

# Application: Parcel E1.2 - Treasure Island, San Francisco

Evelyn Perdomo - evelyn.perdomo@mercyhousing.org  
CCE Capital Expansion

## Summary

**ID:** CCE-8894760849

**Status:** Additional Information Needed

**Last submitted:** Aug 5 2022 10:15 AM (PDT)

## Application Questions

**Completed** - Aug 5 2022

## Application Questions

### Section 1 - Site & Agency Info: Tell us about your proposed CCE Project

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#### Which type of funding source are you applying for?

See the application guide and section 3.5 of the Joint RFA to learn more.

Capital Expansion "Full CCE"

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## 1. Project Title and Location

Project Title	Parcel E1.2 - Treasure Island, San Francisco
Street Address 1	Parcel E1.2, Treasure Island
Street Address 2	(No response)
City	San Francisco
State	CA
Zip	94130
County	San Francisco
Parcel/APN# (optional)	TI E1.2

## 2. (a) What type of entity is the lead applicant?

County

## Is there a co-applicant?

No

## 2. (b) If applicable, what type of entity is the co-applicant?

(No response)

### 3. Information

This section is for information about the City, County, Agency, Tribal Entity, or Organization applying for funding. Enter Telephone in xxx-xxx-xxxx format.

Name of Entity	City and County of San Francisco, Department of Public Health, Behavioral Health Services Division
Street Address	1380 Howard Street, 5th floor
City	San Francisco
State	CA
Zip	94103
Email Address	<a href="mailto:david.pating@sfdph.org">david.pating@sfdph.org</a>
Telephone	415-515-3217
Website	<a href="http://www.sfdph.org">www.sfdph.org</a>

### Lead Authorized Representative

In this section, enter the Tax ID and UEI/DUNS for the applicant entity; see the application guide for important information regarding the DUNS transition that took place in April. Enter N/A as required.

First Name	Hillary
Last Name	Kunins, MD
Title	Director, Behavioral Health Services & Mental Health SF, Department of Public Health, City and County of San Francisco
Email Address	<a href="mailto:hillary.kunins@sfdph.org">hillary.kunins@sfdph.org</a>
Telephone Number	415-606-5502
Applicant Tax ID #	946000417
Unique Entity ID # (Formerly DUNS)	103717336

## Project Director

Enter N/A if this person is the same as Lead Authorized Representative listed above.

First Name	David
Last Name	Pating
Agency or Tribal Entity Name	San Francisco Department of Public Health
Telephone Number	415-515-3217
Email Address	<a href="mailto:david.pating@sfdph.org">david.pating@sfdph.org</a>

### 4. Are you also applying for BHCIP funding?

No

**5. If the applicant is a private for-profit organization that does not have prior experience, it must collaborate with a nonprofit organization, tribal entity, city, or county, and provide the following (see [RFA](#) Section 3.1). Please submit the supporting document(s) when you reach the Documents tab of the application.**

If applicable, indicate whether applicant has an MOU or other agreement, or related prior experience, as stated below.

Not applicable

**6. Describe the applicant's or developer's experience relevant to acquiring and/or rehabilitating and operating the project.**

Limit 500 words.

