

File No. 151283

Committee Item No. 18  
Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date January 20, 2016

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

**OTHER** (Use back side if additional space is needed)

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Completed by: Linda Wong Date January 15, 2016  
Completed by: Linda Wong Date \_\_\_\_\_

1 [Accept and Expend Grant - Center for Health Care Strategies, Inc. - Advancing Adoption of  
2 Trauma-Informed Approaches to Care - \$279,816]

3 **Resolution retroactively authorizing the San Francisco Department of Public Health to**  
4 **accept and expend a grant in the amount of \$279,816 from Center for Health Care**  
5 **Strategies, Inc., to participate in a program entitled Advancing Adoption of Trauma-**  
6 **Informed Approaches to Care for the period of October 10, 2015, through September**  
7 **30, 2017.**

8  
9 WHEREAS, Center for Health Care Strategies, Inc. is the recipient of a grant award  
10 from Robert Wood Johnson Foundation supporting the Advancing Adoption of Trauma-  
11 Informed Approaches to Care grant; and

12 WHEREAS, With a portion of these funds, Center for Health Care Strategies, Inc. has  
13 subcontracted with Department of Public Health (DPH) in the amount of \$279,816 for the  
14 period of October 10, 2015, through September 30, 2017; and

15 WHEREAS, As a condition of receiving the grant funds, Center for Health Care  
16 Strategies, Inc. requires the City to enter into an agreement (Agreement), a copy of which is  
17 on file with the Clerk of the Board of Supervisors in File No. 151283; which is hereby declared  
18 to be a part of this Resolution as if set forth fully herein; and

19 WHEREAS, The purpose of this project will be to develop and embed a Champions  
20 Learning Community and collaborative workgroup to partner organizational leaders with staff  
21 champions to support, apply, and sustain the application of Trauma Informed System (TIS)  
22 principles and practices into the workforce; and

23 WHEREAS, By embracing TIS principles and providing trauma informed healthcare,  
24 DPH aims to promote a resilient community and workforce that results in increased positive  
25 patient outcomes and reduced healthcare costs; and

1           WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
2 partially reimburses DPH for one existing position, one Health Program Coordinator III (Job  
3 Class No. 2593) at .75 FTE for the period of October 10, 2015, through September 30, 2017;  
4 and

5           WHEREAS, A request for retroactive approval is being sought because DPH did not  
6 receive the approval of the final grant agreement until October 15, 2015, for a project start  
7 date of October 10, 2015; and

8           WHEREAS, The budget includes a provision for indirect costs in the amount of  
9 \$22,481.30; now, therefore, be it


10          RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
11 in the amount of \$279,816 from Center for Health Care Strategies, Inc.; and, be it

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

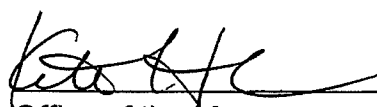
15          FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 Agreement on behalf of the City.

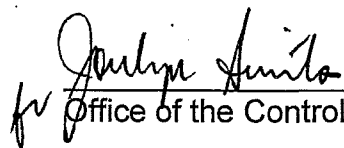
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RECOMMENDED:

  
\_\_\_\_\_  
Barbara A. Garcia, MPA  
Director of Health

APPROVED:

  
\_\_\_\_\_  
Office of the Mayor

  
\_\_\_\_\_  
Office of the Controller

File Number: \_\_\_\_\_  
(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: **Advancing Adoption of Trauma-Informed Approaches to Care**
2. Department: **Department of Public Health  
Child, Youth, & Family System of Care**
3. Contact Person: **Ken Epstein** Telephone: **(415) 255-3439**
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$279,816 in the 2-year project period**
- 6a. Matching Funds Required: None  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Robert Wood Johnson Foundation**  
b. Grant Pass-Through Agency (if applicable): **Center for Health Care Strategies, Inc.**
8. Proposed Grant Project Summary: **To develop and embed a Champions Learning Community (CLC) and collaborative workgroup to partner organizational leaders with staff champions to support, apply, and sustain the application of Trauma Informed System (TIS) principles and practices into the workforce. By embracing TIS principles and providing trauma informed healthcare, we aim to promote a resilient community and workforce that results in increased positive patient outcomes and reduced healthcare costs.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

<b>Start-Date: 10/10/15</b>	<b>End-Date: 10/30/16</b>
<b>Start-Date: 10/31/2016</b>	<b>End-Date: 09/30/17</b>
- 10a. Amount budgeted for contractual services: **\$0**  
b. Will contractual services be put out to bid? **N/A**  
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? **N/A**
- 11a. Does the budget include indirect costs?  Yes  No  
b1. If yes, how much? **\$22,481.30 in the 2-year project period (\$ 11,240.65 in year 1, \$11,240.65 in Year 2)**  
b2. How was the amount calculated? **10% of salaries and fringe**  
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?

12. Any other significant grant requirements or comments:

**We respectfully request to accept and expend these funds retroactive to October 10, 2015. The grant source agency did not finalize and approve the grant agreement until October 15, 2015.**

**GRANT CODE (Please include Grant Code and Detail in FAMIS): HMCH08-1600, index code HMMCHGRANTS**

**\*\*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 type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input 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:

Ron Weigelt  
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs  
(Title)

Date Reviewed: 10/26/15

Arlene C. Davis  
(Signature Required)

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

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 10/27/15

Callie for  
(Signature Required)

San Francisco Department of Public Health  
 Children, Youth and Families System of Care  
 Advancing Adoption of Trauma-Informed Approaches to Care (AATIAC)  
 Budget for Year 1 (10/1/15 - 9/30/16)

A. Personnel	Position	Salary	FTE	Year 1	
				CHCS grant Budget	In-Kind
	Principal Investigator, Kenneth Epstein, PhD, LCSW	146,244	0.10	-	14,624.40
	2593 Health Program Coordinator III/Project Director, Cherie Falvey, MPH	105,546	1.00	79,159.50	26,386.50
	SF TIS Initiative Coordinator, Kaytie Speziale, MA	105,546	0.20	-	21,091.20
	Evaluator, Briana Loomis, PhD	107,328	0.10	-	10,732.80
	Grants Manager, Jana Rickerson, LCSW	105,456	0.07	-	7,822.80
	COSTSUC Berkeley School of Social Welfare Management & Planning Intern, .50% FTE IN-KIND	-	0.50	-	-
<b>B. Fringe benefits @ 42%</b>				33,246.99	33,876.23
<b>C. Travel</b>					
	Grant Meeting (learning collaborative) - 2 staff, 3 days, 2 nights (Airfare \$500 x 2; lodging \$225 per night x 2 nights x 2; per diem \$61 per day x 3 days x 2, ground transportation \$150 x 2)\$			2,566.00	-
	Local mileage - Avg. 150 miles/month @ \$0.575 per mile			1,035.00	-
<b>D. Equipment</b>					
	Laptop - Year 1 only			1,200.00	-
	3-in-1 Printer/Scanner/Fax - Year 1 only			600.00	-
<b>E. Supplies</b>					
	General Monthly Office Supplies @ \$100 Per Month			1,200.00	-
<b>F. Contract</b>				-	-
<b>G. Construction</b>				-	-
<b>H. Other</b>					
	Refreshments -\$110 per CLC Planning and Implementation Meetings x 4 sites x 12 months			5,280.00	-
	SPSS Statistics Standard License - Annual Subscription (IBM SPSS Statistics Standard Authorized User Initial Fixed Term License + SW Subscription & Support 12 Months (DOEEMLL))			2,530.00	-
	Survey Monkey Gold Plan - Annual Subscription			300.00	-
	<b>Total Direct Cost</b>			127,117.49	114,534
	<b>Indirect Cost @ 10% of salaries &amp; fringes</b>			11,240.65	-
	<b>Total Cost</b>			<b>138,358.14</b>	<b>114,533.93</b>

