

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: **Community Care Expansion Program**

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

3. Contact Person: **Evgenija Jhimb** Telephone: **(628) 271-6775**

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$9,895,834**
(Year 1 Date of Execution – June 30, 2029: \$9,500,000
Year 1 Date of Execution – June 30, 2029: \$ 395,834)

6a. Matching Funds Required: **\$989,583**

b. Source(s) of matching funds (if applicable): **2020 Health and Recovery Bond (Prop A)**

7a. Grant Source Agency: **California Department of Social Services**

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

8. Proposed Grant Project Summary:

The proposed Recovery Residence is a new construction development project that will serve the target population who are in need of Substance-Use-Disorder (SUD) Residential Step Down (RSD) recovery care resources. The facility will provide transitional sober living housing and supportive services for individuals with substance use and disorders. Residential step-down provides supportive services, including peer recovery support, peer counseling, employment support, resocialization, and linkage to other needed services, while enrolled in outpatient treatment. Activities include communal dining, house meetings, urine toxicology testing, review of treatment and self-care plans, case management, linkage to services, employment coaching and counseling, in-house recovery meetings, and referral and assessment for permanent housing linkage.

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

Start-Date: **Date of Execution**

End-Date: **06/30/2029**

10a. Amount budgeted for contractual services: **\$9,895,834**

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 the Date of Execution of the agreement. The Department received the grant increase of \$395,834 on May 21, 2024, for a total of \$9,895,834 for the period of the Date of Execution, to June 30, 2029.

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

The California Department of Social Services (CDSS) has designated Horne LL (Horne) as the Third-Party Administrator to administer the grant program and to communicate with Applicant with respect to grant administration in connection with the Community Care Expansion Program.

Project Description:	HB SA105 FY 2426 CCE Treasure Island
Project ID:	10040089
Proposal ID:	CTR00003559
Fund:	11580
Version ID:	V101
Authority ID:	10001
Activity ID:	0001

Matching Funds:

2020 Health and Recovery Bond (Prop A)

Fund:	15513 CPXCF 20 HEALTH&RECOV S2021D
Authority:	21712 HB MH Beds and Facilities
Department:	240645 HBH Mental Health Residential
Project:	10037530 HB MH Meds and Facilities
Activity:	0002 Treasure Island Step-Down

****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: 5/22/2025 | 1:29 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: 5/23/2025 | 6:18 AM PDT

Signed by:
Jenny Louie for Daniel Tsai
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