

London N. Breed Mayor

то:		Angela Calvillo, Clerk of the Board of Supervisors				
FROM	Л:	Dr. Grant Colfax Director of Health				
DATE	:	4/2/2021				
SUBJ	ECT:	Grant Accept and Expend				
GRAN	NT TITLE:	Accept and Expend Grant - Transform Mental Behavioral Health Fund - \$925,000				
Attach	ned please fir	nd the original and 1 copy of each of the following:				
\boxtimes	Proposed gr	rant resolution, original signed by Department				
	Grant inform	nation form, including disability checklist -				
\boxtimes	Budget and	Budget Justification				
	Grant application: Not Applicable. No application submitted.					
\boxtimes	Agreement /	Award Letter				
	Other (Expla	ain):				
Special Timeline Requirements: Departmental representative to receive a copy of the adopted resolution:						
Intero	Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521 nteroffice Mail Address: Dept. of Public Health, 101 Grove St # 108					
Certifi	ed copy requ	ıired Yes ☐ No ⊠				

FILE NO.

RESOLUTION NO.

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Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$925,000 from the San Francisco General Hospital Foundation to participate in a program, entitled "Transform Mental Behavioral Health

[Accept and Expend Grant - Retroactive - San Francisco General Hospital Foundation -

Fund," for the period of October 1, 2020, through August 31, 2022.

Transform Mental Behavioral Health Fund - \$925,000]

WHEREAS, San Francisco General Hospital Foundation (SFGHF) has agreed to fund the Department of Public Health (DPH) in the amount of \$925,000 for participation in a program, entitled "Transform Mental Behavioral Health Fund," for the period of October 1, 2020, through August 31, 2022; and

WHEREAS, Interdepartmental programs (Psychology, Social Medicine, Solid Start, and Team Lily) within Zuckerberg San Francisco General Hospital have identified challenges with consistent patient and program support, as well as data acquisition and analysis for evaluation and impact; and

WHEREAS, The first phase will begin implementing immediate solutions to existing problems in patient care through patient navigation involving hiring and resourcing frontline staff, training and education for the frontline staff, and data acquisition and evaluation; and

WHEREAS, A request for retroactive approval is being sought because DPH received a memorandum of understanding on February 2, 2021, for a project start date of October 1, 2020; and

WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and WHEREAS, The Department proposes to maximize use of available grant funds on program expenditures by not including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of \$925,000 from the SFGHF; and be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

1	Recommended:	Approved:
2	DocuSigned by:	Mayor
3	Greg Wagner	
4	Dr. Grant Colfax	Approved:
5	Director of Health	Controller
6	Greg Wagner, COO for	
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File Number:						
(Provided by	Clerk	of Boa	ard of	Supe	rvisors)

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: Transform Mental Behavioral Health Fund
- 2. Department: **Department of Public Health Hospital Administration**
- 3. Contact Person: Susan Ehrlich & Kim Nguyen Telephone: 628 206 2877
- 4. Grant Approval Status (check one):

[x] Approved by funding agency

[] Not yet approved

5. Amount of Grant Funding Approved or Applied for:

Full Project: **\$925,000**

6a. Matching Funds Required: \$0

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

- 7a. Grant Source Agency: San Francisco General Hospital Foundation
- b. Grant Pass-Through Agency (if applicable): N.A.
- 8. Proposed Grant Project Summary:

Four interdisciplinary, inter-departmental programs (Psychology, Social Medicine, Solid Start and Team Lily) within ZSFG's behavioral and mental health services have identified challenges with consistent patient and program support and data acquisition and analysis for evaluation and impact. This first phase will begin implementing immediate solutions to existing problems in patient care through:

- 1. Patient navigation hiring & resourcing frontline staff
- 2. Training & education particularly focused around frontline staff
- 3. Data needs SF Department of Public Health (DPH) / SF Health Network (SFHN) partnership, acquisition & evaluation
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: October 1, 2020 End-Date: August 31, 2022

10a. Amount budgeted for contractual services: \$295,000

- b. Will contractual services be put out to bid? Yes, they will go through CCSF bidding processes.
 - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? We will always support LBE goals. However, our main goal is to ensure services are cost effective and meet Department of Public Health and San Francisco Health Network mission and vision.
 - d. Is this likely to be a one-time or ongoing request for contracting out? One-time request only

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11a. Does the budget include indirect costs?

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[x] 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

[x] To maximize use of grant funds on direct services

[] Other (please explain):

If no indirect costs are included, what would have been the indirect costs? Indirect Supplies – roughly
 of direct costs.

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2020. Due to COVID-19, the project was delayed, and the funds were not used. The Department received the award on February 2, 2021. This grant does not require an ASO amendment and partially reimburses the department for temporary positions during the period of October 1, 2020 through August 31, 2022.