San Francisco Department of Public Health  
 Children, Youth and Families System of Care  
 Advancing Adoption of Trauma-Informed Approaches to Care (AATIAC)  
 Budget for Years 1-2 (10/1/15 - 9/30/17)

A. Personnel	Position	Salary	FTE	Year 1		Year 2	
				CHCS grant Budget	In-Kind	CHCS grant Budget	In-Kind
	Principal Investigator, Kenneth Epstein, PhD, LCSW	146,244	0.10	-	14,624.40	-	14,624.40
	2593 Health Program Coordinator III/Project Director, Cherie Falvey, MPH	105,546	1.00	79,159.50	26,386.50	79,159.50	26,386.50
	SF TIS Initiative Coordinator, Kaytie Speziale, MA	105,546	0.20	-	21,091.20	-	21,091.20
	Evaluator, Briana Loomis, PhD	107,328	0.10	-	10,732.80	-	10,732.80
	Grants Manager, Jana Rickerson, LCSW	105,456	0.07	-	7,822.80	-	7,822.80
	COSTSUC Berkeley School of Social Welfare Management & Planning Intern, .50% FTE IN-KIND	-	0.50	-	-	-	-
<b>B. Fringe benefits @ 42%</b>				<b>33,246.99</b>	<b>33,876.23</b>	<b>33,246.99</b>	<b>33,876.23</b>
<b>C. Travel</b>							
	Grant Meeting (learning collaborative) - 2 staff, 3 days, 2 nights (Airfare \$500 x 2; lodging \$225 per night x 2 nights x 2; per diem \$61 per day x 3 days x 2, ground transportation \$150 x 2)			2,566.00	-	2,566.00	-
	Final convening grant meeting - 4 staff, 4 days, 3 nights (\$127 per night X 3 nights X 4 staff; Per Diem (travel to and from EWR) \$61x4daysx 4 staff; Airfare \$600 rt X 4)			-	-	4,900.00	-
	Local mileage - Avg. 150 miles/month @ \$0.575 per mile			1,035.00	-	1,035.00	-
<b>D. Equipment</b>							
	Laptop - Year 1 only			1,200.00	-	-	-
	3-in-1 Printer/Scanner/Fax - Year 1 only			600.00	-	-	-
<b>E. Supplies</b>							
	General Monthly Office Supplies @ \$100 Per Month			1,200.00	-	1,200.00	-
<b>F. Contract</b>							
				-	-	-	-
<b>G. Construction</b>							
				-	-	-	-
<b>H. Other</b>							
	Refreshments -\$110 per CLC Planning and Implementation Meetings x 4 sites x 12 months			5,280.00	-	5,280.00	-
	SPSS Statistics Standard License - Annual Subscription (IBM SPSS Statistics Standard Authorized User Initial Fixed Term License + SW Subscription & Support 12 Months (DOEEMLL))			2,530.00	-	2,530.00	-
	Survey Monkey Gold Plan - Annual Subscription			300.00	-	300.00	-
	<b>Total Direct Cost</b>			<b>127,117.49</b>	<b>114,534</b>	<b>130,217.49</b>	<b>114,533.93</b>
	<b>Indirect Cost @ 10% of salaries &amp; fringes</b>			<b>11,240.65</b>	<b>-</b>	<b>11,240.65</b>	<b>-</b>
	<b>Total Cost</b>			<b>138,358.14</b>	<b>114,533.93</b>	<b>141,458.14</b>	<b>114,533.93</b>



San Francisco Department of Public Health  
 Children, Youth and Families System of Care  
 Advancing Adoption of Trauma-Informed Approaches to Care  
**Budget Justification for Year 1 (10/1/15 - 9/30/16)**

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**A. Personnel** **\$79,159.50**

Principle Investigator, Kenneth Epstein, LCSW, PhD 0.10 FTE (In-Kind) \$14,624.00

Dr. Epstein will have primary responsibility for the project, including achieving the technical success of the project, cross-system oversight and integration, planning for sustainability, and ensuring compliance with financial and administrative policies and regulations.

2593 Health Program Coordinator III/Project Director 0.75 FTE \$79,159.50

Cherie Falvey, MPH 0.25 FTE (In-Kind) \$26,386.50

The Project Director of the CLC program will manage the grant-related daily activities and deliverables of the program and assist the Project Evaluator with analysis. She will also be responsible for implementing and managing the operations of the project, including organizing and participating in monthly CLC meetings to review progress and address challenges, facilitating collaboration among program participants, managing and disseminating project materials and communications, and performing other administrative duties related to the grant as needed.

Project Coordinator, Kaytie Speziale, MFT 0.20 FTE (In-Kind) \$21,091.20

Kaytie Speziale is the Coordinator for the SFDPH's Trauma Informed Systems Initiative and overseeing the system-wide training on basics of stress and trauma. Ms. Speziale will work with the Project Director to assist agencies through consultation and providing relevant resources to help support attainment of project objectives.

Project Evaluator, Briana Loomis, PhD 0.10 FTE (In-Kind) \$10,732.80

The psychologist and evaluator for the SFDPH Child, CYF SOC will support trauma informed content development and implementation, as well as the implementation of evaluation activities and dissemination of data.

Grant Manager, Jana Rickerson, LCSW 0.07 FTE (In-Kind) \$7,822.00

The SFDPH Grants Manager will receive and insure that all official communications from CHCS are addressed in a timely manner. She will be responsible for signing and oversight of official grants reports and documentation to CHCS.

**B. Fringe Benefits** **\$33,246.99**

Payroll, taxes and fringe benefits include employer's share of Federal, State, and local mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability insurance premiums; and employer's contribution to employee retirement plans. SFDPH fringe benefits are budgeted at 42% of personnel costs (salaries).

**C. Travel** **\$**  
**3,601.00**

Grant Meeting **\$ 2,566.00**

Funds are budgeted for the Project Director and project staff to travel to grant related meeting to participate in the learning collaborative. Travel expenses for this two-day meeting include round trip airfare, lodging expense and lodging tax for two nights, ground transportation to/from airport/hotel and M& IE for three days.

Local Mileage **\$ 1,035.00**

Funds are budgeted to travel to local meetings to discuss implementation and progress of program aims. The expenses include \$0.575 per mile x average 150 miles/month x 12 months.

