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CA Infrastructure  
**BHCIP Launch Ready - Public Entity Portal**  
Deadline: 4/8/2022

### City and County of San Francisco CSU Tenderloin

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**\$ 6,750,000.00** Requested

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**Project Contact**

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**City and County of San Francisco**

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EIN 94-6000417

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**Application Questions** [top](#)

**Site Info: Tell us about your proposed BHCIP project**

**1. b1. Project title and proposed project location\***

Project Title: Crisis Stabilization Unit (CSU) Tenderloin

Project Location: 822 Geary Street, San Francisco, CA 94109

This CSU Tenderloin project is to be established in the Tenderloin neighborhood district of the city of San Francisco (California), for which the City and County of San Francisco's Behavioral Health Services Division (BHS), within the Department of Public Health (DPH), is applying here for BHCIP building renovation funding. CSU Tenderloin will be a voluntary (non 5150) crisis stabilization unit, whose objective is to resolve and stabilize behavioral health crisis; prevent hospitalization and incarceration; assist clients with immediate critical needs; and link clients effectively to follow-up care -- in the part of the city (Tenderloin) with the most incidence of homelessness and associated high-risk levels of co-morbid acute, emergency, serious, and chronic behavioral and physical health conditions. The Tenderloin neighborhood location for this CSU experiences the greatest need for increased provision of, not only urgent and emergent crisis behavioral health services, but also of the opportunity the CSU provides for client engagement and linkage to ongoing health, social, and care management services to assist clients with needed services, risk reduction, improved functioning, life stabilization, community integration, and reduction of homelessness. The Tenderloin district was declared by Mayor London Breed last December in a "state of emergency," due to its epidemic of drug overdose deaths, and also, due to inadequate number of services to effectively engage with and assist individuals with serious and chronic behavioral health conditions.

**2. b2. County where project is located\***

City and County of San Francisco, California

**3. b3. What type of entity is the lead applicant?\***

- County
- City
- Tribal Entity
- Nonprofit Corporation
- For-Profit Corporation
- Individual or Other Private Organization

**4. b4. If applicable, what type of entity is the co-applicant?**

- County
- City
- Tribal Entity
- Nonprofit Corporation(please provide evidence of nonprofit status)
- For-Profit Corporation
- Individual or Other Private Organization

✓ N/A

**5. b5. 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 'Upload Documents' section of the application.**

- Memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the developer's role in the project, including that they are working on behalf of the service provider
- Related prior experience reflected in the successful development, ownership, or operation of a similar size and type of project for individuals who qualify as members of the target population
- ✓ Not applicable

b6. Please upload required Form 5 "Development Team Description Contact" in the documents section of the application.

### Site Info: Pre-Application Consultation

**6. b7. Have you scheduled or undertaken a pre-application consultation for either BHCIP Launch Ready and/or CCE? (This is a required activity. If you have not scheduled this consultation, you must do so before you will be able to submit the application.)\***

- ✓ Yes
- No

### Agency Info, Lead Info

Please see the "REQUIRED Additional Questions" section for questions b.8 - b.28 and b.54

### Project Info

**7. b29. Please select the type of project according to requirements of eligible projects outlined in the RFA Section 3.2: Eligible Uses. This list is not exhaustive. Interested applicants should discuss other project types during the pre-application consultation.\***

- Outpatient services
- ✓ Residential clinical program
- Residential support program

**8. b29.1. If more than one, please explain:**

Not applicable.

**9. b30. Does your project support efforts to ensure care can be provided in the most appropriate and least restrictive settings to support community integration, choice, and autonomy and/or reduce homelessness?\***

- ✓ Yes
- No

**10. b30.1. Please describe:**

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. The CSU, to be located in the Tenderloin neighborhood with the highest incidences of homelessness and street crisis responses, will provide greater and more immediate access to services for individuals in order to stabilize and divert them from police involvement and psychiatric hospitalization, and link them to further and ongoing services towards promoting their success in the community and eventually away from homelessness.

