San Francisco Department of Public Health



Mayor

Grant Colfax, MD Director of Health

Proposition 1: Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready and Round 2: Unmet Needs Grant

Letter of Support Request Form from San Francisco Department of Public Health

Instructions to Request a Letter of Support

Submit this completed form and draft Letter of Support to: BHCIP.BHS.contact@sfdph.org.

SFDPH Behavioral Health Services (BHS) may contact you with questions or more information. Requests for letters of support must be submitted to SFDPH four weeks prior to the date needed. Late requests may not have sufficient time to be considered. The latest date to request a LOS for Round 1: Launch Ready is Friday, November 15 by 5pm PT.

Receipt of a Letter of Support from SFDPH does not guarantee that the State will award grant funding for a project.

Letter of Support Contact Information

Entity Requesting				
Letter of Support				
Entity Address				
Date of Request			Date Letter of	
			Support Needed	
Are you submitti	ng an application for			
	Bond BHCIP?			
Round 1: Launch Ready or Round 2:				
	Unmet Needs?			
	Type of Entity:			
(Local government, Non-Profit, For-Profit)				
Is your entity a contactor with SFDPH or		If YES, for what services and funding levels?		
City & County of SF?				
Does your entity currently provide		If YES, please describe.		
Medi-Cal behavioral health services?				
Is SFDPH a partner in this grant?				
Entity Contacts	First & Last Name	Title	Email	Phone
Primary Contact				
Secondary Contact				
Other Contact				

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BHCIP Project Information

Project Name				
Project Address				
Type of Service(s)				
State License Type				
Project Overview				
& Description				
Proposed New				
Capacity				
(# of new beds,				
treatment slots)				
Provide a brief				
summary of your				
operating business				
plan and expected				
level of Medi-Cal				
funding.				
(Can also attach)				
Total Project Cost	\$	Total BHCIP Round 1	\$	
		Grant Funding Requested		
applications, as required	by the RFA, will only red	rt for Bond BHCIP Round 1 ceive a letter of support from d in Sections A and B below.		-
A. State Criteria and Priorities Alignment Please review the State criteria and priorities outlined in the RFA – in Part Two: Project Requirements (pp. 5-19) and 1.1 Introduction to the Grant Opportunity and State Priorities (p. 3), respectively.				
☐ By checking this box, I agree that I have read the State criteria and priorities outlined and in RFA and can commit to project alignment to all State criteria and at least one State priority.				
☐ By checking this box, I commit to the State requirement to provide a sustainable business plan and acknowledge that SFDPH does not have additional county-supported funds to support the project.				
☐ By checking this box, I confirm that my organization is in good financial standing with the City and County of San Francisco (i.e., not on elevated concern or red flag financial status with CCSF).				

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B. SFDPH Priorities Alignment

To receive a letter of support, proposed projects must align with a majority of local priorities.

Directions: Please enter "Yes" or "No" for each item below. For each "Yes" item, please include a description of how the project aligns with the stated priority.

SFDF	SFDPH Priorities			
<u>#</u>	<u>Priorities</u>	Yes or No	Brief Description, if yes	
B1.	Supports regional distribution of services, density of need, and Medi-Cal enrollment density.			
B2.	Aligns with the goals of Mental Health SF and Treatment on Demand Act.			
В3.	Aligns with SFDPH's priorities for residential expansion (see Appendix).			
B4.	Project has a sustainable business plan and has identified sources to support on-going costs.			
B5.	Supports health equity to improve access to care across diverse communities within San Francisco.			

I, _____ certify that the information submitted in the request above is accurate and truthful. Name of Authorized Official (Print First Name & Last Name) Signed: ______ Signature of Authorized Official Title Date

Submit a draft Letter of Support and a completed, signed form above to BHCIP.BHS.contact@sfdph.org at least four weeks prior to the date needed.

Please include the BHCIP Round # and Round Title as well as the name of the entity in the subject of the email. [Example: BHCIP Round 1: Launch Ready Grant (Name of Entity)].

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Appendix. Behavioral Health Residential Care and Treatment Bed Analysis (February 2024)

Residential Expansion: Preliminary Recommendations

Residential Type	Additional Beds Needed	Considerations
Mental Health Residential Treatment	~50	 Includes different lengths of stay Includes need for clients with specific needs (e.g., both severe mental health and substance use diagnoses; seniors; and perinatal clients)
Mental Health Rehabilitation Centers (MHRC) / LSAT	Estimated 55-95	 Given current wait times Potential for increase in demand under SB 43
Behaviorally Complex Therapeutic (Enhanced Residential Care / Residential Care for the Elderly	Estimated 20-40	Highly specialized level of care for complex, high- need clients difficult to place in care.

Residential Type	Additional Beds Needed		Considerations
SUD Residential Withdrawal Management	~8-10	•	Includes high-complexity withdrawal management for people with both severe withdrawal medical needs and other health needs
SUD Residential Step-Down	~20-30	•	The number of clients served in RSD has increased as SFDPH has added capacity.
State Hospital Beds	Admission data needed to make a recommendation.		These beds are managed by the State. 2022 RAND analysis showed that access to these beds significantly contributes to the supply other beds types

Source: Slides 13 and 14 from SFDPH's February 2024 Bed Needs Analysis Hearing