



1 [Accept and Expend Grant - Retroactive - Department of Health and Human Services,  
2 Substance Abuse and Mental Health Services Administration - Substance Abuse Prevention  
3 and Treatment Block Grant - Behavioral Health Response and Rescue Project - \$8,190,271]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**  
5 **expend a grant in the amount of \$8,190,271 from the Department of Health and Human**  
6 **Services, Substance Abuse and Mental Health Services Administration through the**  
7 **California Department of Health Care Services for participation in a program, entitled**  
8 **“Substance Abuse Prevention and Treatment Block Grant (SABG) - Behavioral Health**  
9 **Response and Rescue Project (BHRRP),” for the period of July 1, 2021, through June**  
10 **30, 2025.**

11  
12 WHEREAS, The Department of Health and Human Services, Substance Abuse and  
13 Mental Health Services Administration (SAMHSA), through the California Department of  
14 Health Care Services (DHCS) has agreed to fund the Department of Public Health (DPH) in  
15 the amount of \$8,190,271 for participation in a program, entitled “Substance Abuse  
16 Prevention and Treatment Block Grant (SABG) - Behavioral Health Response and Rescue  
17 Project (BHRRP),” for the period of July 1, 2021, through June 30, 2025; and

18 WHEREAS, The grant amount of \$8,190,271 has been funded in part from the  
19 Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) in the amount  
20 of \$4,375,919 for the period of July 1, 2021, through December 31, 2022, and in part from the  
21 American Rescue Plan Act (ARPA) in the amount of \$3,814,352 for the period of  
22 September 1, 2021, through June 30, 2025; and

23 WHEREAS, With this grant funding, the Behavioral Health Services (BHS) unit will  
24 significantly expand the quality, scope, and impact of our existing services, such as adding  
25 new positions to manage and implement new prevention work, expanding our Strengthening

1 Families Program (SFP) to help increase resilience and reduce risk factors in children and  
2 youth; and

3 WHEREAS, A substance use community outreach and education campaign will be  
4 implemented to better educate individuals about opioids, fentanyl, and methamphetamines;  
5 and

6 WHEREAS, The BHS will also increase training and consultation for specialty mental  
7 health providers to better assess/screen/treat for substance use/abuse and co-occurring  
8 disorders in adolescents, with a particular focus on improving early identification and  
9 treatment of substance use and mental health issues among youth; and

10 WHEREAS, The BHS will expand the current Team Lily project that provides holistic,  
11 trauma-informed, wraparound services to pregnant individuals who are homeless or unstably  
12 housed, and/or who have an active substance use disorder, including persons with a history  
13 of mental health illness; and

14 WHEREAS, The Street Overdose Response Team will increase services to reduce the  
15 risk and incidence of drug overdose deaths in San Francisco by supporting the  
16 implementation and evaluation of new interventions that provide coordinated follow-up and  
17 support services for individuals who have recently experienced a non-fatal drug overdose  
18 through the use of multidisciplinary, team-based care; and

19 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

20 WHEREAS, A request for retroactive approval is being sought because DPH received  
21 the award letter on November 15, 2021, for a project start date of July 1, 2021; and

22 WHEREAS, The Department proposes to maximize use of available grant funds on  
23 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

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

1           FURTHER RESOLVED, That DPH is hereby authorized to accept and expend a grant  
2 in the amount of \$8,190,271 from the SAMHSA through DHCS; and, be it

3           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
4 expend the grant funds pursuant to Administrative Code, Section 10.170-1.

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1 Recommended:

Approved: \_\_\_\_\_/s/\_\_\_\_\_

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Mayor

3 \_\_\_\_\_/s/\_\_\_\_\_

4 Dr. Grant Colfax

Approved: \_\_\_\_\_/s/\_\_\_\_\_

5 Director of Health

Controller

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**File Number:** 220201  
(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: **Substance Abuse Prevention and Treatment Block Grant (SABG) - Behavioral Health Response and Rescue Project (BHRRP)**

2. Department: **San Francisco Department of Public Health**

3. Contact Person: **Judith Martin** Telephone: **415-255-3601**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$8,190,271**  
**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) - \$4,375,919**  
**American Rescue Plan Act (ARPA) - \$3,814,352**

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

7a. Grant Source Agency: **Department of Health and Human Services, Substance Abuse and Mental Health Services Administration**  
b. Grant Pass-Through Agency (if applicable): **California Department of Health Care Services**

8. Proposed Grant Project Summary:

**With this grant funding, BHS' Substance Use Services unit will significantly expand the quality, scope, and impact of our existing services by, among other activities: a) adding 1.0FTE in a new Health Program Coordinator III position to manage the overall grant, b) adding 1.0FTE in a new Health Program Coordinator I position to implement new prevention work, c) increasing our Strengthening Families Program (SFP) which is an evidence-based, family skills training program designed to increase resilience and reduce risk factors in children and youth. SFP will be expanded to provide 9 additional cycles for Black/African American, Filipino, and Latinx families with students in grades 5 through 8, d) implementing a substance use “community outreach and education campaign” to better educate individuals about Opioids, Fentanyl, and Methamphetamines, especially among San Francisco’s Black/African American and Latinx populations who are at risk for higher levels of drug overdose and death, e) developing and maintaining a “youth perceptions of risk of harm website and media campaign” to create awareness of Alcohol, Opioids, Fentanyl, and Methamphetamines use and abuse, f) increasing “training and consultation for specialty mental health providers” to better assess/screen/treat for substance use/abuse and co-occurring disorders in adolescents, with a particular focus on improving early identification and treatment of substance use and mental health issues among youth, g) expanding current “Team Lilly” project that provides holistic, trauma-informed, wraparound services to pregnant individuals who are homeless or unstably housed and/or who have an active substance use disorder, including persons with a history of mental illness, and H) increasing services with the Street Overdose Response Team (SORT) to reduce the risk and incidence of drug**

**overdose deaths in San Francisco by supporting the implementation and evaluation of a new intervention that provides coordinated follow-up and support services for individuals who have recently experienced a non-fatal drug overdose through the use of multidisciplinary, team-based care.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

