| File Number:                                |  |
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| (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

7<sup>th</sup> Street Enhanced Dual Diagnosis Residential Treatment

2. Department: Department of Public Health

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

4. Grant Approval Status (check one):

[X] Approved by funding agency [1] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$6,337,140

6a. Matching Funds Required: \$633,714 (10% of total award)

b. Source(s) of matching funds (if applicable): In-kind Property Equity at 333 7<sup>th</sup> Street San Francisco CA 94103

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 funding for the 7<sup>th</sup> Street Enhanced Dual Diagnosis Social Residential Treatment project to rehabilitate an existing City-owned building at 333 7th Street in San Francisco. The City will upgrade the facility to be ADA-accessible and open a 16-bed enhanced dual diagnosis residential program to serve adults and older adults who have serious mental illness and its comorbidities. Dual diagnosis residential treatment has been identified as a critical need by SFDPH's assessments of the city's continuum of residential behavioral health care. The 7th Street project will prioritize services for CARE Court or justice-involved clients, high users in multiple healthcare systems, and clients stepping down from the hospital or crisis care.

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: \$5,937,140

b. Will contractual services be put out to bid? Yes, bids will be put out 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                       | [ <b>X</b> ] No                     |
|--|-----------------------------|-------------------------------------|
| b1. If yes, how much? <b>N.A.</b> b2. How was the amount calculated? <b>N.A.</b>                             |                             |                                     |
| c1. If no, why are indirect costs not included? [] Not allowed by granting agency [] Other (please explain): | [ <b>X</b> ] To maximize us | e of grant funds on direct services |

- 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 approval to accept and expend these funds retroactive to May 6, 2025. The Department received the grant of \$6,337,140 on May 6, 2025, for the period starting from 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: HM125 - 333 7th Street Enhanced Dual Diagnosis Residenti

Project ID: 10043071
Proposal ID: CTR00005210

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):  |  |  |  |  |  |
| [ ] Existing Site(s) [ ] Rehabilitated Site(s) [ <b>X</b> ] New Site(s)   | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [] Existing Program(s) or Service(s) [] New Program(s) or Service(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 I  | how to provide reasonable modifica   | ations 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)   |  | DocuSigned by:   |  |  |  |
| Date Reviewed:  | 12/11/2025   10:06 AM PST  | Toni Rucker  |  |  |  |
|   |  | (Signature Required)   |  |  |  |
|   |  |  |  |  |  |
| Department Head or Designee Approval of Grant Information Form:   |  |  |  |  |  |
|   |  |  |  |  |  |
| <u>Daniel Tsai</u><br>(Name)  |  |  |  |  |  |
| Director of Health  |  |  |  |  |  |
| (Title)   |  | Signed by:   |  |  |  |
| Date Reviewed:  | 12/12/2025   1:49 PM PST   | Jenny lovie for daniel tsai  |  |  |  |