral health licensing, certifications, and/or accreditations required at the federal, state or local level to operate the planned program services. More lines will appear as needed (max 10):

(Please only include organizational level information - do not provide individual provider numbers)

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
1.	Medi-Cal site certification for the provision of specialty mental health services.	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
2.	Affiliated Office-Based Narcotic Treatment Program	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
3.	DEA licenses as a dosing site for Office-Based Opiate Treatment	No	Planned Future	Federal

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
4.	Retail pharmacy permit	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
5.				

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?

17. State Priorities

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

		Description
Invest in behavioral health and community care options that advance racial equity	<input checked="" type="checkbox"/>	Among those in the county's homeless population who are experiencing the highest incidence of acute/chronic mental health, substance use disorder, and medical comorbidity, Black/African-Americans are disproportionately represented. While Black/African Americans compose 5% of San Francisco's overall population, they represent 35% of the population identified with this highest risk group among the homeless population. The project site's location in the area of the county where the homeless are concentrated will address the needs of homeless Black/African-Americans, as well as of the most at risk among the homeless, in general.
Seek geographic equity of behavioral health and community care options	<input checked="" type="checkbox"/>	The 1019 Market Street project site is centrally located in San Francisco county's Tenderloin and South of Market neighborhoods, which have the highest concentrations of homelessness in the county. The specific project site is within the ½ square mile most impacted by substance use and mental health related illness, including drug overdose. The Tenderloin district was declared by the Mayor to be in a state of emergency with people dying of drug overdoses on the streets.

Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth	✓	This center is a critical link in the suite of programs that were identified to fill gaps in San Francisco's behavioral health system. Under the Mental Health SF ordinance, the MHSC is to serve as a centralized one-stop access point to services, particularly for individuals experiencing crisis and need for urgent care, and eventual linkage to ongoing services.
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization	✓	The MHSC is to be located in the area of the county with the highest concentration of homeless individuals with the most acute and severe behavioral health conditions, and resulting functional impairments that lead to incarceration, hospitalization, and institutionalization.
Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement	✓	The center is built for access of all types: walk in, appointment, outreach by care managers and ICM, including direct clinic care for opioid treatment, short term bridge groups, and pharmacy. The site is designed in particular for individuals who are homeless, and is also linked closely with a service center serving individuals on probation.
Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy	✓	The Behavioral Health Access Center, which is part of the MHSC programs, will provide 7 days a week of assessment, referral and placement to the least restrictive setting based upon ASAM and other level-of-care determination criteria. BHAC will also triage connection to higher levels of

		care, including residential care settings.
Leverage county and Medi-Cal investments to support ongoing sustainability	✓	The services will avail of Medi-Cal federal financial participation reimbursement for qualifying behavioral health services, including medication. County general and special Proposition C funds are also being leveraged towards one-time capital as well as ongoing services funding for this project.
Leverage the historic state investments in housing and homelessness	✓	The center will co-locate coordinated housing assessment, referral, and placement services in collaboration with the county's Department of Homelessness and Supportive Housing.

18. Is this a multi-county collaboration? If yes, select all counties that apply.

No

19. Previous Applications

Has the applicant applied for one or more prior BHCIP rounds (1-4)? Please indicate the round(s) below, identify where funds were awarded and provide a description of how funds requested in Round 5 will be used for separate and distinct purpose of further expansion of behavioral health services for the target population.

	Applied	Awarded	Round 5 Funding Distinct Purpose
Round 1: Crisis Care Mobile Units (CCMU)	✓	Yes	For Mobile Crisis program distinct purpose
Round 2: County and Tribal Planning	✗		
Round 3: Launch Ready	✓	Yes	For Crisis Stabilization Unit program distinct purpose.
Round 4: Children and Youth	✓	Yes	For Children, Youth, and Families client population behavioral health program, distinct purpose.

20. Services Payors

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

The ongoing behavioral health services to be provided at 1019 Market Street Mental Health Service Center will be sustainably paid for through multiple funding sources, including county general fund, state realignment funding, local county Proposition C tax revenues, Medi-Cal federal financial participation for specialty mental health services and organized-delivery-system substance-use-disorder services, Cal-AIM reimbursement for community supports and enhanced care management, Mental Health Services Act funds, and federal behavioral health block grants.