	Start-Date:	End-Date:
<b>CRRSAA (\$4,375,919)</b>	<b>7/1/2021</b>	<b>12/31/2022</b>
<b>ARPA (\$3,814,352)</b>	<b>9/1/2021</b>	<b>06/30/2025</b>

10a. Amount budgeted for contractual services: **\$7,364,984**

b. Will contractual services be put out to bid? **Yes. The 1.) “community outreach and education campaign”, 2.) the “training and consultation for mental health providers”, and 3.) the “youth perceptions of risk of harm website and media campaign” projects will likely go out to bid.**

**Other projects will not go out to bid since they are an expansion of existing DPH contracts and existing RFP authorizations including: 1.) Jamestown Community Center, 2.) Urban Services YMCA, 3.) Horizons Unlimited, 4.) UCSF - Street Overdose Response Team (SORT), 5.) Youth Leadership Institute / SOMCAN, 6.) Japanese Community Youth Council / Community Youth Council SF, and 7.) University of California, San Francisco - Team Lily.**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **Yes.**

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

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

b1. If yes, how much? \$

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **25% of salaries and benefits**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2021. The Department received the award on November 15, 2021. This grant does not require an ASO amendment.**

Proposal ID: **CTR00002778 (CRRSAA)**

Version ID: **0001**

Dept ID: **240646**

Project Desc: **Behavioral Health Response and Rescue Project (BHRRP) / CRRSAA**

Project ID: **10038321 (CRRSAA)**

Activity ID: **0001**

Proposal ID: **CTR00002779 (ARPA)**  
Version ID: **0001**  
Dept ID: **240646**  
Project Desc: **Behavioral Health Response and Rescue Project (BHRRP) / ARPA**  
Project ID: **10038322 (ARPA)**  
Activity ID: **0001**



**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input 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 checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 1/24/2022 | 4:40 PM PST

DocuSigned by:  
Toni Rucker  
704282F7331E44D...  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

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

DocuSigned by:  
Greg Wagner  
28527524752848E...  
(Signature Required)  
Greg Wagner, COO for

SABG - CRRSAA & APRA budget			7/1/21 - 6/30/22	7/1/22 - 12/31/22	1/1/23 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	Total
			CRRSAA	CRRSAA	APRA	APRA	APRA	
<b>Salaries &amp; benefits</b>	Personnel	HPC 1 - 1.00 fte 2589	-	-	71,397	142,794	142,794	356,985
		HPC 3 - 1.00 fte 2593	-	-	93,660	187,321	187,321	468,302
			-	-	165,057	330,115	330,115	825,287
<b>Contractual</b>	Strengthening Families	Horizons Unlimited	33,750	82,549	22,500	72,209	72,209	283,216
		Jamestown Community Center	14,603	105,495	14,603	60,049	60,049	254,797
		Urban Services YMCA	60,049	68,049	-	68,049	68,049	264,194
		Youth Leadership Institute/SOMCAN	60,049	60,049	-	60,049	60,049	240,194
		Japanese Community Youth Council/Community Youth Council of SF	60,049	60,049	-	60,049	60,049	240,194
		Phase 1 - Campaign Development - Contractor TBD	154,728	50,390	-	-	-	
	Campaign & Website	Phase II - Website Development - Contractor TBD	-	106,400	50,000	100,000	100,000	356,400
		RFP community outreach/education	463,014	898,996	90,431	180,859	180,859	1,814,159
	Team Lily	UCSF	112,597	99,323	-	-	-	
	Training and consultation	Contractor - TBD	135,963	135,962	-	-	-	
	Transitional housing	HealthRight 360 Residential	441,850	220,925	-	-	-	
		The Latino Commission	664,969	286,115	-	-	-	
	SORT	UCSF	-	-	321,802	643,603	643,603	1,609,008
		2,201,619	2,174,300	499,336	1,244,865	1,244,865	7,364,984	
<b>Total</b>		<b>2,201,619</b>	<b>2,174,300</b>	<b>664,393</b>	<b>1,574,980</b>	<b>1,574,980</b>	<b>8,190,271</b>	
<b>Totals</b>				<b>4,375,919</b>			<b>3,814,352</b>	<b>8,190,271</b>

City and County of San Francisco  
FY 2021 Substance Abuse Block Grant (SABG) Funding Application  
**ARPA - September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside**

**City and County of San Francisco**  
**American Rescue Plan Act (ARPA)**  
**September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside Narrative**

**a. Statement of Purpose:** The **two-part goal** of the San Francisco ARPA Primary Prevention Set-Aside program is to: a) reduce underage drinking and the use of other substances, specifically opioids, fentanyl, and methamphetamines; and b) prevent opioid, fentanyl, and methamphetamine use that can lead to overdose and death. Prevention services will seek to empower and support children, youth, and their families, as well as young adults, in making healthy choices that support life success and thriving communities. The program places a specific priority on **promoting health equity** for the most vulnerable members of our community. Multiple generations of families have experienced the impact of structural racism, discrimination, toxic stress, and trauma. This in turn has impacted the ability of families to support strong, reliable, and engaging relationships with their children which are needed for healthy human development and to prevent risky behaviors such as substance use. Prevention services are intentionally **family-focused** and provide parents and caregivers with skills, knowledge, and resources to fulfill their role as the first line of prevention for their children.