This planned expansion of CSU beds is occurring within the context of a larger plan under Mental Health SF by BHS to expand by 400 beds the behavioral health residential treatment capacity in the county - to include additional drug sobering center, transitional residential and step-down, board & care, and supportive housing, and long-term care beds, that will facilitate throughput at emergency and acute settings. See beds expansion dashboard and graph uploaded.

**11. b31. Identify each of the State Priorities your project is targeting (see RFA Section 1.2). Choose all that apply.\***

- ✓ Invest in behavioral health and community care options that advance racial equity
- ✓ Seek geographic equity of behavioral health and community care options
- ✓ Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- ✓ Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization
- ✓ Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement
- ✓ Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy
- ✓ Leverage county and Medi-Cal investments to support ongoing sustainability
- ✓ Leverage the historic state investments in housing and homelessness

**12. b31.1. Please describe how the project will meet these priorities.\***

The CSU Tenderloin will address the gap in crisis, engagement, and linkage services in this geographical part of the city declared to be in a "state of emergency" (<https://bit.ly/3IOCH5u>) due to high incidence of drug overdose deaths -- and high incidence of homelessness co-morbid with the highest levels of severity and chronicity of behavioral and physical health conditions; related police, forensic, and justice-related involvement; and social service

needs. The program objective and design of this CSU is to engage effectively with homeless clients, divert them from acute psychiatric hospitalization and police involvement, assist them with immediate critical needs, and effectively engage and link them to follow-up care and eventual ongoing health, social, and care coordination services. Homeless individuals in San Francisco with the highest level of service needs and vulnerability are disproportionately African-American (35%), despite African-Americans making up only 5% of the City's population. CSU Tenderloin will be Medi-Cal site certified to leverage Med-Cal specialty mental health services reimbursement.

**13. b32. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum. For BHCIP, this includes the behavioral health (mental health and substance use disorder) population. 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).\***

A 2020 San Francisco Behavioral Health Bed Optimization report

([https://www.sfdph.org/dph/files/MHR/SFDPH\\_Behavioral\\_Health\\_Bed\\_Optimization\\_Report\\_FINAL.pdf](https://www.sfdph.org/dph/files/MHR/SFDPH_Behavioral_Health_Bed_Optimization_Report_FINAL.pdf)), indicates that the county's 18-bed Psychiatric Emergency Services (PES) unit at Zuckerberg San Francisco General Hospital as a category of service (CSU) is experiencing bed capacity shortages, and high average utilization levels indicative of being capacity strained. The county has only one other CSU, the 12-bed community-based Dore Urgent Care Center (DUCC), operated since 2008 via a contract with Progress Foundation. According to national Crisis Now guidelines, San Francisco's system does not meet the recommended capacity of 42 "crisis receiving beds" based on its population.

The need for a third CSU has increased in recent years with the opioid crisis, increased public drug use, homelessness, fire and climate-related disruptions, and behavioral health-related police incidents.

PES repeatedly experiences "red alert" conditions of being full and having to divert clients, including to private hospitals. In response, the 2019 Mental Health SF county ordinance required the development of a "Mental Health Urgent Care Unit" – an additional drop-in and drop-off (by first responders) behavioral health crisis center. (Full text of legislation is available at <https://bit.ly/36vd5xL>).

The Tenderloin, in particular, was declared last December by Mayor Breed in a "state of emergency," due to drug overdose deaths, and inadequate effective help for emergent, serious, and chronic mental health and substance use-related issues (see news <https://bit.ly/3IOCH5u>). The Tenderloin has the highest incidence of homelessness and co-morbid behavioral and medical presentations leading to health emergency, psychiatric crisis, and police incidents – for which immediate and geographically-proximate access to CSU services in the area is critical.