21. Cost Overrun

Grantees who are awarded BHCIP funds shall be solely responsible for any costs to complete the project in excess of the program funds award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Please describe contingency plans for any cost overruns for the project.

The county is drawing on a multitude of local sources to support this building, including Prop C funding and general fund debt service. We could re-prioritize dedicated Prop C funds for one-time construction, renovation, capital infrastructure costs, for behavioral health program expansions. This pool of money will be tapped into in the event of any cost overrun.

22. Percentages of Funds by Payors

Please include anticipated percentages of funds by payor. Enter whole numbers only. Enter 0 if a payor category does not apply. The total should equal 100%.

	Anticipated Percentage
Insurance	2
Medi-Cal	25
Private pay	0
Other	73
Total	100.0

Please explain other category:

County general funds (including ongoing Prop C tax revenues funding allocated to county behavioral health), Mental Health Services Act, behavioral health state realignment, CalAIM Enhanced Care Management, and federal mental health block grants constitute the Other category of funding sources.

23. Diversity, Equity and Inclusion

Are you serving or do you plan to service justice-involved population(s)?

Yes

If yes, please choose the best match of the population(s) projected to serve:

Other

Please explain Other selection:

The justice-involved population that this program is projecting to serve is will be from a combination of clients coming from local county probation, local behavioral health courts, county jail aftercare services, and direct referrals from city police department.

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

The 1019 Market Street project is expected to serve a high number of African American clients, as indicated by the survey conducted by the county in 2019 showing that African Americans constituted 35% of the sampling of 4,000 homeless individuals who, within the larger population of homeless individuals, had the greatest unmet needs and disproportionately using emergency and acute services, and getting involved with police, forensic, and justice-involved systems. African Americans are disproportionately represented in the numbers of people experiencing homelessness who have the most serious and chronic behavioral health conditions, incarceration, institutionalization, and use of crisis, emergency and acute health services. Success in reducing hospitalizations and incarceration among homeless African Americans impacted by serious behavioral issues will be an important equity related objective for the 1019 Market Street project.

The project site is located in the neighborhood of the city that has the greatest concentration of homelessness, and attendant co-morbid serious behavioral health conditions, justice involvement, physical and social service needs. This positions the project to have a helpful impact, in general, on this vulnerable population.

25. Project Readiness

Has the proposed project met **ALL** the minimum threshold for project readiness (as outlined in RFA Section 3.2)? Please note, this is a minimum requirement for all applications.

Yes

25a. Confirm Readiness

Please confirm site readiness by confirming the below project minimum thresholds, referenced in the [RFA section 3.2](#).

Site control, defined as ownership with clear title, an executed Purchase and Sale Agreement (PSA), an executed Letter of Intent (LOI), or an executed Exclusive Negotiation Agreement (ENA)	Confirm
A sustainable business plan with (pro forma) projections of future objectives and strategies for achieving them	Confirm
A conceptual site plan with a forecast of the developmental potential of the property	Confirm
Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners	Confirm
Demonstration of county and Medi-Cal investments to support ongoing sustainability of the behavioral health program	Confirm
An identified match amount	Confirm
An initial budget - one for each phase and a total budget for acquisition and construction	Confirm

26. Development Phase

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

Phase 1: Planning and pre-development

27. Development Phase Description

Describe the phase selected above and how your project fits within that phase.

On 12/12/2022, the City and County of San Francisco issued a letter of intent (LOI) to purchase 1019 Market with the intent of transforming the building into a ‘one-stop’ mental health service center. Conceptual plans have been drawn up for the building’s conversion. Once the sale is complete, the project will go into Phase II (Design Development) and construction documents will be prepared.

28. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

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

Facility Type	Behavioral Health Urgent Care/Mental Health Urgent Care
Construction Type	Rehabilitation of an existing facility that expands service capacity at current site
Square Footage	9653

28a. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

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

Facility Type	NTP Medication Unit
Construction Type	Rehabilitation of an existing facility that expands service capacity at current site
Square Footage	4826

28b. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Please complete for each facility type referenced in this application - additional entries will generate upon completion of question. Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Office-based Outpatient Treatment
Construction Type	Rehabilitation of an existing facility that expands service capacity at current site
Square Footage	4826

28c. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

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

Facility Type	(No response)
Construction Type	(No response)
Square Footage	(No response)

29. Permits and Approvals

List all construction approvals and permits for each facility type referenced previously within this application that will be required to complete the project and describe your strategy for obtaining them within 6 months.