The applicant (City and County of San Francisco Department of Public Health or SF DPH) is in collaboration with the developer for this facility construction project, Mercy Housing California (MHC). MHC has over 35 years of project development experience, and is one of California's largest developers of affordable housing, with over 10,000 units completed and over 6,000 units in the development pipeline. MHC has previously collaborated with SFDPH on Mission Creek Senior Community, which was completed in 2006 and included an Adult Day Health Center, ground floor retail, and a branch of the San Francisco Public Library. Most recently, MHC and SFDPH have collaborated on developing the Maria X Martinez Health Resource Center, a site which incorporates a 20,000 sf Homeless Services Center (HSC) on the ground floor with affordable housing above. The HSC is co-operated and co-owned by SFDPH and the San Francisco county Department of Homelessness and Supportive Housing (HSH). The resource center includes an Urgent Care Clinic, dentistry, Street Medicine team, and the San Francisco Homeless Outreach Team. MHC has served as the developer of the Maria x Martinez Health Resource Center and has worked closely with DPH and HSH staff. SF-DPH will partner with MHC again for the development of TI parcel E1.2's proposed Behavioral Health building. The direct applicant for this CCE Expansion funding application is SF DPH, through its Behavioral Health Services (BHS) division, which oversees the provision of all of the public behavioral health services to the County's Medi-Cal and indigent client population, including to the population of SSI-recipients and adults and older-adults with disabilities, who present with moderate to severe mental health, substance-use-disorders, and co- occurring physical health and social service needs, such as to those who are homeless, are high users of acute and emergency services, and have forensic and justice-related involvement, due to the severity and chronicity of their behavioral health conditions. BHS oversees a large behavioral health system-of-care across adult, older-adult, transition-age-youth, and children age-population groups, and across the continuum of modalities of care from early-intervention and prevention, to outpatient, day treatment and intensive outpatient, transitional residential treatment, crisis residential treatment, medical and social detoxification, psychiatric emergency and acute hospitalization, and institutional long-term care, as well as adjunct services including supportive housing, peer wellness and recovery services, and vocational rehabilitation. BHS operates a comprehensive substance-use-disorder system-of-care, which includes the substance use disorder step-down residential programming. This CCE Expansion application would provide critically needed funding for 186 new behavioral health residential step down beds if awarded.

Site Info: Pre-Application Consultation

7. Enter the PAC confirmation Code as well as the name of the Lead Implementation Specialist assigned to your PAC.

Your AHP Implementation Specialist will provide you with the PAC code; contact them if you require assistance. If you haven't scheduled your PAC, you can save your application now and visit [this page](#) to learn more.

PAC Code	3895_394208
Last name of PAC Implementation Specialist	Guerrero

Section 2 - Project Information

8. Please select the type of project according to requirements of eligible projects outlined in the [RFA](#) in Section 3.2: Eligible Uses. Interested applicants should discuss project types during the pre-application consultation. *Using the fillable boxes beside the project types, enter the number of beds or units being expanded per facility type included in the project. Include expansion numbers only.*

Responses Selected:

Recovery Residence/sober living homes: 186
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If more than one project type, please explain below:

If not, please put "NA"

N/A
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If other was checked, please explain:

If not, please put "NA"

N/A

9. Does your project support efforts to ensure care can be provided in most appropriate and least restrictive settings to support community integration, choice, and autonomy and/or reduce homelessness?

Yes

Please describe:

Substance-Use-Disorder (SUD) Residential Step-Down beds, for which CCE facility expansion funding is being sought here, are extremely important in the continuum of recovery resources for clients needing support for disabilities brought about by substance use and behavioral health disorders. These SUD step-down beds will ensure that care is further provided for a period of about 1-2 years in the most appropriate and least restrictive setting after clients complete their initial 90-day SUD medically-necessary residential treatment. This phase of SUD step-down care helps ensure that clients have a roof over their heads and the necessary continuation of support for them to maintain and strengthen their recoveries, and make progress in reconstituting their lives towards improved and successful personal functioning.

10. Identify each of the States Priorities your project is targeting ([RFA](#) Section 1.2), and describe how the project will meet these priorities.

State Priorities	Is your project targeting this priority?	If yes, please describe how your project will meet this state priority:
		In San Francisco county, the African-American and Latino

Invest in behavioral health and community care options that advance racial equity	Yes	population are disproportionately at risk for drug overdose. SUD Residential Step-Down services are an integral part of the SUD system-of-care continuum of services that reduce the return to drug use and the risk of overdose, and increase the opportunities for successful recovery and rehabilitation for populations historically disadvantaged.
Seek geographic equity of behavioral health and community care options	Yes	This expansion brings SUD Residential Step-Down services to a new neighborhood within San Francisco county.
Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth	Yes	This project addresses an urgent and markedly large gap in the number of SUD Residential Step-Down beds, which currently are sorely inadequate in numbers in order to be able to provide continuing transitional support for up to 1 to 2 years to individuals after their completion of their initial 90-day treatment at Medi-Cal funded SUD residential treatment programs in San Francisco county's continuum of SUD system-of-care.
		Individuals with substance use disorder in the county are disproportionately represented within the population of individuals experiencing incarceration, hospitalization, homelessness, and institutionalization. An in-depth analysis of public health data, conducted in 2019 at the start of San Francisco county's mental health reform initiative (named



