

File Number: 220202
(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: **Crisis Care Mobile Units (CCMU) Program**
2. Department: **Department of Public Health
Comprehensive Crisis Services**
3. Contact Person: **Matthew Goldman, MD** Telephone: **415-317-4142**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$1,977,500**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **California Department of Health Care Services - \$1,960,000 & Substance Abuse and Mental Health Services Administration - \$17,500**
b. Grant Pass-Through Agency (if applicable): **California Department of Health Care Services \$17,500**
8. Proposed Grant Project Summary:
Through the Infrastructure Expansion Project, San Francisco (SF) Comprehensive Crisis Services will significantly expand the quality, scope, and impact of our existing crisis care mobile units program by, among other activities: a) adding staff to improve continuous quality improvement to support mobile crisis calls; b) acquiring new vehicles to increase the time spent in the field by mobile teams; c) upgrading existing phone systems to improve communication quality and facilitate automated data collection; d) purchasing laptops and tablets for telehealth and remote documentation in the field; and e) providing de-escalation trainings to clinical staff.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **9/15/2021** End-Date: **6/30/2025**
- 10a. Amount budgeted for contractual services: **\$184,500**
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?

d. Is this likely to be a one-time or ongoing request for contracting out? **One-time request**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$

b2. How was the amount calculated?

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? **25% of personnel costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 15, 2021. The Department received the award on October 5, 2021. This grant does not require an ASO amendment.

Proposal ID: **CTR00002677**
Department: **251984**
Version ID: **V101**
Project Desc: **HM111-22 Crisis Care Mobile Units Program**
Project ID: **10038190**
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 checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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: 1/26/2022 | 10:36 AM PST

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 1/26/2022 | 12:53 PM PST

DocuSigned by:
Greg Wagner
(Signature Required)

Greg Wagner, COO for