**b. Measurable Outcome Objectives:** See table below

<p><b>CYF-ARPA-1: Funding Period # 1: September 1, 2021 - June 30, 2022:</b> No funded activities <b>Funding Period # 2: July 1, 2022 - June 30, 2023:</b> Beginning on January 1, 2023, parent/caregiver and child/youth graduates of the <b>Strengthening Families Program (SFP)</b> will show an improvement of <b>80%</b> on applicable SFP Parent/Caregiver, Child, and Family Change Objectives between enrollment and graduation as evidenced by an annual program evaluation. (Horizons Unlimited, Jamestown Community Center, Urban Services YMCA, Youth Leadership Institute/SOMCAN, Japanese Community Youth Council/Community Youth Center of SF). <b>Funding Period # 3: July 1, 2023 - June 30, 2024:</b> Same as above <b>Funding Period # 4: July 1, 2024 - June 30, 2025:</b> Same as above</p>	<p><b>CYF-ARPA-2: Funding Period # 1: September 1, 2021 - June 30, 2022:</b> No funded activities <b>Funding Period # 2: July 1, 2022 - June 30, 2023:</b> Beginning on January 1, 2023, Strengthening Families providers will graduate at least <b>108</b> unduplicated children/youth and at least <b>108</b> unduplicated parents/caregivers per 12-month period as evidenced by valid pre-tests and posttests submitted for the annual program evaluation. (Horizons Unlimited, Jamestown Community Center, Urban Services YMCA, Youth Leadership Institute/SOMCAN, Japanese Community Youth Council/SF Community Youth Center) <b>Funding Period # 3: July 1, 2023 - June 30, 2024:</b> Same as above <b>Funding Period # 4: July 1, 2024 - June 30, 2025:</b> Same as above</p>
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City and County of San Francisco  
 FY 2021 Substance Abuse Block Grant (SABG) Funding Application  
**ARPA - September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside**

<p><b>CYF-ARPA-3: Funding Period # 1: September 1, 2021 - June 30, 2022:</b> No funded activities  <b>Funding Period # 2: July 1, 2022 - June 30, 2023:</b> Beginning on January 1, 2023, a <b>Youth Perceptions of Risk of Harm Campaign</b> modeled after the San Francisco Truth or Nah cannabis campaign will increase youth awareness by at least <b>10%</b> per 12-month period in regard to risk of harm in drinking alcohol and in using opioids, fentanyl, and methamphetamines as evidenced by website pre-design and post-design surveys completed by youth/website users. (510 Media)  <b>Funding Period # 3: July 1, 2023 - June 30, 2024:</b> Same as above  <b>Funding Period # 4: July 1, 2024 - June 30, 2025:</b> Same as above</p>	<p><b>CYF &amp; AOA-ARPA-4: Funding Period # 1: September 1, 2021 - June 30, 2022:</b> No funded activities  <b>Funding Period # 2: July 1, 2022 - June 30, 2023:</b> Beginning on January 1, 2023, a <b>Community Opioid, Fentanyl and Methamphetamine Prevention Program</b> will provide community and peer education services to a minimum of <b>360</b> individuals aged 15 to 34 per 12-month period in IOM selective populations annually as evidenced by attendance sheets. (funded agency/ies TBD via RFP/RFQ)  <b>Funding Period # 3: July 1, 2023 - June 30, 2024:</b> Same as above  <b>Funding Period # 4: July 1, 2024 - June 30, 2025:</b> Same as above</p>
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c. **Program Description** See table below

Program/ Services Offered	Description	Service Target
<b>Strengthening Families Program (SFP) Expansion</b>	The Strengthening Families Program is an evidence-based, family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children and youth aged 3-16. SFP will be expanded to provide <b>9 additional cycles</b> for Black, Filipino, and Latinx families with students in grades 5 through 8 from January 1, 2023 through June 30, 2025 . A new parent outreach workshop will be delivered based on the SFP curriculum during the summer months for <b>20</b> parents. In addition, a program evaluation will be conducted annually to show pre-post improvement in risk and protective factors.	<b>108</b> Students <b>128</b> Parents/ Caregivers per 12- month period
<b>Youth Perceptions of Risk of Harm Campaign for Alcohol, Opioids, Fentanyl,</b>	Modeled after the San Francisco <b>Truth or Nah</b> cannabis campaign ( <a href="http://www.truthornahsf.org">www.truthornahsf.org</a> ), a <b>youth-driven, community prevention campaign</b> will be supported and evaluated to change youth perceptions of the risk of harm associated with drinking alcohol and using opioids, fentanyl, and methamphetamines. The campaign website will be developed with CRRSSA funding; ARPA funds will support the	<b>10%</b> <b>increase</b> in youth awareness of risk of harm year over year

City and County of San Francisco  
 FY 2021 Substance Abuse Block Grant (SABG) Funding Application  
**ARPA - September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside**

Program/ Services Offered	Description	Service Target
<b>Methampheta -mines</b>	maintenance and evaluation of the website and campaign. Youth voice will be integrated at all stages of the campaign through consultation with the DPH Youth Alcohol Prevention Coalition, a group of community youth leaders informing a Citywide alcohol social norms campaign.	administered pre-website design and post website design
<b>Community Opioid, Fentanyl, and Methampheta -mine Prevention Education Program</b>	In consultation with community partners with deep experience in serving focus populations, a <b>Community Opioid, Fentanyl, and Methamphetamine Prevention Education Program</b> will be developed to provide community education and outreach services to Black and Latinx populations who are at risk for higher levels of drug overdose and death with the goal of preventing use within a harm reduction framework. A geographic priority has been identified based on drug overdose data for <b>four</b> priority neighborhoods: a) the Tenderloin/94102; b) South of Market/94103; c) Nob Hill/94109; and d) Inner Mission/94110. Funding for the implementation phase will be allocated based on either an RFQ or RFP with the goal of beginning education and outreach services using ARPA funding on January 1, 2023.	<b>360</b> UDCs per 12-month period

For the SFP expansion, San Francisco BHS will amend existing contracts with **five** of its community-based prevention agencies: 1) Horizons Unlimited; 2) Jamestown Community Center; 3) Urban Services YMCA; 4) Youth Leadership Institute/SOMCAN; and 5) Japanese Community Youth Council/Community Youth Council of San Francisco. For the Youth Perceptions on the Risk of Harm Campaign, San Francisco will partner with 510 Media, developer of the Truth or Nah cannabis campaign, through a fiscal intermediary contract while providing additional funding support to Golden Bear Associates to help manage this project until the HPC-1 position can be filled under this grant (see Staffing). A Youth Coordinator also will be supported to bring a youth perspective to campaign development and to collaborate with the DPH Youth Alcohol Prevention Coalition. For the Community Opioid, Fentanyl, and Methamphetamine Prevention Program, SF BHS will collaborate and contract with community-based agencies with experience in serving focus populations. Please note that requested funding for the ARPA program does not begin until the middle of year 2, on January 1, 2023, because the pilot versions of the intervention programs will be funded through CRRSAA funding through December 31, 2022. Meanwhile, the Health Program Coordinator will also begin work

City and County of San Francisco  
 FY 2021 Substance Abuse Block Grant (SABG) Funding Application  
**ARPA - September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside**

through ARPA funding on January 1, 2023, the date that the ARPA-funded interventions become active.