Alteration project will require a building permit from the San Francisco Department of Building Inspection (SFDBI). As a condition of sale, the Seller will be managing the design and construction of the improvements, which will expedite project delivery. Since the Seller will be leasing back the building from the City while the alteration project is being designed and constructed, the Seller has a strong incentive to deliver the improvements as quickly as possible. Also, since the building will be owned by the City when the project is submitted for permit, the project intends to apply for priority processing in accordance with SFDBI Administrative Bulletin #AB-004 Case A Item #2, further expediting project delivery.

30. Types of Services

Please describe the types of service(s) that will be offered as a result of this project.

This project at 1019 Market Street -- proposed for BHCIP Round 5 funding -- is a county-operated Mental Health Service Center (MHSC) located in the South of Market/Tenderloin neighborhood of San Francisco, which will serve as a centralized access point for public behavioral health services.

As an effective behavioral health services access point, the MHSC features, as key components, #1) Behavioral Health Urgent Care (including onsite pharmacy), #2) NTP Medication Unit (Office-Based Opiate Treatment OBOT Buprenorphine Induction), and #3) Office-Based Outpatient Treatment as bridge services to further care post-crisis. These services conform with Round 5 eligible facility types under crisis continuum (#1) and behavioral health continuum (#2 and #3).

The project will not only house relocating existing behavioral health programs, but will significantly expand these already-existing programs, and also add new programs -- to constitute a robust new Mental Health Service Center to serve behavioral health clients most at risk and with the fewest resources in an area of the county with the highest concentration of individuals experiencing homelessness.

The MHSC will also house additional new services. Complementing the office-based outpatient treatment and bridge services provided by BHAC, care coordination will expand and improve with CalAIM Enhanced Care Management (ECM) and BHS Office of Coordinated Care (OCC) services to be provided at the site. Space will be made available for the BHS Street Crisis Response Team to meet with their clients, and for community based programs to provide services, including food services, Housing assessments and referrals will be conducted in collaboration with the county's Department of Homelessness and Supportive Housing. The proximity to the site of the new Maria X Martinez Health Resource Center allows for strong linkages with primary care and physical health urgent care services. Bridges and Engagement Services Team (BEST), a county ECM provider, will see people onsite to facilitate linkages to ongoing outpatient care after crisis.

The MHSC is the 'one-stop' ambulatory behavioral health care service center and clinic that will provide crisis and urgent care, and critical post-crisis 'next step' bridge outpatient services, including mental health and substance use disorder assessment, pharmacy services, medications for opioid use disorder, extended care management and linkages, and housing services, all of which are necessary for a comprehensive crisis and urgent care response.

The building is centrally located in the most high-demand neighborhood of San Francisco, with proximity to other services frequently accessed by priority target populations, allowing ease of access for the ~3,800 people experiencing homelessness (PEH) in that district based on the 2022 Point in Time Count

(PIT) (approximately half of SF's 7,800 PEH). This proximity will significantly improve quality outcomes and reduce health disparities and barriers to access for these services. In the first year, 80-100 client visits daily are anticipated, with services growing to reach about 6,000 clients annually.

31. Narrative Description

Provide a detailed narrative description of the proposed project's construction and design (limit: 1500 words).

- Describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor.
- If no construction plan is yet in place, please submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.
- Describe any site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
- Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements.
- Include an explanation of any required demolition and off-site improvements

Per the attached test fits from Forge Architecture and Design, the project will convert the basement into a Behavioral Health Access Center (BHAC) (providing behavioral health urgent care, office-based outpatient treatment, and bridge care), the first floor into an Office-Based Buprenorphine Induction Clinic (OBIC) and pharmacy, and the second through seventh floors into office space supporting 400 Behavioral Health Services (BHS) and Mental Health San Francisco staff.