With the planned addition of this CSU in the Tenderloin, each of the three CSUs in the county, aside from being spread out to cover different areas of the county, will specialize in varying degrees of acuity, ranging from unlocked voluntary (Tenderloin and DUCC CSUs) to locked involuntary care (PES). The three CSUs constitute a range of comprehensiveness in capacity to serve individuals. Between the two unlocked CSUs (Tenderloin and DUCC), the Tenderloin CSU, because of higher level of staffing, will have greater capacity to take care of more acute and more co-morbid conditions, including greater capacity to receive clients directly from first responders.

The 2019 in-depth analysis of public health data also showed that 41% of the 4,000 homeless individuals identified as having the highest level of service needs and vulnerability were high users of acute, and urgent and emergent psychiatric services. And among the greater 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. The CSU, to be located in the Tenderloin neighborhood with the highest incidences of homelessness and street crisis responses, will provide greater and more immediate access to services for individuals in order to stabilize and divert them from police involvement and psychiatric hospitalization, and link them to further and ongoing services towards promoting their success in the community and away from homelessness.

**14. b33. Does the proposed project make a commitment to serve Medi-Cal beneficiaries? \***

- Yes
- No

**15. b34. Of the population that will be served by your project, what is the projected percentage of Medi-Cal beneficiaries?\***

From the historical levels of numbers of clients served by the county's other current already-existing community-based and hospital-based public-serving CSUs (DUCC and PES), about 85% of clients to be served by this third new CSU Tenderloin will be Medi-Cal beneficiaries. The rest will mostly be medically indigent, including those who are undocumented.

**16. b35. Which of the following best describes the project?\***

- New construction
- Addition to an existing structure
- Renovation to expand capacity
- Adaptive re-use of an existing property (example: repurposing a grocery store)
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness or justice involvement

**17. b36. Will the applicant need to purchase land for the proposed project?\***

- Yes
- No

**18. b37.1. Is the current application requesting funding for development planning?\***

- Yes
- No

**19. b37.2. If yes, enter amount:**

*Enter n/a if not applicable.*

\$1,500,000

**20. b37.3. Is the current application requesting funding for an Acquisition?\***

- Yes
- No

**21. b37.4. If yes, enter amount:**

Enter n/a if not applicable.

n/a

**22. b37.5. Is the current application requesting funding for rehabilitation of an existing facility for expansion?\***

- Yes  
 No

**23. b37.6. If yes, enter amount:**

Enter n/a if not applicable.

\$5,250,000

**24. b37.7. Is the current application requesting funding for new construction?\***

- Yes  
 No

**25. b37.8. If yes, enter amount:**

n/a

**26. b37.9. Please enter the TOTAL funding amount requested:\***

\$6,750,000

b37.10. Please download the BHCIP Budget Template, complete it and submit on the Documents page.

**27. b38.1. Does the facility already exist?\***

- Yes  
 No

**28. b38.2. If yes, is the facility licensed and in good standing?**

- Yes  
 No

**29. b38.3. If the answer is no; please explain (100 words)**

The Medi-Cal site certification of the CSU Tenderloin facility for the delivery of Medi-Cal reimbursable specialty CSU mental health services can only be conducted after the building renovations are complete and the contracted CSU provider is already occupying the site and ready to deliver services. The Medi-Cal site certification is to be conducted locally by the county (BHS), as that function is delegated to the county, for contracted providers, by the California Department of Health Care Services.. BHS has had extensive and ongoing experience conducting Medi-Cal site certifications of contracted programs providing Medi-Cal specialty mental health and SUD ODS services.

**30. b39. 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? As applicable, provide the number of beds.**

This new CSU Tenderloin with 16 beds will serve about 1,500 unique unduplicated clients annually.

**31. b40. 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.**

This CSU services-expansion project at this new third site will serve about 1,500 more individuals with CSU services in the county. This represents an increase of 60% over the current number of clients served.

