File Number: $\qquad$
(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:
$\begin{array}{lll}\text { 1. Grant Title: } & \text { Bridge Navigator Program } \\ \text { 2. Department: } & \begin{array}{l}\text { Zuckerberg San Francisco General Hospital } \\ \text { Hospital Administration }\end{array}\end{array}$
3. Contact Person: Jenna Bilinski Telephone: (415) 206-5344
4. Grant Approval Status (check one):
[x] Approved by funding agency [ ] Not yet approved
5. Amount of Grant Funding Approved or Applied for: $\mathbf{\$ 1 2 0 , 0 0 0}$

6a. Matching Funds Required: \$ 0
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: California Department of Health Care Services b. Grant Pass-Through Agency (if applicable): Public Health Institute
8. Proposed Grant Project Summary: The Bridge Navigator Program funds will support the hiring of a substance use navigator in the emergency department at Zuckerberg San Francisco General. Previously navigators from the hospital Addiction Care Team supported the emergency department, this funding will allow one navigator to focus their work on the emergency department, in collaboration with the social medicine team and the Bridge Clinic. This team member will focus on identification, treatment, and referral of people who have risky substance use. They will also focus on building a stigma-free environment in the emergency department for people who use drugs or have mental health challenges. Funds will include the navigator salary. Supervision, and data monitoring required for grant reporting and quality improvement will be considered in-kind.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:

$$
\text { Start-Date: July 1, } 2022
$$

End-Date: June 30, 2023
10a. Amount budgeted for contractual services: \$120,000
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? N.A.
d. Is this likely to be a one-time or ongoing request for contracting out? Ongoing.

11a. Does the budget include indirect costs?
[] Yes
[x] 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
[x] 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 requires monthly reporting of program metrics to the Public Health Institute, tracking things including number patients with opioid use disorder, overdose, patients started on medication treatment, and patients referred to ongoing care.

The grant does not require an ASO amendment. We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award agreement on August 8, 2022.

| Customer Contract ID: | CTR00003381 |
| :--- | :--- |
| Fund code: | 21132 |
| Dept code: | 251667 |
| Authority code: | 10001 |
| Project Description: | HG Bridge Navigator Program |
| Project code: | 10039647 |
| Activity code: | 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):
[X] Existing Site(s)
[ ] Rehabilitated Site(s)
[ ] New Site(s)
[ ] Existing Structure(s)
[ ] Rehabilitated Structure(s)
[ ] New Structure(s)
[x] 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:
15. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
16. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
17. 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:
12/27/2022 | 3:32 PM PST

Toni Rucker
(Signature Required)

## Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)
Director of Health

| (Title) | 12/22/2022 \| 7:10 PM PST | Naveena Bobba |
| :---: | :---: | :---: |
| Date Reviewed: |  | (Signaturee Required) |
|  |  | Naveena Bobba, Deputy Director for |

