

File Number: 240702
(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: **Specialty Services Access Grant**
- 2. Department: **Department of Public Health
Zuckerberg San Francisco General Hospital and Trauma Center**
- 3. Contact Person: **Rosalyn Ferrer** Telephone: **(628) 206-4264**
- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: **\$250,000**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **San Francisco Health Plan**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:
This proposal seeks funding to sustainably optimize front-end workflows required for specialty care access, namely scheduling and registration. The efficiencies that we will gain with standardization will sustainably improve the scheduling process (fewer errors in scheduling, better patient experience, fewer empty clinic slots due to last-minute registration) and free-up clinic staff to provide greater access to patients via telephone and to referring providers via Electronic Health Records (EHR) communication. These efforts align with Zuckerberg San Francisco General Hospital and Trauma Center’s True North goals of Quality, Care Experience and Workforce Development.

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

Start-Date: **02/28/2024** End-Date: **12/31/2024**

- 10a. Amount budgeted for contractual services: **\$140,000**
- 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? **\$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:

The grant does not require an ASO amendment, does not create net new position(s), and partially reimburses overtime pay for the existing positions in the department:

No.	Class	Job Title	FTE	Start Date	End Date
1	2320	Registered Nurse	OT	02/28/2024	12/31/2024
2	2903	Hospital Eligibility Worker	OT	02/28/2024	12/31/2024
3	2430	Medical Evaluations Assistant	OT	02/28/2024	12/31/2024

We respectfully request for approval to accept and expend these funds retroactive to February 28, 2024. The Department received the agreement on February 22, 2024.

Project Description: HG Specialty Services Access

Project ID: 10041291

Contract ID: CTR00004192

Fund ID: 21132

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: 5/7/2024 | 4:35 PM PDT

DocuSigned by:
Toni Rucker
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(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/11/2024 | 8:28 PM PDT

DocuSigned by:
Roland Pickens
142000262BEE348B...
(Signature Required)

Roland Pickens, Director for