**32. b41. 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?**

- Yes  
 No  
 Does Not Apply

**33. b42. Describe the planned facility, including the types of services that will be offered and the number of individuals who will be served on an annual basis. (500 words)\***

This CSU Tenderloin with 16 beds will serve about 1,500 unique unduplicated clients annually.

The CSU will provide unlocked, voluntary, community-based, crisis stabilization services in the Tenderloin district of the county, predominantly to persons who are experiencing homelessness, who walk-in to the CSU. or who are brought-in to the CSU by first responders (Street Crisis Response Team, EMS, and police).

The CSU is planned to be richly staffed with 35 FTEs of direct services, administrative, and operations staff – to include health workers, peer support staff, licensed and/or masters-level waived clinicians, registered nurses, nurse practitioners/psychiatrists/MDs, LVNs, psychiatric technicians, and safety monitors – to be able to adequately cover with high-level clinical and services expertise 24/7 duration of CSU services, and to be able to effectively address and treat the more severe presentations of behavioral health crisis, and involving co-morbid mild to moderate physical health conditions, police involvement, and homelessness.

The estimated annual budget for the services of this CSU is about \$5M annually, covering salaries and benefits, operating expenses, and indirect costs.

The services to be provided in the CSU include:

- Collaboration and coordination with community-based outreach via BHS's Street Crisis Response Team to engage with and bring individuals from the streets who need crisis stabilization into the CSU.

- Collaboration with other first responders, EMS, Fire Department, and police.
- Assessment of mental and physical health.
- Trauma-informed, behavioral health and medical response.
- Therapeutic de-escalation, crisis intervention, and medically appropriate response to person in crisis through a multi-disciplinary team.
- Substance use withdrawal and intoxication management.
- Medical backup services for mild to moderate physical health urgent care needs.
- Urgent medications as needed, assistance with clients' own medications, and medication prescription refills.
- Peer support.
- Lounge model stabilization milieu.
- One-on-one client-centered and engagement work with clients, to assist with self-identified needs, and using motivational interviewing and understanding of stages of change.
- Access to, and establish linkages with, post-CSU follow-up and ongoing care, including to: mental health crisis and transitional residential treatment; SUD residential detox or treatment, and sobering center; shelter; behavioral health outpatient care; physical healthcare follow-up; social services; and case management.
- Community engagement and rapport building to promote the use of the facility by clients in the neighborhood.
- Transportation to services and meal sites post CSU.
- Light food and snacks.
- Shower and laundry.

The goals of the CSU are to:

- Stabilize behavioral health crisis.
- Reduce risk of harm to self or others.
- Prevent inpatient psychiatric hospitalization or locked psychiatric emergency care.
- Prevent arrests and criminal justice involvement.
- Linkage and engagement of clients to follow-up and ongoing behavioral and physical health care, and other needed services.
- Voluntary utilization from the community of individuals who need the service.

**34. b43. 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)\***

The match is in-kind contribution of the land and existing structure at the project site, which was purchased by the City and County of San Francisco (Department of Public Health) in December 2021 for the purchase price of \$6,300,000.

See attached Board of Supervisors ordinance that approved the purchase of the property for the purchase price of \$6,300,000, and indicated the source of funds used, which is Proposition C (2018) (Gross Receipts Tax for Homelessness Services ("Prop C"), passed by San Francisco voters in November 2018. The county ordinance to execute the purchase of the property is also available to view online at <https://bit.ly/3x84o79>

**35. b44. Does the applicant have evidence of site control? (Please submit the supporting document selected to the "Upload" Docs section)\***

- Clear title with no encumbrances or limitations that would preclude the proposed use (fee title)
  - An existing long-term lease with provisions to make improvements on the property
  - A leasehold estate held by a tribal entity in federal tribal trust lands property, or a valid sublease thereof that has been or will be approved by the Bureau of Indian Affairs
  - A fully executed option to purchase, sales contract, or other enforceable agreement to acquire the property
  - A Letter of Intent (LOI) that outlines the terms of a sale or lease contract, providing that a fully executed option will be completed within 60 days
  - A fully executed option to lease, or similar binding commitment from the property owner to agree to a long-term lease
  - No (see next question)

**36. b44.1. If the applicant does not have evidence of site control, please describe the plan and timeline for obtaining site control, and provide supporting evidence for the plan. (200 words)**

The City and County of San Francisco (Department of Public Health) has site control of the property by virtue of purchasing it in December 2021, and therefore has title and ownership of the property/site, for the purchased price of \$6,300,000.