<b>D. Equipment</b>	<b>\$ 1,800.00</b>
<u>Laptop - Year 1 only</u>	\$ 1,200.00
Funds are budgeted for purchasing a laptop to support the work of the project, including maintaining communication with program participants, creating source documents, data collection and evaluation, dissemination of project materials, and other related tasks.	
<u>3-in-1 Printer/Scanner/Fax - Year 1 only</u>	\$ 600.00
Funds are budgeted for purchasing a 3-in-1 printer/scanner/fax to support the work of the project.	
<b>E. Supplies</b>	<b>\$ 1,200.00</b>
Funds are budgeted for general monthly office supplies. Supplies include materials that are necessary for communication and documentation and include items such as printer ink/toner, folders, binders, papers, pens, staples/paperclips, and other small office items.	
<b>F. Contract</b>	<b>\$</b>
<b>0</b>	
<b>G. Construction</b>	<b>\$ 0</b>
<b>H. Other</b>	<b>\$ 8,110.00</b>
<u>Refreshments</u>	\$
5,280.00	
Funds are budgeted to support refreshments for CLC Planning and Implementation Meetings that will be held monthly during the demonstration period. The CLC Planning and Implementation meetings will be integral for facilitating collaboration and creating a learning environment for program participants. Refreshments will be provided to support engagement and display appreciation for staff participation. Costs are based on \$110 per meeting to provide refreshments for approximately 20 participants per meeting (3 champions and 1 leader per organization x 4 organizations; CLC Program Director; 2-3 invited guests/meeting).	
<u>SPSS Statistics Standard License - Annual Subscription</u>	\$
2,530.00	
Funds are budgeted for an annual SPSS Statistics Standard License to measure and evaluate project outcomes.	
<u>Survey Monkey Gold Plan - Annual Subscription</u>	\$
300.00	
Funds are budgeted for an annual subscription to Survey Monkey Gold Plan that will be used to create and implement surveys for data collection on project measures.	
<b>Indirect Cost</b>	<b>\$11,240.65</b>
SFPDH indirect cost is calculated at 10% of salaries and fringes.	
<b>Total Cost</b>	<b><u>\$138,358.14</u></b>

San Francisco Department of Public Health  
 Children, Youth and Families System of Care  
 Advancing Adoption of Trauma-Informed Approaches to Care  
**Budget Justification for Year 2 (10/1/16 - 9/30/17)**

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**A. Personnel** **\$79,159.50**

Principle Investigator, Kenneth Epstein, LCSW, PhD 0.10 FTE (In-Kind) **\$14,624.00**

Dr. Epstein will have primary responsibility for the project, including achieving the technical success of the project, cross-system oversight and integration, planning for sustainability, and ensuring compliance with financial and administrative policies and regulations.

2593 Health Program III/Project Director 0.75 FTE **\$79,159.50**

Cherie Falvey, MPH 0.25 FTE (In-Kind) **\$26,386.50**

The Project Director of the CLC program will manage the grant-related daily activities and deliverables of the program and assist the Project Evaluator with analysis. She will also be responsible for implementing and managing the operations of the project, including organizing and participating in monthly CLC meetings to review progress and address challenges, facilitating collaboration among program participants, managing and disseminating project materials and communications, and performing other administrative duties related to the grant as needed.

Project Coordinator, Kaytie Speziale, MFT 0.20 FTE (In-Kind) **\$21,091.20**

Kaytie Speziale is the Coordinator for the SFDPH's Trauma Informed Systems Initiative and overseeing the system-wide training on basics of stress and trauma. Ms. Speziale will work with the Project Director to assist agencies through consultation and providing relevant resources to help support attainment of project objectives.

Project Evaluator, Briana Loomis, PhD 0.10 FTE (In-Kind) **\$10,732.80**

The psychologist and evaluator for the SFDPH Child, CYF SOC will support trauma informed content development and implementation, as well as the implementation of evaluation activities and dissemination of data.

Grant Manager, Jana Rickerson, LCSW 0.07 FTE (In-Kind) **\$7,822.00**

The SFDPH Grants Manager will receive and insure that all official communications from CHCS are addressed in a timely manner. She will be responsible for signing and oversight of official grants reports and documentation to CHCS.

**B. Fringe Benefits** **\$33,246.99**

Payroll, taxes and fringe benefits include employer's share of Federal, State, and local mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability insurance premiums; and employer's contribution to employee retirement plans. SFDPH fringe benefits are budgeted at 42% of personnel costs (salaries).

**C. Travel** **\$**  
**8,501.00**

Grant Meeting **\$ 2,566.00**

Funds are budgeted for the Project Director and project staff to travel to grant related meeting to participate in the learning collaborative. Travel expenses for this two-day meeting include round trip airfare, lodging expense and lodging tax for two nights, ground transportation to/from airport/hotel and M& IE for two days.

Final Convening grant meeting \$ 4,900.00  
 Funds are budgeted for four project staff to attend the final convening meeting required by the granting agent. Travel expenses for this three-day meeting include round trip airfare, ground transportation to/from airport/hotel, lodging expense and lodging tax for 3 nights and M&IE. The budget for lodging and M&IE is based on U.S. General Services Administration rates for travel to Trenton, New Jersey: (airfare \$600 x 4; lodging \$127/ night x 3 nights x 4; per diem \$61/day x 4 days x 4).

Local Mileage \$ 1,035.00  
 Funds are budgeted to travel to local meetings to discuss implementation and progress of program aims. The expenses include \$0.575 per mile x average 150 miles/month x 12 months.

**D. Equipment** \$ 0.00

**E. Supplies** \$ 1,200.00  
 Funds are budgeted for general monthly office supplies. Supplies include materials that are necessary for communication and documentation and include items such as printer ink/toner, folders, binders, papers, pens, staples/paperclips, and other small office items.

**F. Contract** \$  
 0

**G. Construction** \$ 0

**H. Other** \$ 8,110.00

Refreshments \$  
 5,280.00

Funds are budgeted to support refreshments for CLC Planning and Implementation Meetings that will be held monthly during the demonstration period. The CLC Planning and Implementation meetings will be integral for facilitating collaboration and creating a learning environment for program participants. Refreshments will be provided to support engagement and display appreciation for staff participation. Costs are based on \$110 per meeting to provide refreshments for approximately 20 participants per meeting (3 champions and 1 leader per organization x 4 organizations; CLC Program Director; 2-3 invited guests/meeting).

SPSS Statistics Standard License - Annual Subscription \$  
 2,530.00

Funds are budgeted for an annual SPSS Statistics Standard License to measure and evaluate project outcomes.

Survey Monkey Gold Plan - Annual Subscription \$  
 300.00

Funds are budgeted for an annual subscription to Survey Monkey Gold Plan that will be used to create and implement surveys for data collection on project measures.

**Indirect Cost** \$11,240.65  
 SFPDH indirect cost is calculated at 10% of salaries and fringes.

**Total Cost** \$141,458.14

## Grant Agreement

September 29, 2015

Ken Epstein, PhD, LCSW  
Director, Child, Youth & Family System of Care  
San Francisco Department of Public Health  
1380 Howard Street  
San Francisco, CA 94103

**Reference ID#: G1000089**

Dear Dr. Epstein:

I am pleased to inform you that the Center for Health Care Strategies, Inc. (CHCS) has approved a Grant (the "Grant") in the amount of \$279,816 to the San Francisco Department of Public Health (the "Grantee") for the purposes set forth in Section I, below. For purposes of this Grant Agreement, the term "Grant" shall include the income, if any arising therefrom, unless the context otherwise requires. The Grant will be made in accordance with the following terms and conditions:

**I. Purpose of the Grant.**

CHCS is making the Grant to the San Francisco Department of Public Health for a project entitled "Advancing Adoption of Trauma-Informed Approaches to Care" (the "Project") as outlined in its proposal dated July 6, 2015, as approved by CHCS, the attached Exhibit A, and hereby incorporated into this Grant Agreement. Specific costs to be paid from the Grant are itemized in the Grant budget, attached as Exhibit B (with *CHCS Budget Revision Guidelines* included), and hereby incorporated into this Grant Agreement.