**d. Cultural Competency:** The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies.

**e. Target Population / Service Area:** See table below

Program	Target Population(s)	Service Area(s)
Strengthening Families Program Expansion	Black, Chinese, Filipino, Latinx, New Immigrant Families	In community/schools in Chinatown, Mission, Outer Mission/Excelsior, South of Market, Southeast/Bayview Hunter's Point neighborhoods
Youth Perceptions of Risk of Harm Campaign	High school youth/young adults	Via web
Community Opioid, Fentanyl, and Methamphetamine Prevention Program	Individuals, aged 15 to 34 years, identifying as Black and Latinx and their families	Tenderloin, South of Market, Nob Hill, and Inner Mission neighborhoods

**f. Staffing:** A full-time (1.0 FTE) Health Program Coordinator will be hired to support the planning, development, implementation and evaluation of the Community Opioid Overdose Prevention Program, the Community Opioid, Fentanyl, and Methamphetamine Prevention Education Program, and the Youth Perceptions of Risk of Harm Campaign. This position will be placed under DPH Behavioral Health Services and will work collaboratively across the Department and with community partners who have experience in serving focus populations. The full-time Health Program Coordinator will be funded through the ARPA program beginning on January 1, 2023.

City and County of San Francisco  
 FY 2021 Substance Abuse Block Grant (SABG) Funding Application  
**ARPA - September 1, 2021 - June 30, 2025**  
**Primary Prevention Set-Aside**

**g. Implementation Plan:** See table below

Program	Implementation Status
Strengthening Families Program	Program is fully implemented
Truth or Nah Campaign-like Alcohol, Opioids, Fentanyl, Methamphetamines Youth Campaign – Website Maintenance	1/1/23 - 6/30/25
Community Opioid, Fentanyl, and Methamphetamine Prevention Program – Ongoing Implementation	7/1/22 - 6/30/25

**h. Program Evaluation Plan:** The DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to each contract or agreement. Program reviews track provider performance and outcomes across a wide range of areas, including deliverables, performance objectives, client outcomes as measured through randomized chart review, and client satisfaction survey results. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns; regular client chart review to verify accuracy and completeness of client-level data; and ongoing meetings between BHS program managers and their assigned contractor agencies.

**i. ARPA SABG Supplemental Tracking:** SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer ARPA SABG funding separately from both CRRSAA SABG funding and the County’s prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the ARPA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

**j. ARPA Complete Expenditure of Funds:** SFDPH understands the ARPA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by January 1, 2025 if they do not anticipate fully expending their SFY 2024-25 allocation by June 30, 2025. Please note that requested funding for the ARPA program does not begin until the middle of year 2, on January 1, 2023, because the pilot versions of the intervention programs will be funded through CRRSAA funding through December 31, 2022. Meanwhile, the Health Program Coordinator will also begin work through ARPA funding on January 1, 2023, the date that the ARPA-funded interventions become active.

**City and County of San Francisco**  
**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)**  
**July 1, 2021 - December 31, 2022**  
**Adolescent / Youth Set-Aside Program Narrative**

**a. Statement of Purpose:** The goal of the San Francisco CRRSAA Adolescent / Youth Set-Aside Program is to improve the quality and outcomes of substance use diagnosis, treatment, and services provided to adolescents and youth between the ages of 0 and 20, along with their families and caregivers, with a particular focus on improving **early identification and treatment** of substance use and mental health issues among youth. To accomplish this goal, BHS will utilize SRRSAA Adolescent / Youth Set-Aside funding to contract with **one or more nationally recognized consultation and training firms** that will provide intensive, tailored training, technical assistance, and capacity-building services for administrators, staff, and providers at substance use disorder and mental health treatment agencies and programs with which BHS contracts to provide adolescent and youth substance use and dual diagnosis services. The consultation and training contracts will span the 18-month CRRSAA project period and will include identified milestones, deliverables, activities, and enhancement outcomes to track and measure project success.

**b. Measurable Outcome Objectives:**

- **Funding Period # 1: July 1, 2021 - June 30, 2022:**
- Identify and contract with one or more highly qualified consultation and training firms with extensive experience in assessing agency needs and building agency capacity to provide effective adolescent and youth substance use and mental health services.
- Provide intensive, tailored, assessment, training, and technical assistance services for administrators, staff, and providers at contracted youth-services BHS agencies and programs to increase the quality, scope, and impact of youth-specific substance use and mental health services.
- Monitor the effectiveness of the program in building self-reported agency skills, capacity, awareness, effectiveness, and impact, including potential impacts on health disparities related to disadvantaged and underserved populations.
- **Funding Period # 2: July 1, 2022 - December 31, 2022**
- Continue to provide intensive, tailored, assessment, training, and technical assistance services for administrators, staff, and providers at contracted youth-services BHS agencies and programs to increase the quality, scope, and impact of youth-specific substance use and mental health services.



- Continue to monitor the effectiveness of the program in building self-reported agency skills, capacity, awareness, effectiveness, and impact, including potential impacts on health disparities related to disadvantaged and underserved populations.

**c. Program Description:** The proposed capacity development intervention is designed to allow San Francisco to more effectively address the crisis of substance use disorder and co-occurring conditions among young people in the city. While the agencies with which BHS contracts are have some experience in meeting the needs of this population, many do not know how to effectively assess youth for comorbidity and treat it. Additionally, new strategies and service models are continually being developed, and new interventions with demonstrated success offer exciting opportunities to expand the quality of behavioral health services for youth. These include:

- Expanding systems and procedures for early identification and treatment of youth substance use and mental health disorders;
- Incorporating new models of youth engagement, assessment, retention, and support in behavioral health care, including new outcomes tracking models;
- Expanding involvement of parents, caregivers, and community support personnel in identifying and referring young people to behavioral health services and in providing effective support to affected young people;
- Expanding the use of culturally, behaviorally, and developmentally specific behavioral health assessment, intervention, and support methodologies;
- Increasing public awareness of youth behavioral health needs, conditions, early symptoms, and treatment options, particularly as they affect underserved populations; and
- Increasing inter-agency and inter-system communication and collaboration in regard to behavioral health referral and services.

