

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: **California Advancing and Innovating Medi-Cal ("CalAIM") Capacity Building Incentive Payment Program**
2. Department: **Department of Public Health
San Francisco Health Network**
3. Contact Person: **Alex Boyder** Telephone: **510 381-4842**
4. Grant Approval Status (check one):
☒ [X] Approved by funding agency ☐ [] Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$265,000**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **California Department of Health Care Services**
b. Grant Pass-Through Agency (if applicable): **Blue Cross of California Partnership Plan, Inc. (Anthem)**
8. Proposed Grant Project Summary: **Under the Office of Coordinated Care (OCC), the Department of Public Health operates the Bridge and Engagement Services Team: Neighborhoods (BEST Neighborhoods) to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams are composed of street-based clinicians, peers, nurses and psychiatric practitioners in assigned neighborhoods. This grant provides partial funding for BEST Neighborhoods Peers, who will link and navigate clients to housing and benefits, support SFDPH teams in: Engagement and relationship building with people experiencing homelessness, and linkage and engagement to Enhanced Care Management and Community Supports.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **7/1/2024** End-Date: **6/30/2025**
- 10a. Amount budgeted for contractual services: **\$265,000**
b. Will contractual services be put out to bid? **No**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**
d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

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

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

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

☒ Not allowed by granting agency ☐ To maximize use of grant funds on direct services [
] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2024.
The Department received the award on March 31, 2025.**

The grant does not require an ASO amendment and does not create net new positions.

Project Description: HN WPC WP103 FY 2324 HHIP

Project ID: 10041847

Proposal ID: CTR00004479

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID: 0001

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

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

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

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 4/30/2025 | 4:32 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/1/2025 | 4:45 PM PDT

Signed by:
Jenny Louie for Daniel Tsai
(Signature Required)