**II. Conditions and Terms of the Grant.**

The Grant shall be available for draw down for a period beginning on October 10, 2015 (the "Commencement Date") and ending September 30, 2017 (the "Expiration Date"). No additional funds will be awarded above the original approved amount for this period.

**III. Disbursement of the Grant.**

Disbursement of the Grant will begin upon receipt by CHCS of this letter, counter-signed in accordance with Section IX below.

Ken Epstein, PhD, LCSW  
San Francisco Department of Public Health  
Ref ID# G1000089  
September 29, 2015

CHCS will disburse Grant payments up until the Expiration Date in accordance with the Schedule of Payments and Requirements set forth in Exhibit C, attached hereto and hereby incorporated into this Grant Agreement.

The funds for this Grant were received by CHCS pursuant to a grant from the Robert Wood Johnson Foundation (RWJF).

**IV. Additional Restrictions and Conditions on the Use of the Grant.**

- A. Grant funds shall be used only for the purposes outlined in Exhibit A.
- B. No part of the Grant shall be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Internal Revenue Code.
- C. No part of the Grant shall be used to attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Internal Revenue Code.
- D. No part of the Grant shall be used for other than religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code.
- E. No part of the Grant shall be used to provide a grant to another organization, except as specifically set forth in the Grant proposal, Exhibit A.
- F. If the Grant is to be used in whole or in part for research involving human subjects, the Grantee hereby certifies that the Grantee, applying the ethical standards and the criteria for approval of grants set forth in Department of Health and Human Services policy for the protection of human research subjects (45 CFR part 46, as amended from time to time), has determined that the human subjects involved in this Grant will not experience risk over and above that involved in the normal process of care and are likely to benefit from the proposed research program.

**V. Tax-Exempt Status.**

The Grantee represents that it is currently either exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or that it is a governmental entity described in Sections 170(c)(1) or 511(a)(2)(B) of the Internal Revenue Code. Grantee

Ken Epstein, PhD, LCSW  
San Francisco Department of Public Health  
Ref ID# G1000089  
September 29, 2015

shall immediately notify CHCS in writing of any change to its tax-exempt status under Section 501(c)(3) or as a governmental entity under Sections 170(c)(1) or 511(a)(2)(B).

**VI. Publicity.**

CHCS may include information regarding the Grant in its periodic public reports, newsletters, and press releases. Further, the San Francisco Department of Public Health shall acknowledge CHCS' Grantor role in all of its disseminations, press releases, conference presentations and any other public references with the following:

*The Center for Health Care Strategies (CHCS), in Hamilton, NJ, provided funding for [name of Grant project]. This Grant was made possible through a separate Grant to CHCS by the Robert Wood Johnson Foundation.*

The San Francisco Department of Public Health shall provide copies to CHCS of all material that it provides to the general public as it applies to this Grant specifically.

**VII. Jurisdiction.**

This Grant Agreement shall be governed by the laws of the state of New Jersey. Exclusive jurisdiction and venue over any disputes under this Grant Agreement shall be in Mercer County, New Jersey.

**VIII. Validity; Amendment.**

The invalidity in whole or in part of any term or condition of this Grant Agreement shall not affect the validity of the other terms and conditions. This Grant Agreement can be modified or amended only by a writing signed by authorized representatives of CHCS and the Grantee.

**IX. Counter-Signature Required.**

If this Grant Agreement correctly sets forth University of California, San Francisco's understanding of the terms and conditions of the Grant, please indicate acceptance by having this Grant Agreement counter-signed and dated by an authorized officer of the University of California, San Francisco in the spaces provided below and return to:

*Amanda Hinkle  
Contracts and Grants Manager  
Center for Health Care Strategies, Inc.  
200 American Metro Blvd., Suite 119  
Hamilton, NJ 08619*

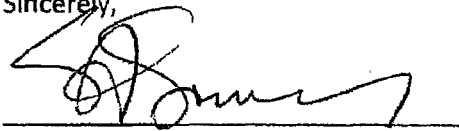
**CHCS** Center for  
Health Care Strategies, Inc.

Ken Epstein, PhD, LCSW  
San Francisco Department of Public Health  
Ref ID# G1000089  
September 29, 2015

**This Grant Agreement shall be null and void unless received by CHCS on or before,  
October 15, 2015 signed and complete.**

On behalf of CHCS, congratulations and I wish you success with your project.

Sincerely,



Stephen A. Somers, Ph.D.  
President and Chief Executive Officer

**Terms of the Grant accepted and agreed to:**

San Francisco Department of Public Health

Payment check should be directed to  
the attention of: **David Anabu**  
San Francisco Department of Public Health  
1380 Howard Street, Room 411  
San Francisco, CA 94103

\*By: 

Title: Director of Health

Date: October 2, 2015

Tax ID#: 94-60000417

Enclosure

\* Note: Must be official authorized to sign on behalf of organization.



Exhibit C

*Schedule of Payments and Requirements*

10/1/2015 – 9/30/2017

**Advancing Adoption of Trauma-Informed Approaches to Care**

**San Francisco Department of Public Health**

**ID#: G100089**

**Please submit reports electronically to the attention of Amanda Hinkle, Contracts and Grants Manager at [ahinkle@chcs.org](mailto:ahinkle@chcs.org)**

<b>Deliverable</b>	<b>Requirement Due Date</b>	<b>Approx. Payment Amount</b>
Counter-signed grant agreement and Grant Information Sheet	10/15/2015	\$138,358
Interim financial report and interim progress report	10/31/2016	\$127,312
Final financial report and final progress report (due 1 month after the project end date of 9/30/2017)	10/31/2017	\$14,146
<b>TOTAL</b>		<b>\$279,816</b>

## EXHIBIT A



City and County of San Francisco  
Edwin M. Lee  
Mayor

### San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

July 6, 2015

Stephen A. Somers, PhD  
President and Chief Executive Officer  
Center for Health Care Strategies, Inc.  
200 American Metro Blvd., Suite 119  
Hamilton, New Jersey 08619

**Re: Statement of Support for Advancing Adoption of Trauma-Informed Approaches to Care**

Dear Dr. Somers,

As an organization deeply involved in providing and advocating for trauma-informed healthcare within the City and County of San Francisco, the Department of Public Health supports and will participate in planning and implementing the San Francisco Department of Public Health, Trauma Informed System Initiative's application to the Center for Health Care Strategies with the Robert Wood Johnson Foundation under the Advancing Adoption of Trauma-Informed Approaches to Care pilot project.

The San Francisco Department of Public Health's Trauma Informed System Initiative is devoted to improving the quality of care by embedding trauma informed principles within our organizational practices. The Initiative's workforce training has provided a strong foundation of trauma informed system knowledge and we are pleased to offer our support and partnership as the Initiative transitions to the next level of implementation by embedding that knowledge within leadership and workplace practices. We look forward to realizing the benefits of a trauma informed system for both our staff and those we serve.

As part of our commitment, we will participate in development, implementation, and evaluation activities, as well as support the participation of our staff and clients in this work.

