

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: **CalHIVE Behavioral Health Integration (BHI) Improvement Collaborative**

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

3. Contact Person: **Saba Shahid** Telephone: **628-217-6905**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$100,000**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Purchaser Business Group on Health**

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

8. Proposed Grant Project Summary:

Participant agrees to identify a practice or clinic that will serve as a pilot site for behavioral health integration. Participant will enroll and provide data for all clinicians across their organization and the identified pilot practice or clinic site through October 2026. Participant will identify individuals to fulfill the following roles for the improvement collaborative by the time of the program launch in July 2023. Participating provider organizations will be required to complete Phase 1: Preparation/Boot Camp (2023 –2024), and Phase 2: Implementation & Scaling (2024 – 2026). Each participant will be responsible for completion of the following program deliverables for core funding: needs assessment, implementation milestone assessment tool, behavioral health implementation plan, and sustainability plan.

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

Start-Date: **July 1, 2023**

End-Date: **January 31, 2027**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N.A.**

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? **N.A.**

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:

The grant does not require an ASO amendment.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2023. The Department received notice of award on May 17, 2023.

Project Description:	CalHIVE Behavioral Health Integration (BHI) FY 23-24
Project ID:	10040361
Proposal ID:	CTR00003645
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: 8/7/2023 | 9:34 AM PDT

DocuSigned by:
Toni Rucker
A64292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 8/17/2023 | 4:55 PM PDT

DocuSigned by:
Greg Wagner
28527524752948F...
(Signature Required)

greg wagner, COO for