Through the proposed intervention, San Francisco will greatly expand the expertise of its contracted BHS providers to deliver even more effective engagement, care, and support services for adolescents and youth affected by substance use and mental health issues. This intervention will touch on and enhance virtually **all** factors identified by the State of California in the SABG instructions, including youth outreach, screening, assessment, diagnosis, placement, treatment, counseling, peer support services, enhanced utilization of developmentally appropriate approaches to treatment, expanded family interventions and support systems; alcohol and drug testing, discharge planning, and structured recovery-related activities.

**d. Cultural Competency:** The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a

framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies. Additional approaches to ensure cultural competency through the SABG program will include:

- Developing new community partnerships to directly engage focus population members in program design, implementation, monitoring, and quality improvement;
- Using effective, demonstrated programs and practices that have been developed and evaluated specifically for diverse and underserved populations;
- Conducting outcome evaluations to demonstrate whether programs are having the intended impact on focus populations, including reducing both access and outcome disparities; and
- Funding and engaging community partners that demographically reflect the focus populations served by each program.

**e. Target Population / Service Area:** The project will target providers of adolescent and youth substance use and mental health services with which BHS contracts, including administrative, planning, programmatic, and direct service staff to improve the quality and outcomes of substance use diagnosis, treatment, and services provided to adolescents and youth between the ages of 0 and 20, along with their families and caregivers. The program will also bring these agency representatives into both in-person and electronic sessions for group learning, planning, and collaborative activities as appropriate.

**f. Staffing:** The project will support subcontract to one or more training and technical assistance providers to cover the training and technical assistance services supported by the program. These subcontracts will incorporate a broad range of content experts, experienced trainers, agency assessment specialists, evaluation specialists, and technical

assistance providers in a diverse range of sub-topics related to adolescent and youth behavioral health services.

**g. Implementation Plan:** As noted above, between July 1 and October 31, 2021, SF BHS will conduct a nationwide search and bid process to identify and select one or more qualified training and technical assistance firms that specialize in behavioral health service assessment and capacity-building in relation to adolescents and youth. SF BHS will develop contracts with these firm that include detailed benchmarks, objectives, and deliverables, including procedures for assessing the program's overall impact on improving behavioral health services. BHS will closely monitor and support the training project - providing planning, convening, and data tracking services where appropriate - throughout the intervention period from November 1, 2021 through December 31, 2022. Contracted training and consulting firms may also prepare final reports on project services and outcomes by the conclusion of the contract period, as determined during the project negotiation process.

**h. Program Evaluation Plan:** SFDPH and SF Behavioral Health Services maintain a robust program monitoring, evaluation and quality improvement system to track the process of program implementation, monitor the impact and outcomes of behavioral health programs and services, and identify and address disparities in regard to service access, utilization, and outcomes. For its own internally operated programs, BHS utilizes the Avatar electronic health records (EHR) system to enter, aggregate, and summarize client-level data and outcomes, and is continually enhancing systems expand data sharing and interface with EHR systems in areas such as emergency medical care, law enforcement, and community behavioral health services. Substance use treatment data is entered into the CalOMS system on a weekly basis, while the agency conducts regular internal DPH program staff meetings and teleconferences in areas such as program monitoring, planning, implementation, quality improvement, and evaluation.

Meanwhile, the DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to each contract or agreement. Program reviews track provider performance and outcomes across a wide range of areas, including deliverables, performance objectives, client outcomes as measured through randomized chart review, and client satisfaction survey results. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns; regular

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**Adolescent / Youth Set-Aside**

client chart review to verify accuracy and completeness of client-level data; and ongoing meetings between BHS program managers and their assigned contractor agencies.

Additionally, BHS produces an annual Quality Improvement (QI) Work Plan designed to monitor key indicators associated with the quality of consumer care and to identify and implement quality improvement activities as needed. The annual QI Work Plan identifies specific objectives, timeframes, and responsible parties in relation to six key areas: 1) Service Capacity; 2) Access to Care; 3) Beneficiary Satisfaction; 4) Service Delivery and Clinical Issues; 5) Areas for Improvement; and 6) Continuity and Coordination of Care. These activities assess the effectiveness of the plan in achieving improved client outcomes and reducing client access and outcome disparities. Current major activities in the plan include evaluation of improved connection of BHS behavioral health clients to a primary care home; improved client satisfaction; improved percentage of clients who are seen in outpatient treatment within 7 days of discharge from a psychiatric hospitalization; and reduction of 30-day readmissions to psychiatric hospitalizations.

**i. CRRSAA SABG Supplemental Tracking:** SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer CRRSAA SABG funding separately from both ARPA SABG funding and the County's prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the CRRSAA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

**k. CRRSAA Complete Expenditure of Funds:** SFDPH understands the CRRSAA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by June 30, 2022 if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.

**City and County of San Francisco**  
**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)**  
**July 1, 2021 - December 31, 2022**  
**Perinatal Set-Aside Program Narrative**

**a. Statement of Purpose:** The goal of the San Francisco CRRSAA Perinatal Set-Aside Program is to improve the health, safety, and pregnancy outcomes of pregnant people in San Francisco who are facing significant barriers to accessing effective prenatal and perinatal care and essential medical, psychosocial and support services. CRRSAA Perinatal Set-Aside funding will support a subcontract to **Team Lily**, an innovative multidisciplinary care team created and operated by the Zuckerberg San Francisco General Hospital Divisions of Obstetrics and Gynecology, Psychiatry, and Solid Start. Team Lily provides holistic, trauma-informed, wraparound services to pregnant individuals who are homeless or unstably housed and/or who have an active substance use disorder, including persons with a history of mental illness. Team Lily will intensively work with and support these individuals to assess needs, develop personalized care plans, link clients to needed service and support programs, and provide flexible, accessible obstetric, psychiatric, social work, and navigation services. Team Lily is a **national model program** offering exciting new opportunities for increasing quality of care and outcomes for pregnant people who are homeless and/or who have an active substance use disorder at the time of pregnancy.