Clients will arrive on the first floor where they will be greeted at the lobby and will check in at a shared BHAC/OBIC reception desk or the adjacent pharmacy. BHAC clients will then proceed via elevator or convenience stair to the basement level, where a large waiting area will greet them before they are escorted to an assessment or group room. OBIC clients will remain in the first floor waiting area behind the shared reception desk, where they will be escorted to an assessment or exam room. Floors two through seven will be staff only.

Since the building was previously used as an office building, substantial alterations are required at the basement and first floors to accommodate the proposed BHAC, OBIC, and pharmacy programs, including infilling a portion of the existing first floor slab where stadium-style stepped platform seating connecting

the basement to the first floor currently exists, adding a convenience stair, and fitting out the space to accommodate the rooms required to support these programs. Limited alterations are required at the second through seventh floors, including subdividing conference rooms into offices and adding private phone/huddle rooms. In addition, the project intends to seismically upgrade the building. The building will be required to meet LEED v4.1 Gold with an all-electric energy source, in accordance with San Francisco Environmental Code sections 705 and 706.

Per the attached conceptual estimate from GCI General Contractors, a rough order of magnitude (ROM) construction cost of approximately \$8.4M is anticipated for this project in today’s dollars, excluding design fees, contingencies, and alternates.

32. Match Requirements

Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document. The match values listed here should align with the match values listed in Form 2: Budget Template. Check all that apply.

Match requirements are set according to applicant type. See section [3.4 of the RFA](#) for more information.

Match Requirements:

- Tribal entities = 5% match
- Counties, cities, and nonprofit providers = 10% match
- For-profit providers and/or private organizations = 25% match

For-profit providers who partner with tribes, counties, cities, or nonprofit providers will be eligible for the lower match. For example, an organization operating a CTF that has partnered with a county will have a match requirement of 10%.

		Funds/Contribution Amount	Funding Source Detail Notes
American Rescue Plan Act (ARPA) funds granted to counties and cities	✘		

Local funding	✓	1000000	County Prop C funds
Mental Health Services Act (MHSA) funds in the 3-year plan (considered "other local")	✗		
Foundation/philanthropic support	✗		
Opioid settlement funds for SUD facilities	✗		
Loans or investments	✗		
Cash on hand	✗		
Incentive payments from managed care plans	✗		
Land trust	✗		
Unused government and tribal buildings	✗		
Buildings originally intended for another purpose	✗		
Surplus land	✗		
Government and tribal property	✗		
Other source	✗		

If other source selected, please identify below:

(No response)

33. Medi-Cal Beneficiaries Served

Please provide the following figures, based on the proposed facility type(s):

- A. Current number of unduplicated clients served annually (unduplicated = number of unique clients served annually)
- B. Expected number of additional unduplicated clients to be served annually (not including current capacity)
- C. Expected total number of unduplicated clients to be served annually (current + expected increase)
- D. Current number of unduplicated Medi-Cal beneficiaries served annually
- E. Expected number of additional unduplicated Medi-Cal beneficiaries to be served annually (not including current capacity)
- F. Expected total number of unduplicated Medi-Cal beneficiaries to be served annually (current + expected increase)

**All client counts should be unduplicated.
Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.**

To calculate total for expected clients served annually, please use the formula $A+B=C$

To calculate total for expected Medi-Cal beneficiaries served annually, please use the formula $D+E=F$

	Count
A) Current total number of clients served annually	2389
B) Added number of clients to be served annually through expansion	4066
C) Total number of clients served annually	6455
D) Current number of Medi-Cal beneficiaries served annually	2031
E) Added number of clients who are Medi-Cal	

beneficiaries to be served annually through expansion	3456
F) Total number of Medi-Cal beneficiaries to be served annually	5487

34. Required documents

Please be prepared to upload the corresponding files below for each topic. ***You will be prompted to upload these files after completion of this application.***

Limit each file to 20MB. Label files as follows: Form Name_Project Title_Date. An example would be: Form 8_Wildflower Rehab_060122 or Drawings_Wildflower Rehab_060122.

- Form 2: Budget Template
- Form 3: Development Team Information
- Form 4: Design, Acquisition, and Construction Milestone Schedule
- Form 5: Applicant's Certification of Prevailing Wage
- Form 6: Applicant's Certification of Funding Terms
- Form 7: Community Engagement Tracking
- Form 8: Schematic Design Checklist
- Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans
- Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

35. Letters of Support

Upload all letters of support in the appropriate category below.