We look forward to collaborating with you on this important priority.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Garcia".

Barbara Garcia  
Director of Health

***Advancing Adoption of Trauma-Informed Approaches to Care***

*Supported by the Robert Wood Johnson Foundation*

**PILOT DEMONSTRATION APPLICATION**

<b>Applicant Organization Information</b>
<b>Organization Name &amp; Website:</b> San Francisco Department of Public Health <a href="http://www.sfdph.org">www.sfdph.org</a>
<b>Address:</b> 1380 Howard Street San Francisco, CA 94103
<b>Project Lead Name and Title:</b> Ken Epstein, Ph.D., LCSW Director, Child, Youth & Family System of Care Email: <a href="mailto:Kenneth.epstein@sfdph.org">Kenneth.epstein@sfdph.org</a> Phone: (415) 255-3439

Please use this application form as a template and enter responses underneath each corresponding numbered heading. Responses should be single spaced, 11 point Times New Roman font, and should not exceed eight pages.

**I. ORGANIZATIONAL BACKGROUND**

*Provide a brief description of the applicant organization's mission, history, and population served.*

The mission of The San Francisco Department of Public Health's (SFDPH) is to protect and promote the health of all San Franciscans through assessing and researching the health of the community; developing and enforcing healthy policy; preventing disease and injury; educating the public and training health care providers; providing quality, comprehensive, and culturally-proficient health services; and ensuring equal access to all.

**II. APPLICATION DOMAINS**

*1) DEMONSTRATED TRACK RECORD OF IMPLEMENTING TRAUMA-INFORMED APPROACHES informed approach to care, both in terms of organizational culture and clinical practices. Responses may address, for example, the nature and extent of trainings conducted, steering committee formation, screening processes, and collaboration with relevant stakeholders to date;*

Recognizing the impact of trauma not just at the individual level, but the systems level, the San Francisco Department of Public Health seeks to create a shared and trauma informed infrastructure in our City to implement, sustain, and improve health care services for children, youth and adults affected by trauma.

Changing systems and improving client outcomes is contingent on healing the workforce. The same forces that maintain historical and ongoing trauma in disenfranchised communities also impact the public health system and workforce. Childhood trauma can have short and long-term, intractable health and social problems that are transmitted across generations. In fact, from the ACES Study, we know that two-thirds of us have experienced at least one adverse childhood experience and another 1 in 5 have experienced at least three. Many in the workforce live in the same communities as our clients and

must help them cope with the very traumas that they have also experienced. For individuals and systems, symptoms like avoidance, numbing or reactivity can follow undermining the ability of health care teams to work effectively and impacting the quality of care provided to clients. With the San Francisco Trauma Informed System (TIS), we seek to transform this response by increasing trauma understanding and translating TIS principles into workforce and care practices.

With this understanding, in 2012, SFDPH's Director, Barbara Garcia, commissioned a workgroup led by Dr. Ken Epstein, Director of Children, Youth and Families, to take preliminary steps to become a Trauma Informed System (TIS). Under a model of participatory leadership, subject matter experts from within our system convened to form a workgroup to examine the process of becoming a TIS through focus groups and presentations throughout our system. Prior to implementation, the vetting process included over 400 people within our public health system including providers, non-providers, primary care, and various peer and advocacy groups. Feedback, suggestions and observations from these meetings guided the development of the San Francisco Trauma Informed System Initiative whose efforts are centered on changing us, the San Francisco Department of Public Health, so that we can better understand, heal trauma and instill hope in our clients.

The TIS workgroup identified six core Principles and Competencies that aim to alleviate the impact of trauma through increasing: 1) Trauma Understanding, 2) Cultural Humility and Responsiveness, 3) Safety and Stability, 4) Compassion and Dependability, 5) Collaboration and Empowerment, and 6) Resilience and Recovery. Through this framework, we aim to counter the effects of systemic trauma and promote a paradigm shift in our organizational culture to one whose principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures. By embracing these principles and providing trauma informed healthcare, we will promote a resilient community and workforce that results in increased positive patient outcomes and reduced healthcare costs.

As a first step, SFDPH instituted a mandatory foundational training for all 9,000 public health employees to create a shared language and understanding of trauma for our workforce. As part of SFDPH's unique approach, staff from all levels, roles, and departments have the opportunity to train together creating a common vision of a trauma informed system. Since its first official offering on March 27, 2014, 38 trainings have been offered in 5 locations and approximately 1,800 DPH employees have participated. Staff who have participated in the trainings express enthusiasm for its relevancy and, overall, echo support for becoming a trauma informed system. Several trainings were initiated by leaders of departments or sections for staff to attend together, which resulted in groups of "Early Innovators" who committed to training and thinking together about how to implement the Trauma Informed Principles in their organization.

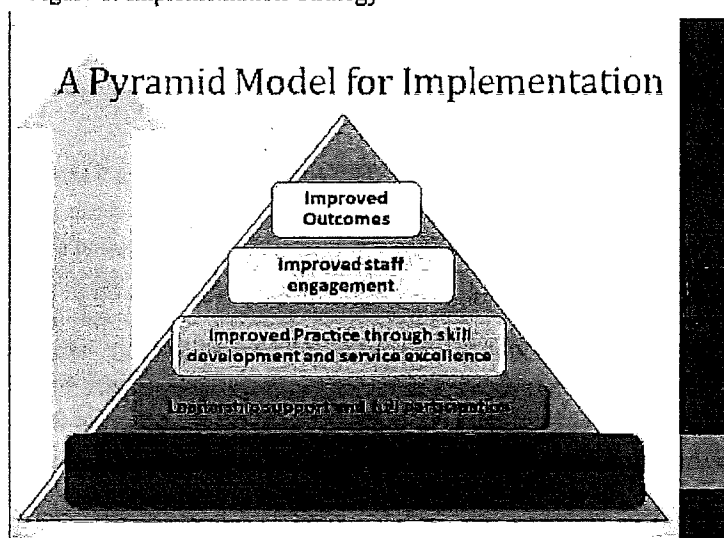
The TIS Initiative has also collaborated with other initiatives within DPH and throughout the city and the region to help create a cohesive response to trauma. Efforts to-date have focused on: integrating TIS into the "Service Excellence and Relationship Centered Communication (RCC)" staff development model; working with the Black and African American Health Initiative to ensure that TIS aligns with the department's efforts to address institutional disparities impacting African American staff and the Health Disparities in the African American Community; consulting with experts to enhance the cultural humility section of the training; and participating in workforce development to align the workforce satisfaction survey with TIS evaluation strategies. Furthermore, TIS has worked with other city partners to discuss expanding the training city-wide, including Juvenile Probation, SF Unified School District, First Five, Department of Children, Youth, and Their Families (DCYF), and SF Police Department, as well as early innovator community-based organizations. TIS has also produced early innovator trainings for the SF Child Abuse Prevention Center and Human Services Agency (HSA). Regionally, we have been awarded a SAMHSA System of Care Expansion grant to partner with six other counties

(Alameda, Contra Costa, Marin, Santa Clara, Santa Cruz, San Mateo) to launch a Center that will transform our systems into a coordinated Trauma Informed System of Care. Nationally, TIS has established a consultation workgroup including other localities that are early innovators in developing Trauma Informed Systems of Care, including Philadelphia, Maine, Upstate New York, and San Diego.