<p>Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization</p>	<p>Yes</p>	<p>Mental Health SF, see news report at <a href="https://bit.ly/36A2QYU">https://bit.ly/36A2QYU</a>), showed that 41% of the 4,000 homeless individuals identified at that time as having the highest level of service needs and vulnerability in the county were high users of urgent and emergent psychiatric services. And among the overall San Francisco homeless population, 15% are high users of these services. Individuals with behavioral health conditions constitute a significant percent of those who are homeless or incarcerated in San Francisco. This project to expand the number of SUD Residential Step-Down beds is a critical resource playing an important role in the county's continuum of SUD services that will ensure the maintenance and strengthening of clients' recovery and rehabilitation from SUD disorders, ensuring movement away from the associated chronicity and prevalence of incarceration, homelessness, and institutionalization, and bring to fruition successful alternatives and reconstituted lives.</p>
<p>Meet the needs of vulnerable populations with the greatest</p>		<p>Individuals with SUD disorders and behavioral health conditions constitute a significant percent of those who are homeless or incarcerated in San Francisco county. Readmission into treatment, or re-involvement with the forensic/justice-related system, show high rates even for those individuals successfully</p>

barriers to access, including people experiencing homelessness and justice involvement	Yes	completing their initial 90-day SUD residential treatment. SUD Residential Step-Down services provide the needed recovery residences and continued support for up to 1 to 2 years following the short initial 90-day SUD residential treatment, a crucially needed alternative and to discharging of clients unhoused and only with outpatient follow-up support upon discharge.
Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy	Yes	SUD Residential Step-Down services provide voluntary support in a less restrictive setting (needed after initial higher-level emergency, acute, institutional, jail, or medically-necessary 90-day SUD residential treatment), to promote autonomous decision making, participation in ongoing outpatient treatment, employment counseling and independent living skills to graduate to permanent housing.
Leverage county and Medi-Cal investments to support ongoing sustainability	Yes	This construction project to create the SUD Residential Step-Down facility is partially funded by San Francisco's Proposition C funds dedicated to programs serving the homeless and those with mental illness, substance use disorders, and co-occurring disorders and psychosocial conditions. The ongoing support services will leverage county mental health and substance-use-disorder block grants, county general fund committed for behavioral health services, as well as Medi-Cal specialty mental

		health and SUD Organized-Delivery-System reimbursement for services.
Leverage the historic state investments in housing and homelessness	Yes	SUD Residential Step-Down affords adults with disabilities recovering from substance use and behavioral health disorders the opportunity to receive continuing support of up to 1 to 2 years duration in a housed setting as they maintain and strengthen their recovery and functioning, and as social and personal resources are leveraged along with state and local public investments in housing to eventually discharge them to a stably and permanently housed situation.

**11. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum**

***Under CCE, this includes seniors and adults with disabilities who require long-term care supports, giving priority to applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) and/or Cash Assistance Program for Immigrants (CAPI) benefits who are at risk of or experiencing homelessness.***

***Please include data that demonstrates the project's need. This may include, for example, a county needs assessment, a facility wait list, the number of comparable facilities in the area, or other quantifiable documentation.***

***(Limit 500 words.)***

SUD Residential Step-Down residential services (RSD) provide recovery residence/sober living housing plus supportive services for individuals with substance use disorders. In these RSD recovery residences with supportive resources continued to be provided by county Behavioral Health Services, clients in recovery live together and support each other's recovery while they participate in continuing care outpatient treatment and rehabilitation services for substance use disorders.

The overwhelming majority of RSD clients are homeless, or at risk for homelessness, and they disproportionately come from the African-American and Latino communities. In San Francisco county, African-Americans have the highest relative risk for serious drug overdose and account for over 20% of clients in community treatment, despite constituting only 5% of San Francisco's population. And so these RSD services positively impact racial justice.