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

Please list the name, title, and affiliation of all authors of letters of support included with this application in the text box that will appear after you upload each file.

If you have requested any letters of support that are still being written, please provide those details below, along with the expected date each letter will be submitted.

36. County board of supervisors or county executive

37. County behavioral health agency

[LOS_1019 Market Street SF_San Francisco County BH Department.pdf](#)

Letter of support from County Behavioral Health Director

Filename: LOS_1019 Market Street SF_San Francisco County BH Department.pdf **Size:** 194.8 kB

38. City council

39. Tribal council (i.e., tribal council resolution)

If the applicant is a Tribal Entity, this is a required form.

40. Community stakeholders and/or other community-based organizations

41. Elected or appointed officials

42. Applicant's CEO and/or board

[LOS_1019 Market Street SF_HealthRight360.pdf](#)

CEO of major behavioral health organizational contract provider in the county

Filename: LOS_1019 Market Street SF_HealthRight360.pdf **Size:** 110.5 kB

43. Tribal board

If the applicant is a Tribal Entity, this is a required form.

44. Letters of support still being written and expected date of submission. Please write "N/A" if this does not apply

N/A

Section Heading

45. Please provide a high-quality proposal abstract summarizing the project in no more than 250 words. If you are awarded BHCIP funds, this abstract may appear in public materials. Please include the following information:

- Name of organization
- Project title
- List the BHCIP round of funding.
- Type(s) of construction (i.e., new ground-up construction; addition to an existing structure; rehabilitation of an existing facility; acquisition and adaptive reuse of an existing property; and/or acquisition of existing facility/building, ready for turnkey operations)
- Describe expanded service capacity as a result of this project
- Geographic area(s) (county, city)—identify if multi-county collaboration
- Phase of project development (planning and pre-development, design development,

shovel ready, construction, or acquisition) and projected timeline for completion

- **Organization's experience serving target population**
- **Priority population(s) to be served by the facility, such as justice-involved persons, individuals experiencing homelessness, and/or youth in foster care**
- **Co-applicants or partners involved in the project, if any**
- **Priority considerations or unmet needs addressed by the proposed project; please refer to state or local needs assessments as applicable**

EXAMPLE: The Omega Organization is requesting funding for its ABC Project, which will repurpose a grocery store to become a Community Mental Health Clinic that will expand behavioral health capacity for children and youth. This project is in the design development phase, and we anticipate completion of the project by August 2024. The Omega Organization has over 50 years of experience working with children and youth and will partner with Westvale Behavioral Health to build a clinic that will expand behavioral health services for children, youth, and their families. ABC Project will address the high need for children and youth behavioral health services in the northern region of Inyo county and will specifically serve youth who are justice-involved and/or in foster care. As identified in the state's needs assessment, at present there are no community mental health centers designed to serve children and youth in this area.

The City and County of San Francisco, through its Behavioral Health Services Division (BHS) within the Department of Public Health, requests BHCIP Round 5 funding for its "1019 Market Street SF" project to acquire and then rehabilitate an existing facility to build a Mental Health Service Center (MHSC) that will expand behavioral health urgent care, office-based outpatient treatment, and NTP medication unit services (Office-Based Opiate Treatment -Buprenorphine Induction) in the South of Market/Tenderloin area, which has the highest concentration of homeless individuals experiencing co-morbid behavioral health conditions, physical health care and social service needs, and severe functional impairments that lead to hospitalization, incarceration, and institutionalization.

Services will be expanded with increases in staffing, and extension of service hours into the evenings and weekends, and also with the co-location of new care coordination and wrap-around community-

based programs.

The project is in the planning and pre-development phase.

BHS oversees a very large public behavioral health system-of-care, with an annual budget of over \$600M, providing services to the county's Medi-Cal, indigent, SSI, low-income, undocumented, and uninsured client populations who present with moderate to severe mental health, and/or substance-use-disorders, across adult, older-adult, transition-age-youth, and children, youth, and families, age-population groups, and across a comprehensive continuum of modalities of care.

After completing the application form, you will be prompted to upload any related documents. You must upload all required documents before submitting the final application. Once you have uploaded documents and confirmed the application is complete, click the "Complete" button to submit the entire application package.