See attached Board of Supervisors ordinance that approved the purchase of the property for the purchase price of \$6,300,000, and indicated the source of funds used, which is Proposition C (2018) (Gross Receipts Tax for Homelessness Services ("Prop C"), passed by San Francisco voters in November 2018. The county ordinance to execute the purchase of the property is also available to view online at <https://bit.ly/3x84o79>

**37. b45. Does the applicant have all needed approvals and permitting, or the capacity to obtain them?**

- Yes
- No

**38. b46. List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them. (Limit 500 words.)\***

The Planning Department of the City and County of San Francisco has determined that the project is in compliance with the California Environmental Quality Act ("CEQA Determination") (California Public Resources Code, Sections 21000 et seq.), and, on balance, is consistent with the General Plan, and eight priority policies of Planning Code, Section 101.1 ("General Plan Findings").

The county Planning Department has also determined that the project will be treated as a Public Facility, allowing the project to be approved over the counter with a CEQA categorical exemption.

This project will be securing the required building permit and electrical service upgrade permit (SFPUC/PG&E).

The project Design Team also plans to request a pre-application meeting with the San Francisco Department of Building Inspection (SFDBI) and the San Francisco Fire Department (SFFD), and meets monthly with SFDBI to provide them with advance notice of upcoming city projects, and to track status of existing projects.

**39. b47. If the project can't be licensed/certified by the state or at the local level until it is completed, 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.*

The Medi-Cal site certification of the CSU Tenderloin facility for the delivery of Medi-Cal reimbursable specialty CSU mental health services can only be conducted after the building renovations are complete and the contracted CSU provider is already occupying the site and ready to deliver services. The Medi-Cal site certification is to be conducted locally by the county (BHS), as that function is delegated to the county, for contracted providers, by the California Department of Health Care Services. BHS has had extensive and ongoing experience conducting Medi-Cal site certifications of contracted programs providing Medi-Cal specialty mental health and SUD ODS services (including of the CSUs currently existing).

**40. b48. 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.)\***

Please see the uploaded documents, the ASA-01 for complete/comprehensive project implementation elements, and soft costs breakdown, Exhibit D for preliminary construction budget/hard costs, Exhibit F for the Project Schedule, and Exhibit G for schematic design floor plan layout.

**41. b49. Does the applicant have documentation of all required certifications/licenses, including those required by the appropriate state department?**

- Yes
- No

**42. b49.1. If the project can't be licensed/certified by the state or at the local level until it is completed, please list the relevant licensing/certification timelines and requirements. (200 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.*

The Medi-Cal site certification of the CSU Tenderloin facility for the delivery of Medi-Cal reimbursable specialty CSU mental health services can only be conducted after the building renovations are complete and the contracted CSU provider is already occupying the site and ready to deliver services. The Medi-Cal site certification is to be conducted locally by the county (BHS), as that function is delegated to the county, for contracted providers, by the state. BHS has had extensive and ongoing experience conducting Medi-Cal site certifications of contracted programs providing Medi-Cal specialty mental health services (including of the CSUs currently existing), and SUD ODS programs.