Currently, San Francisco county only has an inadequate number of 193 existing SUD Residential Step-Down beds operated by four community agencies. These RSD beds provide recovery residences/sober living homes following short-term 90-day residential treatment for substance use disorders. San Francisco county's RSD services operate at maximum capacity, and more RSD beds are urgently needed. Wait times for RSD beds are very long, negatively impacting client flow through short-term 90-day SUD residential treatment, and heightening the risk of continued homelessness and thereby less effective follow-up support for clients after 90-day SUD residential treatment discharge. (Real-time availability of RSD beds are posted daily on our San Francisco county [findtreatment-sf.org](https://findtreatment-sf.org) website.)

This Parcel E1.2 - Treasure Island San Francisco development project adds new construction of 186 Residential Step-Down beds to San Francisco's existing stock of RSD beds. This will contribute tangibly to addressing the current gap of about 554 additional RSD beds needed based on the county's system-wide utilization of, and discharges from, short term (90-day) residential treatment. San Francisco currently has 249 short term (90-day) SUD residential treatment beds. Each of these SUD 90-day residential treatment beds turns over approximately 3 times annually, which creates a demand for up to 747 Residential Step-Down (transitional housing following short term residential treatment) beds annually. This represents a gap of over 554 RSD beds needed to meet projected demand.

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**12. BHCIP ONLY - NO CCE RESPONSE REQUIRED: Does the proposed project commit to serving applicants and recipients of Medi-Cal benefits?**

Does Not Apply - Check Here

**13. BHCIP ONLY - NO CCE RESPONSE REQUIRED: Of the population that will be served by your project, what is the projected percentage of Medi-Cal beneficiaries?**

	Select N/A from the drop down menu
	N/A - CCE Only

**14. Does the proposed project commit to serving applicants and recipients of SSI/SSP or CAPI benefits?**

Yes
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**15. Of the population that will be served by your project, what is the projected percentage of SSI/SSP or CAPI applicants or recipients? Provide current (if applicable) and projected percentages:**

	Current percentages	Projected future percentages
SSI/SSP	45	45
CAPI	45	45

**16. Which of the following best describes the project's construction type? *Enter values for square footage as numbers only: e.g., 1,354 sqf should be entered as 1354. Square footage should be for the project scope only.***

Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Total Project Square Footage	122536

**17. Will the applicant need to purchase land for the proposed project?**

No
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**18. Please check the box(es) that apply to the current application request and include the funding amount requested for each phase:**

These options are limited based on the first question asked in the application.

**Only whole numbers are allowed (no decimals). This is to aid automated match calculation.**

The numbers entered below should be the same values given for Total Cost: Funded by Grant in the corresponding section on the required Budget Template document. Do not include match, only grant amount being requested.

See the [Budget Narrative Guide](#) for examples of allowable costs for each section below, as well as Sections 3.4 and 3.5 of the [Joint RFA](#).

Applicants are encouraged to discuss acceptable uses of Feasibility and Pre-Development costs with their AHP Implementation Specialist.

		Funding amount requested for phase
Feasibility	<input checked="" type="checkbox"/>	
Development Planning	<input checked="" type="checkbox"/>	
Acquisition (including Land)	<input checked="" type="checkbox"/>	
Rehabilitation of Existing Facility for Expansion	<input checked="" type="checkbox"/>	
New Construction	<input checked="" type="checkbox"/>	9500000

**19. Does the facility already exist? If yes, a box will appear below for additional information.**

No

**20. Is the facility licensed and in good standing? If yes, a box will appear below for additional information.**

(No response)

**21. If the project is new construction (i.e., a new facility or new setting being built), how many individuals from the target populations will it serve annually?**

Annual Capacity	186
Number of Beds or Units	186

**22. If the project is an expansion (addition, renovation, or adaptive reuse) of an existing facility or setting, how many more individuals from the target populations will it serve than at present, and what is the percentage increase in numbers served?**

As applicable, provide the number of beds or units. For 'Total New Beds or Units' combine existing beds serving the target population with additional beds for this total.

**Enter 'N/A' as appropriate.**

Annual Increase in Capacity	(No response)
Number of New Beds or Units	(No response)
Total New Beds or Units	(No response)

**23. If the applicant is renovating a facility that is providing services to existing clients and the clients must be temporarily relocated during the renovation, does the applicant certify that they are adhering to all applicable relocation plan requirements and licensing and/or certification requirements?**

Not applicable

**24. Describe the planned facility, including the types of services that will be offered. (Limit 500 words.)**

The Parcel E1.2 - Treasure Island San Francisco development project for new adult SUD Residential Step-Down care (RSD) provides transitional sober living housing plus supportive services for individuals with substance use disorders. In these residences, clients in recovery live together and support each other's recovery while they participate in continuing care and outpatient treatment services for substance use disorders.