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health



San Francisco Health Network
Behavioral Health Services

Hillary Kunins, MD, MPH, MS
Director, Behavioral Health Services and Mental Health SF

1380 Howard Street, 5th Floor, San Francisco, CA 94103

Phone: (415) 255-3400 Fax: (415) 255-3567

February 8, 2023

Dear Advocates for Human Potential,

As the Director of Behavioral Health Services (BHS) for the City and County of San Francisco, I write this letter to inform you of the fullest support of BHS, San Francisco Department of Public Health, and the City and County of San Francisco, for our county's application for BHCIP Round 5 funding for our capital project located at 1019 Market Street, San Francisco, California.

This capital project is extremely important for BHS and for our county because the site will provide a one-stop drop-in access point for; urgent care, outpatient services, street outreach behavioral health services, BHS Pharmacy and Office-Based Buprenorphine Induction Clinic services, CalAIM Enhanced Care Management (ECM) and BHS Office of Coordinated Care (OCC) care coordination. The services will be provided to behavioral health clients most at risk and with the fewest resources in an area of our county with the highest concentration of individuals experiencing homelessness.

The new site will not only relocate existing behavioral health programs and civil service behavioral health administrative staff but will significantly expand and add new programs. Our team will be adding additional operating hours into the evenings and weekends, in order to serve as the county's new Mental Health Service Center in a strategic location in our county on the first three floors of the building. The co-location and expansion of ECM and OCC services, along with the proximity of co-located outpatient direct clinical services planned at the site, will improve coordination and service delivery. In addition, the proximity to the site of the new Maria X Martinez Health Resource Center allows for strong linkages with primary care and physical health urgent care services.

Thank your continuous support of the BHCIP Round 5 funding for this important capital project.

Sincerely,

A handwritten signature in cursive script that reads "Hillary Kunins".

Hillary Kunins, MD, MPH, MS

February 13, 2023



Dear Advocates for Human Potential,

I am the President & CEO of HealthRIGHT 360 (HR360), a major provider of behavioral health services in California, and the largest contracted partner of San Francisco county's Behavioral Health Services agency, delivering a wide range of behavioral health residential, outpatient, and medication assisted treatment to San Francisco BHS clients.

I write you this letter to convey our strongest support for BHS's planned 1019 Market Street SF capital project, seeking BHCIP Round 3 infrastructure funding support, which will establish a Mental Health Service Center (MHSC) one-stop centralized access point to behavioral health services in the South of Market/Tenderloin area of the county.

That area has the highest concentration of vulnerable homeless individuals with serious and chronic behavioral health conditions, co-morbid physical health issues, significant social services needs, and severe functional impairments that result in high prevalence of emergency care, acute hospitalization, police and justice-involvement, incarceration, and institutionalization.

Key components of the much-needed services that the MHSC will be expanding the provision of in the neighborhood are:

- 1) behavioral health urgent care through the expansion at the project site of the services of BHS's Behavioral Health Access Center,
- 2) a new office-based outpatient treatment as bridge to further ongoing care to which clients will be linked by the MHSC after crisis and urgent care provision, and
- 3) NTP medication (Office-Based Opiate Treatment – Buprenorphine Induction).

The services above qualify the center for receipt of BHCIP Round 5 funding.

The above Round 5-qualifying facility service types to be provided at the MHSC are also further enriched and made more effective with the co-location at the site of BHS Pharmacy, CalAIM Enhanced Care Management services, BHS Office of Coordinated Care care coordination, onsite coordinated assessments and referrals to permanent housing via collaboration with the county's Department of Homelessness and Supportive Housing, and other community-based services, including food services. The MHSC is also proximate to other health facilities that are recently newly established including a Crisis Stabilization Unit (in development), the Maria X Martinez Resource Center providing primary care services, and the SoMa Rise Sobering Center (which our agency, HR360, operates under contract with the county).

Thank you for favorably considering this much-needed MHSC for BHCIP Round 5 funding.

Sincerely,

A handwritten signature in blue ink, appearing to read "Vitka Eisen", is located below the "Sincerely," text. The signature is stylized with a large, circular initial.

Vitka Eisen
President & CEO
HealthRIGHT 360