2) *PROPOSED APPROACH: Please describe how the applicant organization intends to use project resources to measurably expand, scale up, and/or enhance its trauma-informed approach. Responses should address both organizational culture and clinical practice. The proposal should also identify which stakeholders will be involved in planning and implementation efforts.*

While much work has been done within our organization to lay the foundational knowledge, implementation science teaches that training alone is insufficient for establishing change; successful implementation requires a longer-term multilevel approach. (Fixen et al., 2005<sup>1</sup>) Toward this end, we propose to develop and embed a Champions Learning Community (CLC) and collaborative workgroup to partner organizational leaders with staff champions to support, apply and sustain the application of TIS principles and practices into the workforce. Organizational change depends on leadership engagement and embedded champions at all levels of the organization to create sustainable structures to implement change. (Figure 1) In partnership with organizational leaders, Champions help transmit ideas, pilot changes and inspire others to support adoption of the principles and practices.

Figure 1: Implementation Strategy



The CLC furthers the TIS initiative by creating and supporting the structure for multi-level staff participation in the decision making process for TIS implementation. This helps assure:

- Everyone in the system has common knowledge and shared understanding
- Carefully selected practitioners receive coordinated training and coaching in order to disseminate change

<sup>1</sup> Fixsen, D.L., Naoom, S.F., Blase K.A., Friedman, R.M., Wallace, F. (2005) Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, the National Implementation Research Network (FMHI Publication #231).

- Leadership provides support to create the infrastructure necessary for sustainability including policy development, timely training, skillful supervision and coaching
- Focus on equity and disparity by involving communities, families, youth and consumers in the development and evaluation of the initiative
- Regular process and outcome evaluations associating the training initiative with concrete changes in service delivery, service excellence and staff satisfaction

The pilot cohort will represent a range of physical, behavioral, and mental health needs serviced by SFDPH and will be drawn from departments identified as “early innovators” within our organization. These are the departments who had high participation in TIS workforce training and displayed high levels of interest in facilitating the integration of TIS principles into their organization. Each of these departments will commit leadership support and designate 2-3 champions who will participate in the CLC. The proposed cohort includes staff from:

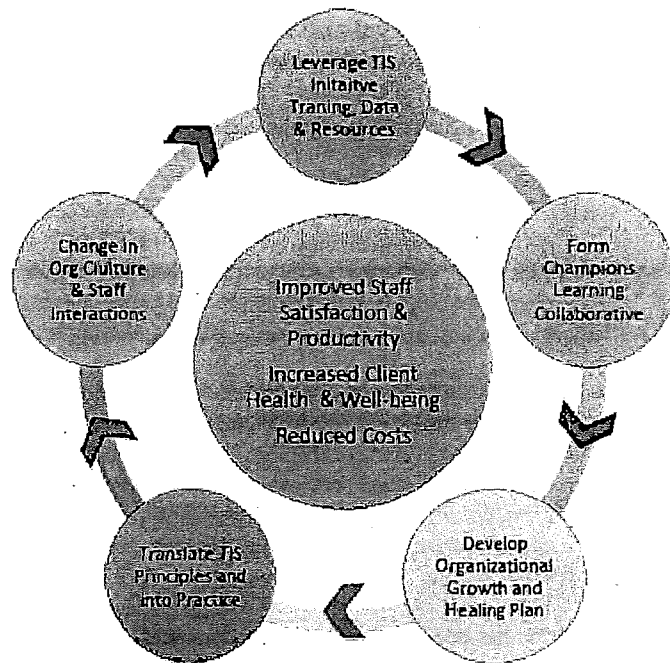
- *Behavioral Health Services, Child, Youth, and Families Systems of Care (CYF SOC)*: Led by Dr. Ken Epstein, CYF provides culturally competent, family-centered, outcomes-based mental health services to San Francisco children, youth, and their families. This includes direct mental health services to approximately 4,900 children and youth, as well as prevention and early intervention services to an additional 5,000 children and youth in schools, child care sites, and homeless shelters. Services are delivered through a vast network of community mental health programs, clinics, agencies, private psychiatrists, psychologists, and therapists. Mental health services are available to San Francisco children and youth who receive Medi-Cal benefits and those with limited or no resources for their mental health needs.
- *San Francisco Juvenile Probation Department (SFJPD)*: Led by Chief Alan Nance, SFJPD is one of several child-serving agencies that partners with CYF SOC. SFJPD supervises up to 1,000 children and youth each year who are alleged and have been found to be beyond their parents' control, runaway, or truant, as well as those who have been found to have committed law violations. SFJPD aims to protect public safety and serve the needs of youth and families brought to its attention with care and compassion by identifying and responding to the individual risks and needs presented by each youth; identify and utilize the least restrictive interventions and placements that do not compromise public safety; holding youth accountable for their actions while providing them with opportunities and assisting them to develop new skills and competencies; and providing victims with opportunities for restoration.
- *Laguna Honda*: Led by Mivic Hirose, Laguna Honda is a skilled nursing and rehabilitation center serving the diverse communities of San Francisco that served 1,218 clients through acute, skilled nursing and/or rehabilitation services. In 2013-14. Laguna Honda's mission is to provide high-quality, culturally competent long-term care and rehabilitation services. Therapeutic services include physical, occupational, speech, and vocational programs. In addition, specialized services are available for those diagnosed with HIV/AIDS; Alzheimer's and other dementias; developmental disabilities; multiple sclerosis, Parkinson's and other degenerative diseases; traumatic brain injuries and stroke; and psychosocial difficulties.
- *Maternal, Child and Adolescent Health (MCAH)*: Led by Mary Hansel, San Francisco has approximately 200,000 women of childbearing age and 124,000 infants, children, and

adolescents. The mission of the Maternal, Child and Adolescent Health Section is to promote the health and well-being of women of childbearing age and infants, children and adolescents who are at increased risk of adverse health outcomes by virtue of financial, language or cultural barriers, or mental or physical disabilities by assuring access to health promotion and health care services. These activities include community assessment, planning, evaluation, outreach, advocacy, education, training, and policy development. Clinical health care services include nutrition, reproductive health, dental health, and primary care for children and youth.

The CLC will begin with leaders and champions evaluating how well their organizations are applying

the six TIS Principles and Competencies by reflecting on results from the TIS Principles Strengths and Needs assessment (a that survey measures staff perceptions about the extent to which TIS principles are practiced in their organization); in addition, staff and client satisfaction and engagement data may also be considered. Based on this information, leaders and champions will create 1) an Organizational Healing and Growth Plan that identifies 1-2 of the six TIS Principles and Competencies (Principles of Focus) that can be targeted to achieve or improve agency goals and objectives and 2) a Resource Crosswalk that identifies system resources that can be used to reinforce implementing the Principles of Focus. The CLC will meet monthly to support and discuss progress on project objectives identified by the group. Throughout the process, leaders, champions, and staff from the invited organizations will provide feedback and input to the CLC to help drive their effort to produce growth and change and allow them to make adjustments to their Organizational Healing & Growth Plans to achieve success. At a minimum, the CLC participants will evaluate relevant measures at the conclusion of the CLC to determine how well agencies achieved targeted goals.

Figure 2: CLC Theory of Change



The ultimate vision of the CLC is to create an embedded trauma informed experts and leaders within our organizations that strengthen the TIS Initiative and lead the transfer of knowledge beyond the scope of the project period to create a permanent shift in organizational culture (Figure 2). This approach is not dependent on resources to fund outside consultants and creates a flexible, efficient, and more effective model for sustaining trauma informed principles.