**b. Measurable Outcome Objectives:**

- **Funding Period # 1: July 1, 2021 - June 30, 2022:**
- Provide team-based multidisciplinary, wraparound support services to pregnant people in San Francisco facing significant barriers to effective prenatal care and support services, with an emphasis on homeless and unstably housed persons and persons with active substance use disorders
- Continually follow-up and support individuals enrolled in the program both during and up to one year following pregnancy.
- **Funding Period # 2: July 1, 2022 - December 31, 2022**
- Continue to provide team-based multidisciplinary, wraparound support services to pregnant people in San Francisco facing significant barriers to effective prenatal care and support services, with an emphasis on homeless and unstably housed persons and persons with active substance use disorders
- Continually follow-up and support individuals enrolled in the program both during and up to one year following pregnancy.

**c. Program Description:** Team Lily utilizes a multidisciplinary team to provide trauma-informed, wraparound services to pregnant people living on low incomes who are facing significant barriers to effective prenatal care and related services. Team Lily offers patients a consistent, supportive care team that offers flexible and accessible obstetric, psychiatric, social work and patient navigation services that incorporate support for transportation to medical care; substance use treatment integrated into pregnancy care; and holistic services such as assistance with housing, financial support, and mental health service access. Team Lily strives for a pregnancy, birth, and postpartum experience that is filled with dignity, grounded in patient autonomy, and that uplifts individual or parenting goals. Team Lily is committed to dismantling structural racism and challenging the stigma and discrimination that underlie the barriers to care facing Team Lily patients.

All Team Lily patients receive an initial comprehensive medical, health, and psychosocial screening, including screening for substance use disorders, by the team's Social Worker, Navigator, and/or Medical Director. Team Lily patients are offered intensive case management services through the Team Lily Navigator, Social Worker, and/or Community Partner. All patients with an identified opioid use disorder are offered medication assisted treatment (MAT), and of those offered treatment during pregnancy, an estimated **80%** will begin treatment before birth. Team Lily provides coordinated care that features ongoing, intensive communication and collaboration between the team and any substance use and/or mental health service programs in which a patient participates. Team Lily also closely communicates and collaborates with any inpatient (labor and delivery) and outpatient programs used by the client. The Team Lily Medical Director is an OBGYN who also works on labor and delivery and who facilitates inpatient and outpatient team communication, along with the Team Lily Social Worker. Following delivery, Team Lily continues to work with each client to support stabilization, ensure housing access, and remove barriers to access and utilization of behavioral health services, including providing any needed parenting skills or support programs.

**d. Cultural Competency:** The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to

work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies. Additional approaches to ensure cultural competency through the SABG program will include:

- Developing new community partnerships to directly engage focus population members in program design, implementation, monitoring, and quality improvement;
- Using effective, demonstrated programs and practices that have been developed and evaluated specifically for diverse and underserved populations;
- Conducting outcome evaluations to demonstrate whether programs are having the intended impact on focus populations, including reducing both access and outcome disparities; and
- Funding and engaging community partners that demographically reflect the focus populations served by each program.

**e. Target Population / Service Area:** Team Lily services are available throughout San Francisco, and focus on some of the most marginalized pregnant people in the city. Of pregnant people and families served by Team Lily to date, **95%** have been unstably housed or homeless at entry; **30%** have been unsheltered, living in a vehicle, tent, or on the street; **80%** have had an active substance use disorder at the time of pregnancy; and **40%** have reported a history of mental illness. With the support of Team Lily, fully **90%** of all patients served have been sheltered by the time of delivery while **80%** of persons with opioid use disorders have been enrolled in MAT during pregnancy.

**f. Staffing:** Team Lily consists of **four** highly trained staff members who together provide coordinated and highly accessible care to persons facing severe barriers to receipt of effective, trauma-informed pregnancy care and related services.

- The **Program Manager** is responsible for Team Lily administrative coordination, communications, community outreach, and evaluation.
- The **Medical Director** is an OBGYN who is responsible for prenatal care, substance use treatment in pregnancy, coordination with OTP providers, birth planning, and postpartum care.
- The **Social Worker** is responsible for patient counseling; intensive case management; patient education and linkage to resources; coordination with OTPs and outpatient or residential treatment programs; and navigator supervision.
- The **Patient Navigator** is responsible for ensuring patients' immediate needs are met, including assistance with navigating the shelter system, accessing services through WIC,

accessing food, clothing, and baby supplies, and accessing OTP and residential or outpatient treatment services. The Navigator also serves as a critical bridge between clinic-based work and all of the services clients access outside of the healthcare system.

**g. Implementation Plan:** Team Lily is operational, and has shown a high level of success and patient satisfaction. The team, however, is in need of continuation funding to support this vital new program model. San Francisco CRRSAA Perinatal Set-Aside funds will support the continued operation of Team Lily over the 18-month funding period from July 1, 2021 through December 31, 2022. BHS will closely monitor and report on the activities and client-level outcomes of Team Lily throughout the project period.

**h. Program Evaluation Plan:** SFDPH and SF Behavioral Health Services maintain a robust program monitoring, evaluation, and quality improvement system to track the process of program implementation, monitor the impact and outcomes of behavioral health programs and services, and identify and address disparities in regard to service access, utilization, and outcomes. The DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to each contract or agreement. Program reviews track provider performance and outcomes. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns.

**i. CRRSAA SABG Supplemental Tracking:** SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer CRRSAA SABG funding separately from both ARPA SABG funding and the County's prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the CRRSAA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

**k. CRRSAA Complete Expenditure of Funds:** SFDPH understands the CRRSAA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by June 30, 2022 if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.