**43. b50. Please attach the following on the Upload Documents page 1) The attached Schematic Design Checklist (download here). 2) any site plans; architectural drawings, blueprints, and/or other renderings; cost estimates with valid numbers from an architect, engineer, or licensed general contractor (or, if no construction plan is yet in place, a valid estimate from an architect, engineer, or licensed general contractor). 3) Resumes of the development team that developed the design/construction plan. 4) Copies of all executed contracts for hire related to your project's development team. Please attach additional notes below (800 words)**

Please see the uploaded documents, the ASA-01 for complete/comprehensive project implementation elements and soft costs breakdown, Exhibit D for preliminary construction budget/hard costs, Exhibit F for the Project Schedule, and Exhibit G for schematic design floor plan layout.

Please also see uploaded Letter from the Behavioral Health Director of San Francisco County in official support of the project as meeting an important gap in services, and confirming that the county will certify the site for Medi-Cal reimbursement. See also uploaded letters of support from the Managing Division Director over Psychiatric Emergency Services, acute psychiatric hospital beds, and Jail Psychiatry Beds at the county's Zuckerberg San Francisco General Hospital, as well as from the Chief of the county's Fire Department that operates Emergency Medical Services.

**44. b51. Please fill out and upload the schedule for design, acquisition of the property, and/or development or rehabilitation (download here). Design, acquisition, or development/rehabilitation should begin within 6 months of funding award, subject to achieving necessary permits and applications. Please attach additional notes (800 words)**

Please see the uploaded documents, the ASA-01 for complete/comprehensive project implementation elements and soft costs breakdown, Exhibit D for preliminary construction budget/hard costs, Exhibit F for the Project Schedule, and Exhibit G for schematic design floor plan layout.

Please also see uploaded Letter from the Behavioral Health Director of San Francisco County in official support of the project as meeting an important gap in services, and confirming that the county will certify the site for Medi-Cal reimbursement. See also uploaded letters of support from the Managing Division Director over Psychiatric Emergency Services, acute psychiatric hospital beds, and Jail Psychiatry Beds at the county's Zuckerberg San Francisco General Hospital, as well as from the Chief of the county's Fire Department that operates Emergency Medical Services.

**45. b52. To demonstrate support for the proposed project, please attach a letter of support from one or more of the following: Choose one of the options below and upload your letter on the Upload Documents Page\***

- County board of supervisors, county behavioral health director, or county executive
- City council
- Tribal council resolution
- Applicant's CEO and/or board (if applicable)
- Stakeholders or other community-based organizations

b52.1 Please demonstrate local engagement in the project by completing Form 6 – Community Engagement Form and submitting it on the Documents page.

**46. b53. 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.)\*

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 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. (See news report at <https://bit.ly/36A2QYU>). This planned CSU in the Tenderloin district will increase crisis services for homeless and minority populations disproportionately needing them.

The needs of the homeless population in San Francisco will also be addressed through this project being located in the district of the city with the highest concentration of the homeless population.

The homeless population also experiences high comorbidity with severe and chronic mental illness and substance use disorders, unattended physical health, and social service needs.

The presence of this additional CSU in the Tenderloin neighborhood, that individuals in need can easily walk into, goes a long way towards addressing the inequity of severe lack of resources for the homeless population with crisis assistance and multiple needs.

**47. b55. 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.\***

The CSU Tenderloin 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 the CSU.

Asian and Latino communities in San Francisco have, on the other hand, historically underutilized behavioral health services when compared their proportion of the population. We will also measure successful utilization of the CSU Tenderloin by the improvement in numbers of Asian and Latino populations using the service in proportion to their populations in the district.

