

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: **Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1**

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

3. Contact Person: **Kelly Kirkpatrick** Telephone: **(628) 754-9542**

4. Grant Approval Status (check one):

☒ [X] Approved by funding agency

☐ [] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$21,347,760**

6a. Matching Funds Required: **\$2,134,776**

b. Source(s) of matching funds (if applicable): **In-kind Property Equity at 887 Potrero Avenue San Francisco CA 94110**

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

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

8. Proposed Grant Project Summary:

The San Francisco Department of Public Health (SFDPH) was awarded Bond BHCIP Round 1 funding to expand the Mental Health Rehabilitation Center (MHRC) at the Behavioral Health Center on the campus of Zuckerberg San Francisco General Hospital. The Behavioral Health Center MHRC expansion will address the high need for locked subacute mental health treatment in San Francisco and will specifically serve clients under a mental health (LPS) conservatorship. In San Francisco, conserved clients face significant barriers to accessing behavioral health care, particularly since many of them are concurrently experiencing unsheltered homelessness and have a history of justice involvement. Both local and statewide needs assessments have identified MHRC expansion as a key need to treat clients with severe mental illness in a rehabilitative setting that provides an alternative to homelessness, incarceration, and unnecessary hospitalization.

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

Start-Date: **May 6, 2025**

End-Date: **June 30, 2030**

10a. Amount budgeted for contractual services: **\$19,447,760**

b. Will contractual services be put out to bid? **Yes by DPW**

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

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? **\$0**

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 May 6, 2025. The Department received the grant of \$21,347,760 on May 6, 2025, for the period starting from the Date of Execution to June 30, 2030.

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

The California Department of Health Care Services (DHCS) has designated Advocates for Human Potential, Inc. (AHP) as the Third-Party Administrator to administer the grant program and to communicate with Applicant with respect to grant administration in connection with the Behavioral Health Continuum Infrastructure Program (BHCIP).

Equipment will require tracking per grantor and will need capitalization. Equipment will be owned by DHCS.

Project Description:	HM124 BHCIP 1 - MHRC Expansion at 887 Potrero Ave
Project ID:	10043059
Proposal ID:	CTR00005205
Fund:	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 type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input checked="" 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: 11/7/2025 | 12:34 PM PST

DocuSigned by:

Toni Rucker

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai

(Name)

Director of Health

(Title)

Date Reviewed: 12/12/2025 | 1:49 PM PST

Signed by:

Jenny Louie for Daniel Tsai

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