**City and County of San Francisco**  
**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)**  
**July 1, 2021 - December 31, 2022**  
**Recovery Housing Support Narrative**

**a. Statement of Purpose:** The goal of the San Francisco CRRSAA Recovery Housing Support program is to promote the wellness and recovery of individuals with substance use and related disorders through **two levels** of high-quality residential substance use treatment and recovery support. The first level consists of **residential treatment services**, which seek to reduce the impact of substance use disorders and addiction by successfully providing integrated SUD and mental health treatment to adults 18 and over in a safe, recovery-oriented environment, generally encompassing stays of **30 - 90 days**. Subsidized residential treatment stays are authorized by the County Treatment Access Program (TAP) based on individualized treatment plans that incorporate American Society of Addiction Medicine (ASAM) risk levels and additional clinical priorities. The second level involves **residential step-down services**. These services are designed to promote wellness and substance use recovery for adults 18 and over through sub-acute, short-term, residential services that provide support and access to outpatient treatment in a 24-hour staffed, open, home-like environment. These programs emphasize the **personal recovery goals** of participants along with the achievement of **long-term housing stability** to minimize the likelihood of homelessness. There are minimal barriers for program entry, and while the program itself is not formally structured, case management services and linkages to ancillary services are available to residents.

**b. Measurable Outcome Objectives:**

- **Funding Period # 1: July 1, 2021 - June 30, 2022:**
- Provide high-quality residential treatment and step-down residential services for persons living in San Francisco with identified substance use disorders through subcontracts with reputable, contracted substance use treatment agencies.
- Ensure that at least **60%** of residential treatment clients have successfully completed treatment or have left before completion with satisfactory progress as measured by discharge codes.
- Ensure that **100%** of clients in residential step-down services have documented monthly verification of enrollment in an outpatient treatment program as evidenced by at least one billable service entered into the Avatar EHR system for outpatient, intensive outpatient, or Narcotic Treatment Program (NTP) services during each month of step-down residence participation.

- **Funding Period # 2: July 1, 2022 - December 31, 2022**
  
- Continue to provide high-quality residential treatment and step-down residential services for persons living in San Francisco with identified substance use disorders through subcontracts with reputable, contracted substance use treatment agencies.
- Continue to ensure that at least **60%** of residential treatment clients have successfully completed treatment or have left before completion with satisfactory progress as measured by discharge codes.
- Continue to ensure that **100%** of clients in residential step-down services have documented monthly verification of enrollment in an outpatient treatment program as evidenced by at least one billable service entered into the Avatar EHR system for outpatient, intensive outpatient, or Narcotic Treatment Program (NTP) services during each month of step-down residence participation.

**c. Program Description:** SF BHS will contract with **two** highly qualified contractors to provide SABG-subsidized recovery services: **HealthRIGHT 360** and **The Latino Commission**. Both agencies have extensive experience in operating, managing, and tracking residential treatment programs, and operate a range of facilities throughout the city. Program funding will exclusively support the **room and board** portion of both residential treatment and step-down residential services, which are not Medicaid billable activities through the Drug Medical Organized Delivery System (DMC-ODS) Waiver. In the case of **residential treatment services**, a licensed medical practitioner will determine that residential treatment is medically necessary and in accordance with the beneficiary's individualized treatment plan, including ensuring at least one level of ASAM risk level. Each client's treatment experience is unique, as services are assessment-driven, strengths-based, and participant-centered. Following discharge from services, clients are able to access treatment and support services that support their continued recovery, including step-down residential services.

Meanwhile, the term **residential step-down (RSD)** refers to sober living environments for people who have a history of prior substance use. Residential step-down facilities are temporary housing settings with a minimum number of on-site support staff. RSDs are **not** substance use treatment programs, and unlike residential treatment programs, they are not licensed facilities. Instead, they function more as independent living environments, with a few people sharing a single-family apartment or house and having responsibility for managing their own living space. Eligibility requirements for RSD admission include: a) a diagnosed substance use disorder (SUD) or dual substance use / mental health diagnosis; b) recent completion of a 90-day residential treatment program for their SUD or dual diagnosis; and c) currently receiving outpatient SUD treatment. The average length of stay in residential step-down facilities is **10-12 months**, with a maximum stay of **24 months**. A majority of RSD clients are working and contributing to rent. Support

for RSD room and board can include dependent children residing the same location as the parent while the parent is receiving offsite substance use disorder treatment.

**d. Cultural Competency:** The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies. Additional approaches to ensure cultural competency through the SABG program will include:

- Developing new community partnerships to directly engage focus population members in program design, implementation, monitoring, and quality improvement;
- Using effective, demonstrated programs and practices that have been developed and evaluated specifically for diverse and underserved populations;
- Conducting outcome evaluations to demonstrate whether programs are having the intended impact on focus populations, including reducing both access and outcome disparities; and
- Funding and engaging community partners that demographically reflect the focus populations served by each program.

**e. Target Population / Service Area:** The CRRSAA Recovery Housing Support program will provide residential and step-down services for adults 18 and older with identified substance use disorders who are ready and willing to receive residential treatment and residential recovery support. San Francisco prioritizes admission to recovery housing for the following populations, although these are not the only individuals to be served by the program: 1) perinatal clients; 2) persons who inject or have injected drugs; 3) persons defined as “high utilizers” of medical and psychosocial services; 4) chronically homeless individuals; 5) certain criminal justice clients without alternative criminal justice funding for recovery housing; 6) young adults ages 18-24; 7) persons living with HIV/AIDS; 8) homeless clients

stepping down from residential treatment to residential step-down; and 9) LGBTQQIA2S populations.

**f. Staffing:** The project will support subcontract to qualified agencies who will have responsibility for hiring, supervising, and supporting their own multidisciplinary project staff. These staff have responsibility for a broad range of services, which in the case of residential treatment include intake, assessment, placement, and orientation; individual and group counseling; patient and family education; crisis intervention services; treatment planning and recovery services; transportation services; case management; and discharge services. Meanwhile, at step-down facilities, clients are assessed for ancillary service needs including primary care, family reunification, legal, mental health, and other services as needed. Step-down facility staff are responsible for the safety of the building, maintaining records, admitting and discharging residents, and maintaining house rules. Other staff may be available such as cooks and groundskeepers, and step-down providers ensure that licensed childcare is available to clients and that recovery, case management, family / child, and parenting services are accessible. Contractors enter weekly progress notes to confirm ongoing participation in treatment, while transition planning includes offering clients who no longer are interested or who are discharged from step-down services information on accessing other service options.