**48. Enter the one-time use code, including underscore, that was provided to you by AHP's Technical Assistance Team during your pre-application consultation for the application. Pre-application consultation is a required activity for each application you submit. If you have not scheduled this consultation, please do so and, when the consultation is completed, return to this page and enter the code provided to you by AHP Technical Assistance Team. You can schedule the consultation at AHP's Pre-Application Consultations and Technical Assistance (TA) Page.**

3895\_390016

**REQUIRED Additional Questions [top](#)**

**Agency Info**

b8. Name of City, County, Agency, Tribal Entity, or Organization*	b9. DUNS #*	b10. Agency Tax ID*	b11. Address Line 1 (Please enter physical address of business)*	b11. Address Line 2 (Please enter physical address of business)*	B11. City*	B11. State*	B11. Zip Code*	b12. Telephone Number*	b13. Agency Entity Type* (County, City, Tribal Entity, Nonprofit Corporation (please provide evidence of nonprofit status), For-Profit Corporation, Individual or Other Private Organization)	b14. State of Formation*	b15. Date Business Established* (MM/DD/YYYY)	b16. Business Website URL - (Please type N/A if not applicable)*
City and County of San Francisco	103717336	946000417	1380 Howard St., 5th flr	N/A	San Francisco	CA	94103	(415) 255-3700	County	California	06/11/1856	<a href="https://bit.ly/3Jc0LiX">https://bit.ly/3Jc0LiX</a>

**Lead Info**

b17. Lead Authorized Representative First Name*	b18. Lead Authorized Representative Last Name*	b21. Lead Email*	b22. Address Line 1 (P.O. Box not acceptable)	b22. Address Line 2 (P.O. Box not acceptable)	B22. City*	B22. State*	B22. Zip Code*	b23. Preferred Phone Number*	b24. Percent of Ownership (%)*
Hillary	Kunins, MD	hillary.kunins@sfdph.org	1380 Howard St., 5th flr	N /A	San Francisco	CA	94103	415-606-5502	0

**Lead Info**

<b>b25. Project Director Name (First and Last)</b> David Pating, MD	<b>b26. Agency or Tribal Entity Name</b> San Francisco County	<b>b27. Director Email</b> david.pating@sfdph.org	<b>b28. Project Director Telephone Number</b> 415-515-3217
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## Population Served

<b>b54.1. African American/Black*</b>	<b>b54.2. Asian-American/Pacific Islander*</b>	<b>b54.3. Latino/Hispanic*</b>	<b>b54.4. Native American/Alaska Native*</b>	<b>b54.5. White*</b>	<b>b54.6. Mixed Race*</b>	<b>b54.7. Other (please specify below and limit your response to a paragraph*</b>	
35	15	17	1	28	2	2	Unknown or undeclared

## Documents [top](#)

### Documents Requested \*

Required?

### Attached Documents \*

BHCIP Budget Template <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Budget</a>
Form 3: Schematic design checklist <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Schematic Design Checklist</a>
Form 4: Milestones of design, acquisition, and construction <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Milestones</a>
Form 5: Development team description/contact form <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Development Team</a>
Form 6: Community engagement form <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Community Engagement</a>
Form 7: Applicant's certification <a href="#">download template</a>	✓	<a href="#">CSU Tenderloin Applicant's Certification</a>
Site readiness documents		<a href="#">CSU Tenderloin Site Readiness-Control</a>
Letters of support		<a href="#">CSU Tenderloin Support from County Behavioral Health Director</a>
Letters of support for the proposed project		<a href="#">CSU Tenderloin Support Letter from County EMS</a> <a href="#">CSU Tenderloin Support Letter from County General Hospital</a>
Operating agreement		<a href="#">ASA-01 CSU Tenderloin</a>
Preliminary site plans, design drawings, or construction drawings		<a href="#">Exhibit G Schematic -CSU Tenderloin</a> <a href="#">Exhibit F Project Schedule -CSU Tenderloin</a> <a href="#">Exhibit D Prelim Costs -CSU Tenderloin</a>
Development team resume		
Contracts with development teams		
Collaboration documents		<a href="#">Mental Health SF County Ordinance</a> <a href="#">San Francisco Bed Optimization Report</a> <a href="#">Mental Health SF Overall Beds Expansion Plan</a> <a href="#">Mental Health SF Beds Overall Expansion Dashboard</a>
Documents of incorporation		
Plan to obtain site control		

## Extra

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Application ID: 397246

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