Admission to residential step-down services is open to all adult San Francisco residents with a substance use disorder. Clients may be referred upon completion of a short-term (90 day) SUD residential treatment program. In RSD care, clients may take residence for up to 2 years, with anticipated averages of 9-12 months. Eligibility for RSD is based on a client's desire to participate in outpatient treatment, work towards achievement of treatment and service plan goals, and linking to the next step-down level of care, educational, employment, income assistance, eventual permanent housing, and other needed services, on a road towards maintaining and strengthening their recovery and personal and social functioning.

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.

Upon discharge, clients are offered referral information, a discharge summary which includes an evaluation of the treatment process & progress and plans for reentry into community and independent living.



**25. Please identify the source(s) and amount of cash and/or in-kind contributions—such as land or existing structures—that fulfill the match requirement. Services are not allowed as match. (See [RFA](#) Section 3.3.)**

Use as many of the item lines below as needed. Enter whole values only, no decimals. Do not enter ranges.

	Source	Amount
Item 1	Land	3000000
Item 2		
Item 3		
Item 4		
Item 5		

**Section 3 - Site Readiness**

**26. Does the applicant have evidence of site control? Site control must include one of the following:**

A fully executed option to lease, or similar binding commitment from the property owner to agree to a long-term lease

**27. If the applicant does not have evidence of site control (e.g., answered no on Question 26), please describe the plan and timeline for obtaining site control, and provide supporting evidence and a memorandum of understanding (MOU) or partnership agreement between site owner/applicant. (Limit 500 words.)**

(No response)

**28. Does the applicant have all needed local, regional, and state approvals, will-serve letters, and building permits?**

No

**29. List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them. (Limit 500 words.)**

No discretionary approvals are required for the development. We anticipate that we can submit a building permit May 2023 and will hire a permit expediter to help us obtain the building permit within nine months. Mercy Housing has successfully used building permit expeditors in the past.

**30. Does the applicant have documentation of all required behavioral health facilities and services certifications/licenses, including those required by the appropriate state department?**

No

**31. If the project can't be licensed/certified by the state or at the local level until it is completed (e.g.; if answered "No" on Question 30), please list the relevant licensing/certification timelines and requirements. (Limit 500 words.) Please note: As part of the technical assistance that will be made available, applicants will be guided through the licensure and certification process to prepare them for the possibility of being successfully licensed or certified.**

A Medi-Cal site certification and Community Care Licensing (CCL) certification of this to-be-constructed Recovery-Residence/Sober-Living-Homes facility can only be conducted after the building construction is complete and the contracted operator/provider of the services is already occupying the site and ready to deliver services. City and County of San Francisco through its Department of Public Health, Behavioral Health Services division, has longstanding, extensive and ongoing experience obtaining and overseeing required Medi-Cal site and CCL certifications of contracted and county-operated programs. The service to be provided, SUD Residential Step-Down, is part of the acknowledged system of care continuum under the Organized Delivery System waiver of Drug-Medi-Cal, and also falls under required CCL regulations. Any concurrent SUD outpatient services to be provided within the facility will also follow Drug-Medi-Cal ODS certification requirements.

**32. Please provide a detailed narrative description of the proposed project's construction and design, including how the design will serve the target population(s).**

**Please describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor. If no construction plan is yet in place, please submit a valid Rough Order of Magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor. Please include a description of site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, pool, community garden, etc.) and sustainable and green building elements. Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements. The narrative should also include an explanation of any required demolition and off-site improvements, as well as a detailed construction breakdown of these expenses. (Limit 1500 words)**

Overview:

This building sits on site E1.2 on Treasure Island, SF. The site is on the corner of Avenue G & Second

Street/California Ave, with views to the east of the sailing center and the water beyond. The building will be approximately 120,000 SF, six stories with 148 bedrooms and a maximum capacity for up to 444 residents. The building will be built of type 5 construction with a concrete podium and foundation with five levels of wood frame construction above. The building will be served by three elevators; one elevator is available for each separate operator with one swing elevator to supplement service as needed.