**g. Implementation Plan:** SF BHS will ensure contracted residential treatment and step-down residential services for qualifying clients throughout the proposed CRRSAA contract period from July 1, 2022 through December 31, 2022. All contractors will be responsible for continually monitoring and reporting on client residential services, and for entering and submitting client-level service delivery and outcomes as required by the SABG program.

**h. Program Evaluation Plan:** SFPD and SF Behavioral Health Services maintain a robust program monitoring, evaluation, and quality improvement system to track the process of program implementation, monitor the impact and outcomes of behavioral health programs and services, and identify and address disparities in regard to service access, utilization, and outcomes. For its own internally operated programs, BHS utilizes the Avatar electronic health records (EHR) system to enter, aggregate, and summarize client-level data and outcomes, and is continually enhancing systems expand data sharing and interface with EHR systems in areas such as emergency medical care, law enforcement, and community behavioral health services. Substance use treatment data is entered into the CalOMS system on a weekly basis, while the agency conducts regular internal DPH program staff meetings and teleconferences in areas such as program monitoring, planning, implementation, quality improvement, and evaluation.

Meanwhile, the DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to

each contract or agreement. Program reviews track provider performance and outcomes across a wide range of areas, including deliverables, performance objectives, client outcomes as measured through randomized chart review, and client satisfaction survey results. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns; regular client chart review to verify accuracy and completeness of client-level data; and ongoing meetings between BHS program managers and their assigned contractor agencies.

Additionally, BHS produces an annual Quality Improvement (QI) Work Plan designed to monitor key indicators associated with the quality of consumer care and to identify and implement quality improvement activities as needed. The annual QI Work Plan identifies specific objectives, timeframes, and responsible parties in relation to six key areas: 1) Service Capacity; 2) Access to Care; 3) Beneficiary Satisfaction; 4) Service Delivery and Clinical Issues; 5) Areas for Improvement; and 6) Continuity and Coordination of Care. These activities assess the effectiveness of the plan in achieving improved client outcomes and reducing client access and outcome disparities. Current major activities in the plan include evaluation of improved connection of BHS behavioral health clients to a primary care home; improved client satisfaction; improved percentage of clients who are seen in outpatient treatment within 7 days of discharge from a psychiatric hospitalization; and reduction of 30-day readmissions to psychiatric hospitalizations.

**i. CRRSAA SABG Supplemental Tracking:** SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer CRRSAA SABG funding separately from both ARPA SABG funding and the County's prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the CRRSAA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

**k. CRRSAA Complete Expenditure of Funds:** SFDPH understands the CRRSAA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by June 30, 2022 if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.



State of California—Health and Human Services Agency  
Department of Health Care Services



November 15, 2021

Judith Martin M.D.  
SUD Medical Director and AOD Administrator  
San Francisco County Department of Health Services  
Room 221, Second Floor  
1380 Howard Street  
San Francisco, CA 94103

Dear Dr. Martin:

The Department of Health Care Services (DHCS) has completed the review of your county’s Behavioral Health Response and Rescue Project (BHRRP) Supplemental County Application for the Substance Abuse Prevention and Treatment Block Grant (SABG). All required documents have been received, and your application has been approved up to the maximum **Total Amount Approved** noted below. Your County may begin incurring costs up to that amount retroactively per the timelines denoted below.

**Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)  
(July 1, 2021 through December 31, 2022)**

Funding Categories	Total Amount Available	Total Amount Requested	Total Amount Approved
<b>Total Allocation</b>	<b>\$4,425,920.35</b>	<b>\$4,375,919.00</b>	<b>\$4,375,919.00</b>
Primary Prevention Set-Aside	\$2,278,215.19	\$2,278,215.00	\$2,278,215.00
Friday Night Live Set-Aside	\$50,000.00	\$0.00	\$0.00
Perinatal Set-Aside	\$211,920.52	\$211,920.00	\$211,920.00
Adolescent/Youth Set-Aside	\$271,925.00	\$271,925.00	\$271,925.00
Recovery Housing Support	\$1,613,859.64	\$1,613,859.00	\$1,613,859.00

**American Rescue Plan Act (ARPA)  
(September 1, 2021 through June 30, 2025)**

<b>Funding Categories</b>	<b>Total Amount Available</b>	<b>Total Amount Requested</b>	<b>Total Amount Approved</b>
<b>Total Allocation</b>	<b>\$3,914,352.70</b>	<b>\$3,814,352.00</b>	<b>\$3,814,352.00</b>
Discretionary Allocation	\$2,077,310.27	\$2,077,310.00	\$2,077,310.00
Primary Prevention Set-Aside	\$1,737,042.43	\$1,737,042.00	\$1,737,042.00
Friday Night Live Set-Aside	\$100,000.00	\$0.00	\$0.00

**Please note, your County may be eligible to receive additional funding if it was requested during the application period. DHCS will be providing additional instructions once the final funding amount has been determined.**

Should you have any questions, please contact the BHRRP team at [BHRRP@dhcs.ca.gov](mailto:BHRRP@dhcs.ca.gov).

Sincerely,



Waheeda Sabah, Section Chief  
Contracts and Fiscal Section  
Federal Grants Branch  
Community Services Division  
Department of Health Care Services



London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Dr. Grant Colfax  
Director of Health  
**DATE:** 1/21/2022  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Accept and Expend Grant – Substance Abuse Prevention and Treatment Block Grant (SABG) - Behavioral Health Response and Rescue Project (BHRRP) - \$8,190,271

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):  
ARPA and CRRSAA Primary Prevention Narratives.  
CRRSAA Adolescent Youth Set-Aside Narrative  
CRRSAA Perinatal Set-Aside Narrative  
CRRSAA Recovery Housing Support Narrative

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No