3) **DATA COLLECTION:** Please describe the applicant organization's capacity to capture data to support monitoring and analysis of key process and outcome measures. Examples of areas of interest for measurement include patient satisfaction/experience, patient retention, staff burnout/vicarious trauma, and follow up on referred services. Please also comment on your access to emergency department or other health care utilization data.

SFDPH recognizes the value of data and evaluation to ensure quality healthcare. An evaluation program for the broader SF TIS Initiative is already in place that will be used to help support the evaluation efforts of the CLC program. One of these measures is the TIS Principles Strengths and Needs assessment. The TIS Principles Strengths and Needs assessment is completed by staff to help measure the implementation of TIS principles within organizations. The survey is divided into six content areas corresponding to each of the six TIS Principles. Questions target factual knowledge (ex: "Trauma affects almost everyone"), personal practices or beliefs (ex: "I see similarities in how people react to stress and trauma"), and perceived system practices or beliefs (ex: "My supervisor recognizes the impact of stress on staff").

At the start of the project period, each organization will complete and review a TIS Principles Strengths and Needs assessment that may help their champions and leaders identify particular principles to focus on through the CLC and to inform the development of their Organizational Healing and Growth Plans. Information from an all-staff engagement survey conducted in 2015 will also provide a complement of information toward creating each organization's plans. As organizations within SFDPH, each agency has data collection procedures that are used to monitor their agencies goals and objects. Each organization will identify the relevant data source that aligns with their specific goals that will be monitored and evaluated to assess the impact of becoming trauma informed. For example, CYF may choose Collaboration and Empowerment as a key focus of their Organizational Healing and Growth plan. Markers of change for this specific Principle of Focus may include number of staff satisfaction with decision making in their work, client satisfaction with input in treatment planning, clinician referrals to relevant treatment programs, number of contacts clinicians or case managers have with treatment providers to collaborate on treatment planning, number of youth adhering to treatment programs (number of appointments kept), and changes in mental health.

*4) LEADERSHIP COMMITMENT: Please describe the level of commitment by the applicant organization's senior leadership and any other key stakeholders to implementing a trauma-informed approach to care. Responses may address, for example, the designation of financial resources, allocation of staff time, and participation in local/state/national advocacy efforts. Please also confirm the applicant organization's commitment to participating in the learning collaborative associated with the pilot demonstration, which will involve sharing best practices and implementing best practices shared by others.*

SFDPH has been committed to implementing a trauma-informed system since 2012 when the Director of Public Health, Barbara Garcia, first launched the TIS initiative under the direction of Dr. Ken Epstein. Considerable staff time and resources have been allocated to building foundational knowledge on TIS principles and practices, fostering leadership engagement, collaborating with experts, and consulting with other localities developing trauma informed systems, including Philadelphia, Maine, Upstate New York, and San Diego. Numerous groups of trauma experts and interagency collaborations have been established within San Francisco and across the Bay Area, including the Bay Area Trauma Informed System of Care (BATISC) Initiative comprised of seven Bay Area counties, committed to practicing trauma informed principles within children's healthcare across the region. In addition, SFDPH provides consultation and support to the other agencies throughout the Bay Area who have begun their own journeys to become trauma informed.

SFDPH has committed a minimum of roughly 45,000 staff hours to participate in the foundational TIS training and is now prepared to commit additional staff hours of leaders and champions for the CLC and to support the goals of their Organizational Healing & Growth Plans. To ensure success, SFDPH is prepared to support the CLC program with staffing from the TIS Initiative's core team, SFDPH's Fiscal, Budget, and Grants department, and ongoing consultation from content experts in trauma, training, and dissemination. Critical to the success of the TIS CLC program, SFDPH will commit to helping



programs obtain resources that are identified as necessary for leaders and champions to meet the goals of their Organizational Healing & Growth Plans.

The leadership of each of the organizations chosen for this pilot demonstration are already early innovators with a demonstrated commitment to integrating trauma informed principles. Ken Epstein (CYF SOC) and Mary Hansel (MCAH) have held staff retreats specifically focused on the integration of Trauma Informed System Principles. Under the leadership of Mivic Hirose, Laguna Honda Hospital helped pilot and produce the first Train the Trainer group for the TIS Initiative. Chief Alan Nance (SFJPD) and Maria Su (DCYF) have designated staff at the leadership level to support the integration of TIS principles into practice. These leaders share a values commitment toward becoming trauma informed as a marker of quality care for our system. This includes contributing to the creation and maintenance of the CLC and ensuring it's sustainability beyond the demonstration period. A successful, sustainable program will be achieved, in part, through participating in the learning collaborative associated with the pilot demonstration. In keeping with SFDPH's demonstrated history of collaboration and consultation, we anticipate that the CLC program will benefit from learning and sharing best practices with other trauma informed systems.

*5) ORGANIZATIONAL CAPACITY: Please describe the proposed project management and implementation team including names, titles, short summaries of qualifications, percentage of time allocated to proposed initiative, and roles of all members. Responses should identify and describe qualifications of key clinical staff who will be involved in the proposed initiative. Please also indicate how the applicant organization plans to sustain the work initiated through the pilot, after the pilot funding period ends.*

The project management and implementation team will draw from current experts within our organization and will utilize resource support from general funds to ensure sustainability of the project during and after the project period. The project management and implementation team includes:

Principal Investigator (.10 FTE): Ken Epstein, Ph.D., LCSW, is currently the Director of the SFDPH CYF SOC. Dr. Epstein has over 25 years of experience in providing clinical services and developing comprehensive family based services for children, youth and families experiencing alienation, conflict and loss. He has been leading the vision and implementation of the SFDPH Trauma Informed Systems Initiative. Dr. Epstein will have primary responsibility for achieving the technical success of the project, cross-system oversight and integration, and planning for sustainability.

Project Director (1.00 FTE): Cherie Falvey, MPH, is currently a Project Director for CYF SOC overseeing grant-related activities for mental health treatment services for youth and their families. Ms. Falvey is trained in the evaluation and implementation of behavioral health services and has over 8 years of experience in project management, research, and evaluation. Ms. Falvey will manage the grant-related daily activities and deliverables of the project and assist with the evaluation components of the CLC. She will convene and participate in the monthly CLC meetings to review progress and address challenges, facilitate collaboration among leadership, champions, and agencies, and provide oversight to meetings to support attainment of project objectives.

Project Coordinator (.20 FTE): Kaytie Speziale, MFT, is currently the Coordinator for the SFDPH's Trauma Informed Systems Initiative and overseeing the system-wide training on basics of stress and trauma. A Marriage and Family Therapist by training, Ms. Speziale specialized in the treatment of trauma for children and their families in the Sacramento area at UC Davis Children's Hospital and community mental health clinics before moving to San Francisco. Ms. Speziale's experience includes individual therapy, specialized behavioral support for children in residential treatment or foster care, group facilitation and advocacy for those living with mental health needs. Ms. Speziale will work with

the Project Director to assist agencies through consultation and providing relevant resources to help support attainment of project objectives.