The ground floor will provide parking, back-of-house support spaces, administrative spaces, a common dining room, and a commercial kitchen.

The design concept allows for two separate operators to operate within the building. Typical floors are comprised of two wings, with integral support spaces including staff offices, break rooms, and support space. One of the five residential floors has been designed with additional support spaces, including classrooms, group meeting rooms, offices, and individual consult rooms. These spaces would be entered adjacent to a reception desk, offering privacy and controlled access. The building will be designed to achieve a Green Point Rating of at least 125 points and meet TCAC's current Title 24 requirement. There are several sustainable building methods envisioned for the building which will help meet the aforementioned goals, including solar preheating of domestic hot water, building commissioning, and energy efficient appliances. Additionally, the building will be an all electric building.

#### Residential Floors:

The organizing concept of the plan is the "pod" that is made up of 4 bedrooms and support spaces. The plans are currently designed to support two to three people per bedroom with one single bed and one bunk bed in each room. Each pod contains two bathrooms with a sink, shower, and toilet, maintaining a 1:8 ratio for fixtures per person.

Shared spaces are offered throughout the building at various scales, offering various options for socialization and interaction. At the pod level, small living rooms shared between 4 rooms or 12 people, provide a small space outside the bedrooms. Larger living rooms shared by each wing will be furnished with hard and soft seating. Each floor has two wings, each with a larger living room. One living room on each floor will be equipped with a kitchenette including sinks, a refrigerator, and a microwave.

#### Courtyard / Terrace:

On the building's second floor, a large terrace offers protected outdoor space for the residents. This area is accessible via doors adjacent to the elevators and from the building's common spaces facing onto the terrace. This terrace will offer a variety of outdoor spaces for residents, with areas dedicated to landscape and a variety of seating areas.

#### Ground Floor:

The main lobby entrance is accessible from Avenue G, with a reception desk and mail/ package room immediately adjacent. A group of staff offices and support spaces serve the residential floors above. Limited parking is provided, with access from Avenue G. Mechanical space and storage space are located in the interior of the building. A commercial kitchen supports a common dining room on the building's California Avenue / Southside.

#### Exterior:

The building delineates the public and private functions of the building through its architectural expression. On the ground floor, active use programs are enclosed with a bespoke storefront system. Above the ground floor, a series of vertically oriented rectilinear frames compose the building façade. The width of the frame corresponds directly to the residential suites. The exterior materials combine a panelized rain-screen system and high-performance glazing.

#### Site Conditions:

There are no unusual site conditions and the site is flat. The site is fully remediated and there are no hazardous soils present.

**33. Please upload the following documents:**

- a. A completed schematic design checklist BHCIP/CCE Joint RFA Application 11**
- b. Any preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (please limit each file size to less than 20 MB)**
- c. Resumes of the development team that developed the design/construction plans**
- d. A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)**

**If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below. Otherwise, enter "NA"**

Mercy Housing California (MHC) has over 40 years of development experience and long standing relationships with consultants, construction managers, and general contractors. MHC will ensure that a strong team is put together for the development of Parcel E1.2. Consultant and construction manager selections are in progress and contracts will be available in the Fall. A general contractor will be selected at a later date through a Request for Proposals process. Lawyer and development manager agreements are in progress.

**34. Please fill out and upload the schedule for design, acquisition of the property, and/or development or rehabilitation. Design, acquisition, or development/rehabilitation should begin within 6 months of funding award, subject to achieving necessary permits and approvals.**

**Section 4 - Community Support and Engagement**

**35. To demonstrate support for the proposed project, please attach a letter of support from one or more of the following:**

*Label all letters of support as follows: LOS\_Project Title\_Agency or Role of Author. An example would be: LOS\_Sunny Acres Rehab\_Kern County BH Department. Abbreviations are fine.*

**Responses Selected:**

County board of supervisors, county behavioral health director, or county executive

Stakeholders or other community-based organizations

**36. How will you demonstrate local engagement in the project? Be prepared to upload Form 6: Community Engagement Tracker in the documents upload section. This form explains how stakeholders e.g., community-based organizations (CBOs), members of the target population, residents, civic leaders, and frontline staff have been meaningfully involved in the visioning and development of this project.**

**37. Describe how the project will address inequities for the target population(s) and meet the needs of individuals from diverse backgrounds. Examples of types of diversity include race, religion, country of origin, language, disabilities, culture, economic background, gender, sex, and behavioral health. The description should include supporting evidence of the strategies' effectiveness, if available. (Limit 500 words.)**

In San Francisco county, the African-American and Latino population are disproportionately at risk for drug overdose. SUD Residential Step-Down services are an integral part of the SUD system-of-care continuum of services that reduce the return to drug use and the risk of overdose. The in-depth analysis of public health data, conducted in 2019 at the start of San Francisco county's mental health reform initiative (MHSF SF), revealed that among the 4,000 individuals in the county at that time who were identified to have the highest level of service needs and vulnerability, particularly for SUD and mental health disorders, within the larger homeless population, and who required specialized solutions in order to reach stability and wellness, 35% were African-American – despite the fact that African-Americans make up only 5% of the overall city population. This facility to be constructed will increase SUD Residential Step-Down beds for homeless and minority populations disproportionately needing them.

Meantime, the Latino and Asian-American populations in San Francisco county (as well as across the

state) have low use of county behavioral health service compared to their proportion in the population. Expansion of behavioral health beds, including of this SUD Residential Step-Down services, will afford more opportunity for populations underutilizing services to access them, alongside program performance goals, and outreach and service delivery methods to be employed, that are culturally and linguistically competent in standards.

Individuals with substance use disorder in the county are disproportionately represented within the population of individuals experiencing incarceration, hospitalization, homelessness, and institutionalization. An in-depth analysis of public health data, conducted in 2019 at the start of San Francisco county's mental health reform initiative (named Mental Health SF, see news report at <https://bit.ly/36A2QYU>), showed that 41% of the 4,000 homeless individuals identified at that time as having the highest level of service needs and vulnerability in the county were high users of urgent and emergent psychiatric services. And among the overall San Francisco homeless population, 15% are high users of these services. Individuals with behavioral health conditions constitute a significant percent of those who are homeless or incarcerated in San Francisco. This project to expand the number of SUD Residential Step-Down beds is a critical resource playing an important role in the county's continuum of SUD services that will ensure the maintenance and strengthening of clients' recovery and rehabilitation from SUD disorders, ensuring movement away from the associated chronicity and prevalence of incarceration, homelessness, and institutionalization.



**38. For the racial and ethnic populations that will be served, provide your best estimate of the percentage of the total people of each population. (Percentages must add up to 100%. Enter "0" if the population will not be served.)**

	Percent
African American/Black: %	27
Asian American/Pacific Islander: %	10
Latino/Hispanic: %	25
Native American/Alaska Native: %	2
White: %	26
Mixed race: %	3
Other: % (please specify below and limit your response to a paragraph)	7
Total	100.0

**39. How have you verified that your projected percentages reflect the community you plan to serve, and how will you measure successful utilization? Please include any data sources used for comparison.**

This SUD Residential Step-Down beds-expansion project is expected to serve a high number of African American clients, as a result of the San Francisco survey conducted in 2019 indicating that 35% of the 4,000 homeless individuals who, within the larger population of homeless individuals, had the greatest unmet needs and disproportionately using emergency and acute services, and getting involved with police, forensic, and justice-involved systems. African Americans are disproportionately represented in the numbers of people experiencing homelessness, serious and chronic behavioral health conditions, incarceration, institutionalization, and use of crisis, emergency and acute health services. Success in reducing hospitalizations and incarceration among homeless

African Americans impacted by behavioral health crisis and emergencies will be one equity related objective for this expansion of RSD beds. RSD beds will help ensure that SUD treatment and care across the continuum results in stabilization and lasting improvement of the lives of individuals with SUD disorders. Asian and Latino communities in San Francisco have, also, historically underutilized behavioral health services when compared their proportion of the population. We will also measure successful utilization of these RSD expansion beds by the improvement in numbers of Asian and Latino populations using the service in proportion to their populations in the district.