This request funds existing, temporary positions which are currently in the ASO:

Program	Job Title	Year 1 Amount	
Social Medicine	Patient Care Coordinator	\$	110,000
social Medicine	Social Worker	\$	130,000
Psychology (Psychiatry and	Patient Navigator	\$	100,000
Psychiatric Emergency Services)	Patient Navigator	\$	100,000
Solid Start	Evaluation Manager	\$	90,000
Team Lily	Patient Navigator	\$	100,000
	Total	5	630,000

Contract Number - CTR00002362

Fund: 21132 Department: 251667 Authority: 10001

Project Description: TMBH Fund Round 1

Project: 10037495 Activity: 0001

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Disability Access Checklist*(Department must forward a copy of all completed Grant Information						
Forms to the Mayor's Office	ce of Disability)					
13. This Grant is intended fo	or 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)				
concluded that the project as other Federal, State and local	s proposed will be in compliance wi	n Disability have reviewed the proposal and the Americans with Disabilities Act and all ons and will allow the full inclusion of persons d to:				
1. Having staff trained in h	now to provide reasonable modifica	tions in policies, practices and procedures;				
2. Having auxiliary aids ar	nd services available in a timely ma	inner in order to ensure communication access;				
	approved by the DPW Access Com	to the public are architecturally accessible and apliance Officer or the Mayor's Office on				
If such access would be tech	nnically 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)		DocuSigned by:				
Date Reviewed:	24/2021 12:10 PM PDT	Toni Rucker				
	_	(Signature Required)				
Department Head or Designee Approval of Grant Information Form: Dr. Grant Colfax (Name)						
Director of Health (Title)		- BucoSigmed by:				
` ′	/26/2021 10:54 AM PDT	Greg Wagner				
Date Reviewed: (Signature Required)						

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TMBHF Budget Breakdown Round 1

Category	Description	Year 1	
	Patient Care Coordinator	\$	110,000
	Social Worker	\$	130,000
Personnel	Patient Navigator	\$	100,000
Personnei	Patient Navigator	\$	100,000
	Evaluation Manager	\$	90,000
	Patient Navigator	\$	100,000
	Social Medicine Training	\$	60,000
Training	Psychology Department Training	\$	50,000
	Team Lily Training	\$	25,000
Sub-Contracts 2 CBO Sub-contracts with Solid Start		\$	160,000
	Total	\$	925,000

Personnel

Program	Description	Year	1 Amount
Social Medicine	Patient Care Coordinator	\$	110,000
Social Medicine	Social Worker	\$	130,000
Psychology (Psychiatry and	Patient Navigator	\$	100,000
Psychiatric Emergency Services)	Patient Navigator	\$	100,000
Solid Start	Evaluation Manager	\$	90,000
Team Lily	Patient Navigator	\$	100,000
	Total	\$	630,000

Training

Program	Description		Year 1 Amount	
Social Medicine	Training		\$	60,000
Psychology (Psychiatry and				
Psychiatric Emergency Services)	Training		\$	50,000
Team Lily	Training		\$	25,000
		Total	\$	135,000

Sub-Contracts

Program	Description	Year 1 Amount	
Solid Start	CBO Subcontracts	\$	80,000
Solid Start	CBO Subcontracts	\$	80,000
	Total	\$	160,000



Transform Mental Behavioral Health Fund

Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and Zuckerberg San Francisco General Hospital 10/1/2020:

PURPOSE AND SCOPE

The Purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the:

Transform Mental Behavioral Health Fund

The funds for which were received by the Foundation as part of the Gift provided by the donors in 2019.

MOU TERMS

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the **Transform Mental Behavioral Health Fund** begins October 1, 2020 and ends August 31, 2022.

PROGRAM RESPONSIBILITIES UNDER THIS MOU

Social Medicine, Team Lily, Solid Start, Psychology Department are sub-grantees under the TMBHF, expending grant funds to fulfill the purpose of the grant –funding toward projects that integrate and address the physical location of care and clinic, the technological coordination of care system wide, and the programmatic social and behavioral health care needs of the patient population.

Expenses allowed are up to the maximum spend not to exceed the amounts in \$925,000.

Program	Year 1	
		(110,000) 1 Patient care coordinator + (130,000)1
Social Medicine	\$300,000	social worker + (60,000)training
Psychology Department (Psych +		
PES)	\$250,000	(100,000 each) 2 patient navigators + (50,000)training
Solid Start	\$250,000	(80,000 each) 2 CBO subcontracts
		+ (90,000) 1 evaluation manager
Team Lily	\$125,000	(100,000) 1 navigator+ (25,000)training
	\$925,000	



ZSFG shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A), namely, provide adequate payroll records documenting the personnel expenses and final purchased invoices/receipts. Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.

MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement may be terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the Transform Mental Behavioral Health Fund budget covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.

CONTACT INFORMATION

All notices hereunder shall be in writing, personally delivered, sent by certified mail, return receipt requested, addressed to the other party as follows:

Gerry Chow Chief Financial Officer San Francisco General Hospital Foundation 2789 25th Street, Suite 2028 San Francisco, CA 94110



SIGNATURE

Kim Meredith

Date: 01.26. 2021

Kim Meredith Chief Executive Officer San Francisco General Hospital Foundation 2789 25th Street, Suite 2028 San Francisco, CA 94110

ZSFG Authorized Signer

Date: 2/2/202

Susan Ehrlich Chief Executive Officer Zuckerberg San Francisco General Hospital



EXHIBIT A

Disbursement Request Policy and Procedure

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, * payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

Salaries & benefits ** Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

^{*}Reimbursements: the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15th in order to close the June 30 fiscal year. **Expenses that do not fall within the open fiscal year will not be reimbursed.**

The disbursement form can be submitted several ways:

- 1. Email to accounting@sfghf.org
- 2. Interoffice mail
- 3. Dropped off at Foundation office location
- 4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.

^{**}Salaries and benefits: the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.



Donors to the Transform Mental and Behavioral Health Fund for disclosure.

\$10,000.00
\$10,000.00
\$2,500.00
\$2,500.00