Project Evaluator (.20 FTE); Briana Loomis, PhD, is a psychologist and evaluator for the SFDPH Child, Youth & Family System of Care (CYF SOC). She has over a decade of experience in the field of trauma psychology including research, teaching, training, and the provision of clinical services. Dr. Loomis has worked with multiple systems and local governments to improve care for those who have experienced trauma. She is trained in the design and implementation of research programs, from theory to final analysis. As researcher and clinician, Dr. Loomis will serve to support trauma informed content development and implementation, as well as the implementation of evaluation activities and dissemination of data.

Sustainability Plan: Sustainability begins with the embedding of TIS principles and practices within our organizational cultures and with the development of shared support across our partners for continued implementation of trauma informed healthcare practices. The CLC program, by its nature, is designed to achieve these two goals. Organizations participating in the CLC will find the incentive to maintain and expand participation as benefits for both staff and clients are observed and documented through our evaluation process. Additionally, a key component of the CLC program is the ongoing development and application of a resource crosswalk designed to assist organizations in successfully utilizing existing resources from local and national trauma informed system networks. As current resources and staff support are leveraged to initiate systems change, the approach avoids reliance on funding outside consultants and creates a flexible, efficient, and effective model for sustaining TIS principles through the creation of embedded, dedicated, and local experts and leaders within our organizations. These embedded experts and leaders will sustain the practice of TIS principles that are relevant and reflective of their organizations.



**City and County of San Francisco  
Juvenile Probation Department**

**ALLEN A. NANCE**  
CHIEF PROBATION OFFICER

375 WOODSIDE AVENUE  
SAN FRANCISCO, CA 94127  
(415) 753-7556

July 6, 2015

Ken Epstein, Ph.D., LCSW  
Director, Child, Youth & Family System of Care  
San Francisco Health Network  
1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103

**Re: Statement of Support for Advancing Adoption of Trauma-Informed  
Approaches to Care**

Dear Ken:

As an organization deeply involved in providing and advocating for trauma-informed healthcare within the City and County of San Francisco, the San Francisco Juvenile Probation Department ("JPD") supports and will participate in planning and implementing the San Francisco Department of Public Health, Trauma Informed System Initiative's application to the Robert Wood Johnson Foundation under the Advancing Adoption of Trauma-Informed Approaches to Care pilot project.

The San Francisco Department of Public Health's Trauma Informed System Initiative is devoted to improving the quality of care by embedding trauma informed principles within our organizational practices. The Initiative's workforce training has provided a strong foundation of trauma informed system knowledge and we are pleased to offer our support and partnership as the Initiative transitions to the next level of implementation by embedding that knowledge within leadership and workplace practices. We look forward to realizing the benefits of a trauma informed system for both our staff and those we serve.

As part of our commitment, we will participate in development, implementation, and evaluation activities, as well as support the participation of our staff and clients in this work.

We look forward to collaborating with you on this important priority.

Sincerely,

A handwritten signature in black ink, appearing to read "Allen A. Nance", written over a horizontal line.

Allen A. Nance  
Chief Probation Officer

C: Palminder Hernandez, Assistant Chief Probation Officer



**Maria Su, Psy.D.**  
EXECUTIVE DIRECTOR



**Edwin M. Lee**  
MAYOR

July 7, 2015

Ken Epstein, Ph.D., LCSW  
Director, Child, Youth & Family System of Care  
San Francisco Health Network  
1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103

**Re: Statement of Support for Advancing Adoption of Trauma-Informed Approaches to Care**

Dear Ken:

As an organization deeply involved in providing and advocating for trauma-informed healthcare within the City and County of San Francisco, the Department of Children, Youth and Their Families (DCYF) whole-heartedly supports and will participate in planning and implementing the San Francisco Department of Public Health, Trauma Informed System Initiative's application to the Robert Wood Johnson Foundation under the Advancing Adoption of Trauma-Informed Approaches to Care pilot project.

The San Francisco Department of Public Health's Trauma Informed System Initiative is devoted to improving the quality of care by embedding trauma informed principles within our organizational practices. The Initiative's workforce training has provided a strong foundation of trauma informed system knowledge and we are pleased to offer our support and partnership as the Initiative transitions to the next level of implementation by embedding that knowledge within leadership and workplace practices. We look forward to realizing the benefits of a trauma informed system for both our staff and those we serve.

As part of our commitment, we will participate in development, implementation, and evaluation activities, as well as support the participation of our staff and clients in this work.

We look forward to collaborating with you on this important priority.

Sincerely,

Maria Su, Psy.D.  
Executive Director



## San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

City and County of San Francisco  
Edwin M. Lee  
Mayor

July 2, 2015

Ken Epstein, Ph.D., LCSW  
Director, Child, Youth & Family System of Care  
San Francisco Health Network  
1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103

### **Re: Statement of Support for Advancing Adoption of Trauma-Informed Approaches to Care**

Dear Ken:

As an organization deeply involved in providing and advocating for trauma-informed healthcare within the City and County of San Francisco, the Maternal, Child and Adolescent Health (MCAH) Section supports and will participate in planning and implementing the San Francisco Department of Public Health, Trauma Informed System Initiative's application to the Robert Wood Johnson Foundation under the Advancing Adoption of Trauma-Informed Approaches to Care pilot project.

The San Francisco Department of Public Health's Trauma Informed System Initiative is devoted to improving the quality of care by embedding trauma informed principles within our organizational practices. The Initiative's workforce training has provided a strong foundation of trauma informed system knowledge and we are pleased to offer our support and partnership as the Initiative transitions to the next level of implementation by embedding that knowledge within leadership and workplace practices. We look forward to realizing the benefits of a trauma informed system for both our staff and those we serve.

As part of our commitment, we will participate in development, implementation, and evaluation activities, as well as support the participation of our staff and clients in this work. Managers of several MCAH programs have already expressed interest in becoming involved, including the Nurse Family Partnership, MCAH Field Public Health Nursing and the California Children's Services Medical Therapy Program.

We look forward to collaborating with you on this important priority.

Sincerely,

A handwritten signature in cursive script that reads "Mary Hansell".

Mary Hansell, DrPH, RN  
Director  
Maternal, Child and Adolescent Health

# Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)

2. Request for next printed agenda Without Reference to Committee.

3. Request for hearing on a subject matter at Committee.

4. Request for letter beginning "Supervisor [ ] inquires"

5. City Attorney request.

6. Call File No. [ ] from Committee.

7. Budget Analyst request (attach written motion).

8. Substitute Legislation File No. [ ]

9. Reactivate File No. [ ]

10. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

Small Business Commission       Youth Commission       Ethics Commission

Planning Commission       Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.**

**Sponsor(s):**

Supervisor Scott Wiener

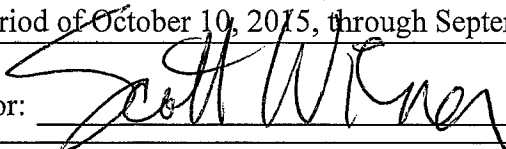
**Subject:**

Accept and Expend Grant- Advancing Adoption Of Trauma-Informed Approaches To Care - \$279,816

**The text is listed below or attached:**

Resolution retroactively authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$279,816 from Center for Health Care Strategies, Inc. to participate in a program entitled Advancing Adoption of Trauma-Informed Approaches to Care for the period of October 10, 2015, through September 30, 2017.

Signature of Sponsoring Supervisor:



For Clerk's Use Only: