SAN FRANCISCO DEPT. OF PUBLIC HEALTH BEHAVIORAL HEALTH SERVICES
SAMHSA FY 2021 COMMUNITY MENTAL HEALTH CENTERS GRANT PROGRAM
(CMHC / FOA # SM-21-014)

PROJECT NARRATIVE[1]

Section A. Population of Focus and Statement of Need

A.1. Population of Focus and Geographic Area: The proposed SAMHSA CMHC program will be implemented in the City and County of San Francisco (SF), California, a unique, diverse, and complex region. With a land area of only **46.7** square miles and a 2019 population of **881,549,** San Francisco has a population density of **18,876** persons per square mile, the highest density of any US county outside of New York. San Francisco is also extremely diverse, with persons of color making up **59.8%** of the total population. Only **half** of high school students in SF were born in the US, and almost **one-quarter** have been in the country six years or less.

The project's population of focus will be persons living in the City and County of San Francisco who have serious emotional disturbances (SED), serious mental illness (SMI), and/or SED and/or SMI coupled with co-occurring substance use disorders, referred to as co-occurring disorders (COD), and who have an unmet need for behavioral health services to address these issues. San Francisco faces severe crises of mental illness, substance use, and homelessness. More than **23%** of all city residents report needing emotional help and support and at least **9%** of adults report serious psychological distress in any given year.[1]The number of hospitalizations among adults due to major depression exceeds that of asthma or hypertension, and the city's per capita suicide rate is **twice as high** as the city's homicide rate, with suicide being the**12th** leading cause of death.[2] San Francisco experienced **713** opioid-related overdose deaths in 2020, a increase of **256%** increase over the **279** opioid overdose deaths recorded in 2019, and a shocking **463%** increase over the **154** opioid deaths in 2017, with African Americans experiencing a **450%** higher opioid death rate than the general population (**148.6** per 100,000 vs. **27.2** per 100,000).[3] According to the National Low Income Housing Coalition, San Francisco is also the **least affordable county in the nation** in terms of the minimum hourly wage needed to rent an average two-bedroom apartment, which currently stands at **$64.21 per hour**,[4] while more than **59%** of single parents in SF live below the **California Self-Sufficiency Standard (SSS)**, a measure that incorporates the cost of basic needs for California's working families.[5] San Francisco also has the **highest level of income inequality** in the State of California, with residents in the 90th income percentile earning **12 times more** than persons in the bottom 10th percentile (**$384,000** per year vs. **$32,000** per year).[6] Despite aggressive efforts, San Francisco saw a **16.8% jump** in the number of homeless residents between 2017 and 2019,[7] with the city having the **12th highest** per capita rate of homelessness in the US in 2020, at **396.9** per 100,000.[8] It is estimated that as many as **40%** of San Francisco's homeless suffer from some form of mental illness and/or substance use conditions.[9]

A.2. Extent of Unmet Need and Service Gaps: The unprecedented stressors and negative impacts of the COVID-19 pandemic have had dramatic impacts on mental health and mental health services in the US. According to the CDC, the national prevalence of anxiety disorders grew by **more than 300%** between June 2020 and June 2019 - from **8.1%** to **25.5% -** while the

[1]Please note that all references for the Project Narrative are contained in the document labeled Endnotes included with this application, as per phone authorization by SAMHSA staff.

prevalence of depressive disorders rose **fourfold** over the same time period, from **6.5%** to **24.3%**.[10] In San Francisco, the SF Department of Public Health Behavioral Health Access Line saw a **19% increase** in crisis calls and crisis visits during 2020, with crisis counselors reporting that callers are sharing more frequent concerns regarding high anxiety, loneliness, isolation, stress, and worry. At the same time, anxiety and psychiatric holds have increased, while higher acuity ratings have been noted across the board in areas that include increased domestic/intimate partner violence and child abuse. SFDPH BHS also reported a **33% citywide increase in client suicide attempts** (requiring and not requiring emergency service interventions) and a **13% increase in deaths among adult and older adult clients**, most of which are expected to be related to increased suicide and mental health-related issues upon further investigation.

In addition to increased stressors on the behavioral health system, the COVID-19 epidemic has exposed key gaps in our local system related to **a lack of coordination in addressing behavioral health issues and needs**. Community-based social service providers seeing increased numbers of clients with mental health and substance use issues voiced frustration at the lack of a centralized system for competently assessing client behavioral health needs and referring and linking clients to essential services. At the same time, low-income individuals and families struggling with COVID-19-related stressors have found that there is no clear pathway for identifying and accessing affordable and competent mental health and substance use services. These access issues have disproportionately impacted **historically marginalized Black / African American and Latinx communities** in San Francisco. These communities are often affected by higher incidence and prevalence rates of COVID-19, inequities that in turn intensify the impact of social determinants of health such as poverty, violence, substance use, exposure to trauma, systematic racism, and unemployment. This has in turn left many residents feeling hopeless and isolated, and has contributed to dramatically expanded rates of depression, anxiety, hopelessness, and suicidality.

A.3. Loss of Revenue During Pandemic: The COVID-19 pandemic has resulted in significant losses of revenue for San Francisco Behavioral Health Services and its citywide community mental health centers program. Over the 12-month period between April-December 2010 and April-December 2020, BHS revenue from Mental Health Medi-Cal, Drug Medi-Cal, and Medicare payments decreased from a monthly average of $10,786,192 to $9,197,128, an average loss of revenue of **$1,589,064 per month.** This is equivalent to a combined annual loss of **$19,068,768** in behavioral health revenue to our system as a result of the COVID-19 crisis.

Section B. Proposed Implementation Approach

B.1. Project Goals and Objectives: San Francisco Behavioral Health Services (BHS) requests funding through the SAMHSA FY 2021 Community Mental Health Centers (CMHC) Grant Program to implement the **Care Coordination and Transitions Management (CCTM) Project,** an innovative, collaborative intervention designed to support, restore, and enhance the delivery of community mental health center services that have been severely impacted by the COVID-19 pandemic. CCTM services will be specifically directed to persons living in the City and County of San Francisco who have diagnosed SED, SMI, and/or COD, and who have an unmet need for mental health and/or substance use disorder treatment. The two-year initiative will utilize a **highly qualified, multidisciplinary CCTM team** to provide centralized intake, assessment, referral, linkage, and engagement and retention support services on behalf of the entire community mental health center network in San Francisco.

The overarching goal of CCTM is to significantly increase the number of persons with unmet or under-addressed behavioral health conditions who are successfully supported, stabilized, and anchored in mental health services and substance use treatment. CCTM will incorporate short-term behavioral health counseling, extensive peer support and involvement, wide-ranging telehealth and telemedicine strategies, and pro-active efforts to inform, educate, and link persons with qualifying conditions, with an emphasis on low-income and underserved populations, including homeless persons, persons recently released from incarceration, active substance users, and low-income persons of color. **Over the two-year grant period, CCTM will directly engage, assess, and link to behavioral health care at least 600 San Francisco residents with SED, SMI, and COD** (see chart below).

Number of Unduplicated Individuals to be Served with Grant Funds		
Year 1	**Year 2**	**Total**
300	**300**	**600**

The CCTM Project will begin with a **3-month project start-up phase between September 30 and December 31, 2021** in which BHS will finalize project parameters and outcomes in collaboration with SAMHSA; finalize project subcontracts; hire and train project staff and peers; develop a comprehensive local evaluation plan; prepare and submit a Disparity Impact Statement (DIS) within 60 days of grant award; convene monthly meetings of a Communitywide Stakeholder Council; and develop project outreach materials and strategies. Following this start-up phase, the CCTM Project will achieve the following key objectives during the project implementation phase from **January 1, 2022 through September 29, 2023:**

1. Provide multidisciplinary, team-based, centralized behavioral health engagement, assessment, referral, linkage, service planning, and retention support services, including initial GPRA and consent form completion, for a minimum of **600** persons living with San Francisco with identified SED, SMI, and/or COD;
2. Provide one-on-one peer based support services for at least **150** project clients with complex needs and/or co-occurring conditions;
3. Conduct **regular drop-in telehealth support groups** co-facilitated by project staff and peers, using frameworks that include Wellness Recovery Action Plan (WRAP) and Seeking Safety;
4. Achieve a six-month GPRA follow-up rate of at least **80%** for enrolled clients;
5. Document self-reported improvements in mental and physical health, family and living conductions, education and employment status, and/or social connectedness for at least **75%** of clients who participate in CCTM services for a minimum of **3 months**;
6. Document **increased satisfaction with behavioral health service referrals, linkage and service coordination** among public and private community mental health center staff as measured through surveys and key informant interviews;
7. Convene and document the results of **monthly** stakeholder meetings involving key public and private agencies and coalitions in San Francisco that serve persons with behavioral health needs;
8. Continually track, document, and report **all** staff and peer activities through the program while conducting **quarterly** data aggregation and analysis processes; and

9. Conduct and document **project-specific quality improvement projects and outcome studies** designed to reduce disparities, achieve greater health equity, assess the impact of peer involvement, and demonstrate the cost-effectiveness of the program with an eye to long-term sustainability following the conclusion of the grant period.

B.2. <u>How Required Activities Will be Implemented:</u> The CCTM Project will address **all** required elements of the CMHC Grant program, including: **a)** Establishing, strengthening, and sustaining the infrastructure necessary to provide audio and audio-visual HIPAA compliant telehealth capabilities; **b)** Providing outpatient services for individuals with SED, SMI, and COD in our service area; **c)** Providing trauma- informed screening, assessment, diagnosis, and patient-centered treatment planning and treatment delivery; **d)** Providing clinical and recovery support services, including psychosocial rehabilitation, case management, and peer support services; and **e)** Developing and providing resources to address the mental health needs of CMHC staff. The strategy for conducting these activities will be through the hiring, training, and deployment of a **new multidisciplinary behavioral health intervention and support team** that will have the capacity to accept client referrals from **all** San Francisco providers serving clients with behavioral health needs, as well as from clients and families dealing with mental health and substance use issues (see staffing description in Section D.2 below). This **Care Coordination and Transitions Management (CCTM) team** will provide a critically needed **centralized assessment and referral hub** through which San Francisco residents will be linked to the services of community mental health centers, as well as to other medical, behavioral health, and psychosocial services critical to their stabilization and well-being. CCTM will make a deliberate effort to organize client care activities and information-sharing across **all** providers involved in each client's care, and will build **cross-department collaborations** to ensure care coordination across multiple systems. CCTM will also create new approaches to monitoring client service utilization; tracking client service retention and continuity; building and retaining relationships with clients and caregivers; assessing and managing clients risks and symptoms; educating clients and promoting client self-management; and providing accessible, flexible, and telehealth-based interventions focused on assertive outreach, rapid response, and meaningful engagement. **Even more significantly, the CCTM team will also serve as a short-term behavioral health "home" for clients considering or just beginning to access behavioral health programs, providing a transition point to stabilize clients, provide preliminary mental health counseling and substance use treatment, and allow clients to address fears, prejudices, and barriers in relation to mental health and substance use services, in many cases before clients are directly linked to community behavioral health services.** This includes providing **short-term behavioral health counseling** through the team's three full-time Behavioral Health Clinicians; offering **peer-based emotional support** for confronting and addressing behavioral health needs; and providing opportunities for clients to form **supportive social networks** to sustain treatment and recovery**.** Additionally, by linking clients to a holistic range of psychosocial support services including housing, employment, food, and other necessities, the program will seek to address **key social determinants of health** affecting marginalized and underserved populations, with the goal of achieving **greater health equity** for San Francisco residents.

The CCTM model is based on a highly successful prototype team developed and tested through San Francisco Behavioral Health Services' Transition-Aged Youth (TAY) System of Care. The model in turn builds on the medical model of care coordination and other existing linkage services within the BHS system. The TAY system developed and launched its pilot team

beginning in **2017** in response to data analyses showing deficiencies in key client linkage factors such as short-term connection to care, retention in care, cross-provider communication, and ability to consistently track client care linkages and to follow-up with clients who were having service retention issues. The TAY model proved to be **highly effective** in achieving outcomes such as ensuring better engagement and retention of transition-aged youth ages 16-25 in care; providing flexible, immediate responses to client needs; and facilitating better cross-system service planning and communication. These successes led BHS to begin to consider replicating the CCTM team model for **all adults** with behavioral health needs in San Francisco - considerations that gained momentum with the onset of COVID-19 pandemic. BHS formed a **CCTM Stakeholder Planning Group** in late 2020 which has since met **monthly** to plan citywide implementation of CCTM. BHS also began to explore support for an adult CCTM team in the context of funding from San Francisco's **Proposition C**, a local ballot initiative passed in November 2018 which increases support for homeless services through increased business taxes. While Proposition C will generate significant new homeless service support, implementation of the proposition has been delayed, and planning for Proposition spending has just begun. **The managers of Proposition C funding have expressed a strong interest in the CCTM model as an approach to behavioral health care assessment, support, and linkage for homeless populations, and Prop C has the possibility of becoming a long-term source of support for the CCTM team following the conclusion of the two-year SAMHSA grant period.** At the same time, however, SAMHSA CMHC funding is urgently needed to begin implementing and evaluating the model, in part to build a case for CCTM as an impactful, cost-effective approach to achieving better behavioral health outcomes.

The initial focus of the CCTM Project - beginning at the onset of project month four - will be on serving people being discharged from high acuity settings including hospitals and psychiatric emergency services and persons being released from incarceration. These populations have urgent and immediate unmet needs for linkage to community mental health center services, and BHS has built strong linkages to these services, including through the city's emerging Proposition C network and through collaborations with San Francisco Jail Health Services and other entities serving incarcerated persons. CCTM will develop high-quality identity elements and outreach materials and will partner with project peers to conduct an aggressive citywide outreach campaign to alert agencies and individuals to the program, including distribution of flyers, posters, brochures, and referral cards that offer clients a small voucher incentive for initially seeking CCTM services. CCTM will also conduct extensive outreach and orientation to social service agencies to encourage referrals and enhance collaborative networks, while convening monthly stakeholder groups to plan project services, build inter-agency communication and information-sharing, support multidisciplinary case conferencing, and help anchor the CCTM as a permanent and essential component of the San Francisco behavioral health system.

Clients will engage in CCTM through an initial **rapid response encounter** in which team members travel to locations where clients with behavioral health needs have been identified, including service agencies, jails, substance use locations, and homeless encampments. Initial client encounters will also take place within community mental health centers, at BHS offices, and in the context of telehealth meetings, depending on client location and preferences. The initial rapid response encounter session will be designed to screen clients for behavioral health needs and clients eligibility. This will be followed by a more extensive **intake and assessment session** which will also conducted in a flexible range of locations. This detailed session will

incorporate: a) a comprehensive assessment of client needs, issues, barriers, strengths, and resources; b) development of **collaborative, individualized care plans** that include client service targets and timelines; and c) review and signing of consent forms and completion of the baseline GPRA tool, administered by CCTM staff. Many clients will be immediately paired with diverse, project-involved **Peer Specialists** who have lived experience of mental health and substance use and who are able to provide one-on-one support, encouragement, and linkage services. Peer Specialists will also support staff in administering the 6-month GPRA follow-up surveys, in most cases directly within the community and on the streets using networked iPads.

CCTM staff will continually follow-up with clients using an **intensive client navigation approach** that connects with clients **frequently** and that seeks to retain individuals in the CCTM program for an average of **three months** following intake and for a period of **up to six months** for clients with intensive behavioral health challenges and barriers. CCTM will continually track client engagement and retention in care, in part through ongoing communication with community health centers and other local providers, and will provide a range of client support services that include short-term behavioral health counseling, psychopharmacology support, including Medication Assisted Treatment (MAT), telehealth-based support groups, and the option for clients to connect with CCTM staff at any time using methods that include in-person and telehealth-based conversations, text and e-mail exchanges, and phone calls. A part-time medical provider will also provide **bridge psychopharmacology support** during periods when clients are transitioning between care providers or modalities. The project's three full-time staff clinicians will provide **direct mental health and substance use counseling** as an interim strategy where needed to overcome client resistance to services and to help clients better formulate treatment and life goals that can serve as motivators to entering and remaining in care. The CCTM team will also provide support and education to social service agencies of all types that serve persons with behavioral health needs. The CCTM team model will be rigorously evaluated to determine the effectiveness of the program in providing successes and barriers of the program.

B.3. <u>How Allowable Activities Will be Implemented:</u> In addition to responding to all required program elements, CCTM will also provide several allowable elements of the CMHC Grant Program. These include; a) Providing specific training on behavioral health disparities including cultural and linguistic competence and strategies to engage and retain diverse client populations through ongoing community outreach and education by CCTM staff; b) Expanding the capacity of CMHC staff to address crisis and emergency response - an enhancement inherent in the program's team response design; c) Developing and implementing outreach strategies and referral pathways for vulnerable populations, such as minority populations and individuals residing in economically disadvantaged communities; d) Training and supporting peer staff to serve as integral members of the team to address mental health needs which may have arisen as a result of the pandemic, including but not limited to trauma, grief, loneliness and isolation; and e) Providing support for prison/jail initiatives including reentry services, service provision while incarcerated, and partnerships between behavioral health teams and the criminal justice system.

B.4. Project Timeline:

Key Project Activities and Milestones	Year 1 Quarters				Year 2 Quarters			
	1	2	3	4	5	6	7	8
Finalize project subcontracts and agreements								
Hire and train project staff, including project-involved peers								
Convene monthly citywide stakeholder planning meetings								
Finalize CCTM protocols and strategies								
Develop local evaluation plan, including data collection strategies								
Develop project outreach plan in collaboration with partners								
Develop project identity and outreach elements, including a webpage								
Begin providing and documenting CCTM team services								
Conduct GPRA screening at admission and 6 months post-admission								
Conduct ongoing project outreach, education, and linkage services								
Conducing ongoing orientation in CCTM services to SF providers								
Develop and implement project sustainability plan								
Continually collect project data and report and analyze data quarterly								

Section C. Proposed Evidence-Based Services / Practices

C.1. Evidence-Based Service Practices to Be Used and Modifications Anticipated: The CCTM Project will utilize a range of evidence-based service practices to assist clients in recognizing and addressing behavioral health issues, including addressing resistance to behavioral health services among marginalized and underserved populations. Among other interventions, CCTM will utilize **Motivational Interviewing (MI)**, a well-established, evidence-based intervention that is designed to elicit behavior change by helping clients explore and resolve ambivalence in order to establish self-protective goals and behaviors.[11] MI can be implemented in single or multiple session formats, and is designed to assess and address individual risk factors and personal motivation to change by building client rapport and suggesting strategies designed to move each client along the individual continuum of change. The program will also utilize **Cognitive-Behavioral Therapy (CBT)** both as a direct clinical intervention and as an approach to helping clients identify and begin to address mental health and substance use issues. Originally designed to treat depression, cognitive behavioral therapy seeks to solve existing problems and issues and to change unhelpful thinking and behavior through an approach that merges more traditional cognitive and behavioral therapy approaches.[12] CBT is a "problem focused" approach geared to addressing specific issues and barriers faced by the individual, and is "action oriented," in that it provides a system through which the therapist tries to assist the client in selecting specific strategies to address his or her problems. CBT is effective for a wide range of project-related conditions such as substance use, anxiety, depression, and non-protective behaviors.

The CCTM project will also provide **telehealth-based drop-in support groups** for clients that are co-facilitated by staff and peers and that utilize both WRAP and Seeking Safety as group discussion frameworks. **Wellness Action Recovery Plan (WRAP)**, first implemented in 1997, is a well-established, self-help oriented group intervention for adults which is included in the SAMHSA National Registry of Evidence-Based Programs and Practices.[13] WRAP guides participants through a process of identifying and understanding their personal wellness resources (called "wellness tools") and helps them develop individualized plans to manage their behaviors. The intervention is typically delivered over **8** weekly 2-hour sessions, but can be adapted for shorter or longer durations to more effectively meet the needs of participants. Meanwhile, **Seeking Safety,** originally developed in 1992, is a present-focused treatment for clients with a history of trauma and substance use.[14] Seeking Safety has become a central behavioral health treatment tool because of its focus on **trauma** and its understanding of the complex interconnections between traumatic experiences and substance use, mental health, and HIV risk issues. Seeking Safety consists of **25** distinct topic modules, each lasting approximately 1.5 hours.

Section D. Staff and Organizational Experience

D.1. Organizational Experience Serving Individuals with SMI, SED, and COD: The CCTM Project will be directed and overseen by **San Francisco Behavioral Health Services (BHS),** the mental health and substance use treatment division of the San Francisco Department of Public Health. BHS directly operates **17** public community mental health centers while overseeing behavioral health services in the San Francisco Jail and providing direct support to more than **200** community-based behavioral health service programs and agencies, all of which operate through CMHCs. BHS' mission is to maximize recovery and the potential for healthy and meaningful lives in the community, using key service principles that include consumer-centered and integrated care to meet complex needs; recovery and wellness-focused services; trauma-informed care; a harm reduction orientation; and the provision of care in the least restrictive environments possible. In terms of mental health services, BHS provides direct counseling and case management services while operating **146** residential mental health treatment beds, **130** inpatient psychiatry beds, and **200** beds in locked psychiatric facilities. BHS also oversees **13,000** outpatient substance use treatment slots along with **373** residential drug treatment beds and **26** medical drug detox beds.

D.2. Project Staffing: The CCTM Project will be overseen on a **half-time** basis by a **Project Director** who will be responsible for general administrative oversight of the program, including generating and monitoring the overall project plan and implementation timelines; overseeing project data collection and evaluation in concert with the Project Evaluator, including preparing project reports; negotiating and monitoring project subcontracts; convening ongoing stakeholder planning meetings; overseeing the project outreach plan and continuation funding plans; serving as day-to-day contact with SAMHSA staff; and integrating the program within the overall SFDPH system of care. The **five-member core CCTM team**, all of whom will work on a **full-time basis,** consists of: a) a **Clinical Supervisor / Social Worker** who provides direct client linkage and treatment services while overseeing and coordinating the activities, schedule, and protocols of the CCTM team and providing ongoing clinical supervision for behavioral health staff: b) **two Behavioral Health Clinicians / Social Workers** who conduct comprehensive client assessments, develop and monitor client care plans, co-facilitate regular client support

groups, and provide direct client linkage and behavioral health treatment services to ensure a successful transition to long-term retention in mental health and substance use treatment; and c) **two Health Workers/ Client Navigators** who work in case management and client navigation roles, maintaining regular contact with clients, monitoring patient linkage and retention in care services, and partnering with project peers to provide ongoing client support and project outreach activities. Additionally, an **80%-timeClerk / Data Coordinator** - increasing to full-time in year two - will maintain project records and enter and track day-to-day project-related data collection and reporting. The project will also partially fund a **Nurse Practitioner Medications Manager** to monitor, prescribe, and evaluate medication treatment regimens for clients - including Medication Assisted Treatment. The program will also support partial time of the BHS **Health Program Coordinator / Communications Specialist** to link CCTM outreach activities with the outreach and communications resources of BHS as a whole. Through a contract with an outside non-profit agency to be identified, the project will also hire, train, and support **five half-time Peer Specialists** who have lived experience of mental health and/or substance use issues and who mirror the diversity of our project's complex client populations. The Peer Specialists will provide ongoing support for CCTM clients, including through informal one-on-one counseling, system navigation / linkage support, and drop-in group facilitation services, and will also actively participate in project outreach and evaluation activities, including participating in the review of project data and the development and implementation of project enhancements and refinements. The **Deputy Director of Behavioral Health Services, Marlo Simmons, MPH,** will serve as the overarching in-kind administrative supervisor for the program, while **Charles Mayer-Twomey, LCSW, Danielle Toussaint, PhD,** and **Rachel Maas, MPH** will provide contracted evaluation and monitoring support services through a subcontract to Hatchuel Tabernik and Associates, the project's evaluation provider (see attached Biographical Sketches).

D.3. Staff Experience and Qualifications: All CCTM team members hired through the CMHC program - including Peer Specialist staff - will meet high standards for education, work experience, and/or required skills, as listed on the enclosed Position Descriptions. All staff clinicians must be in possession of a valid LCSW, LMFT, or LPCC license issued by the California Board of Behavioral Sciences (BBS), while the project's Health Workers must have two years of verifiable experience within the last five years working with a culturally diverse population to perform at least two key position duties. Project peers will not need to meet any minimum education or professional qualifications, but must be persons who are fully anchored in recovery, have excellent multicultural communications skills, and have a strong commitment to community service and supporting others in accessing behavioral health services.

D.4. Additional Partner Organizations: SF BHS will work closely with the full range of behavioral health agencies and services in San Francisco to ensure effective referrals to the CCTM team from all parts of the city. The project will also convene monthly stakeholder meetings involving public and private agencies who are key to the intervention, while seeking input and feedback on program services from other public and private agencies, providers, and consumers through other planning bodies and the local evaluation plan.

Section E. Data Collection and Performance Measurement

1. How Required Data Will be Collected and How Data Will be Used to Manage, Monitor, and Enhance the Program: Through a collaboration between project staff, SAMHSA, and the contracted Project Evaluator, Hatchuel Tabernik and Associates, the CCTM

Project will implement a comprehensive, multi-faceted data collection and reporting system that includes timely fulfillment of all federal reporting requirements under the Government Performance and Results (GPRA) Modernization Act of 2010, along with development of a **local evaluation plan** that assesses additional qualitative and quantitative impacts of the project. Client-level data will be collected face-to-face by project staff, using a uniform data collection tool for all clients who enroll in and receive project-specific services. Data will be entered into SAMHSA's **Performance Accountability and Results System (SPARS)** within **7 days** of enrollment and at **6 months** post-enrollment, with attainment of an **80%** completion rate at 6 months post-enrollment. Required data to be reported under SPARS includes, but will not be limited to: a) the number of clients with SED, SMI, and COD receiving comprehensive screening, assessment, linkage and support services through the project's new multidisciplinary CCTM team; b) client demographic information, including ethnicity, age, gender, and geographic location in the city; c) current and prior mental health and substance use conditions and treatment histories; d) income, housing, and employment status; e) criminal justice involvement; f) retention in services; and g) social connectedness. The project will also track and seek to address ongoing **disparities** in regard to access, service linkage and utilization, and documented outcomes, particularly in regard to communities of color. Sample **qualitative and outcome indicators** to be tracked through the program include: a) the percentage of clients for whom an individualized care plan is collaboratively developed; b) the percentage of clients who are successfully linked and anchored in recommended mental health and substance use treatment services; c) the average length of engagement in program services in relation to client needs acuity and identified sub-populations; d) self-reported enhancements in selected client outcomes such as mental and physical health, family and living conductions, education and employment status, and social connectedness; e) the percentage of clients receiving direct one-on-one peer support services; and f) the satisfaction of both clients and local providers with new CCTM services as measured through surveys, focus groups, and key informant interviews. The project will also develop a **detailed local performance assessment w**hich will track additional qualitative indicators such as the difference in outcomes for clients who receive one-on-one peer support versus those who do not and an analysis of program cost-effectiveness with an eye to securing long-term sources of project support following the grant period. Project data will be entered by program staff directly into the BHS electronic health record system and will be aggregated and analyzed by the project evaluator on a **quarterly** basis. The project team and project stakeholders will review data reports to identify successes, shortfalls, and disparities in regard to program outcomes, and will design and implement project modifications as needed to enhance impacts and eliminate disparities. Data will also be continually reported to SAMHSA through required quarterly and annual project reports.

The contracted project evaluation firm for the CCTM Project will be **Hatchuel Tabernik and Associates (HTA),** a private consulting firm based in Berkeley, California that has extensive experience in evaluating behavioral health service delivery, client outreach and navigation, multidisciplinary team-based service delivery, and leadership development programs in California. For more than 20 years, HTA has been committed to supporting communities and providing guidance to make lasting changes for the betterment of society. HTA has extensive experience in evaluating SAMHSA-funded projects and is well versed in working with the SPARS data portal and in meeting GPRA requirements. HTA brings a breadth of experience and skills to the proposed evaluation project and is able to build project-specific teams to provide exemplary evaluation services to each client.

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SAMHSA FY 2021 COMMUNITY MENTAL HEALTH CENTERS GRANT PROGRAM
(CMHC / FOA # SM-21-014)
YEAR ONE BUDGET NARRATIVE - 9/30/21 - 9/29/22

A. PERSONNEL - $ 709,686

Position	Name	Annual Salary/ Rate	Level of Effort	Number of Months	Cost
Project Director	TBH	$ 140,704	50%	12	$ 70,352
Clinical Supervisor / Social Worker	TBH	$ 117,208	100%	12	$ 117,208
Behavioral Health Clinician / Social Worker	TBH	$ 112,294	100%	12	$ 112,294
Behavioral Health Clinician / Social Worker	TBH	$ 112,294	100%	12	$ 112,294
Health Worker / Client Navigator	TBH	$ 80,912	100%	12	$ 80,912
Health Worker / Client Navigator	TBH	$ 73,944	100%	12	$ 73,944
Clerk / Data Coordinator	TBH	$ 78,962	80%	12	$ 63,170
Health Program Coordinator / Communications Specialist	TBH	$ 131,482	15%	12	$ 19,722
NP Medications Manager	TBH	$ 199,300	30%	12	$ 59,790
TOTAL			**6.75**		**$ 709,686**

Justification:

1) The Project Director will be responsible for general administrative oversight of the program, including generating and monitoring the overall project plan and implementation timelines; overseeing project data collection and evaluation in concert with the Project Evaluator, including preparing project reports; negotiating and monitoring project subcontracts; convening ongoing stakeholder planning meetings; overseeing the project outreach plan and continuation funding plans; serving as day-to-day contact with SAMHSA staff; and integrating the program within the overall SFDPH system of care.

2) The Clinical Supervisor / Social Worker will provide direct client linkage and treatment services while overseeing and coordinating the activities, schedule, and protocols of the CCTM team and providing ongoing clinical supervision for behavioral health staff.

3 & 4) The Behavioral Health Clinicians / Social Workers will conduct comprehensive client assessments; develop and monitor client care plans; co-facilitate regular client support groups; and provide direct client linkage and behavioral health treatment services to ensure a successful transition to long-term retention in mental health and substance use treatment.

5 & 6) The Health Workers / Client Navigators will work in case management and client navigation roles, maintaining regular contact with clients, monitoring patient linkage and retention in care services, and partnering with project peers to provide ongoing client support and project outreach activities.

7) The Clerk / Data Coordinator will maintain project records, enter and track day-to-day project-related data collection and reporting. This position will increase from .80 FTE in year 1 to 1.0 FTE in year 2.

8) The Health Programs Coordinator / Communications Specialist is a BHS staff member who has overarching responsibility for department-related outreach and communications activities. Partial time on the CCTM Project will be used to ensure coordination of CCTM outreach activities with overall BHS outreach, while maximizing the existing communications resources and capacity of the department.

9) The NP Medications Manager will be an existing BHS Nurse Practitioner who will support the CCTM program by prescribing, monitoring, and evaluating medication treatment regimens for CCTM clients. The NP Medications Manager will participate in case conferences with other members of the team, and will provide ongoing training and consultation to CCTM team members in client pharmacological issues.

B. FRINGE BENEFITS @ 49% - $ 347,746

Component	Rate / Annual Amount	Basis	Cost
FICA	7.65%	$ 709,686	$ 54,291
SUI	0.26%	$ 709,686	$ 1,845
Health & Dental	13.99%	$ 709,686	$ 99,285
Workers Comp	1.14%	$ 709,686	$ 8,090
Retirement	25.96%	$ 709,686	$ 184,234
TOTAL	**49.00%**		**$ 347,746**

Justification:
Fringe levels above reflect current rates for the San Francisco Department of Health Services

C. TRAVEL - $ 1,680

Purpose of Travel	Location	Item	Rate	Costs
Local Travel	San Francisco	Local Mileage	250 miles/mo. @ $.56 per mile x 12 months	$ 1,680
TOTAL				**$ 1,680**

Justification:

1) Local mileage is to reimburse grant-funded staff for outreach, linkage, and service coordination travel throughout San Francisco County, California

D. EQUIPMENT - None

E. SUPPLIES - $ 2,550

Items	Rate Per Month / Unit Cost	# of Months / Items	Costs
Educational Materials Purchase	$ 150	9	1,350
Office Supplies	$ 100	12	1,200
TOTAL			**$ 2,550**

Justification:

1) The Educational Materials line item supports the cost of pre-printed client education and outreach materials related to behavioral health conditions and treatment options.

2) Regular monthly office supplies include essential materials such as paper, printer ink, and pens.

F. CONSULTANTS & CONTRACTS - $ 274,335

Contractor	Service	Costs
TBD	Peer Services Subcontract	$ 165,880
Hatchuel Tabernik & Associates	Project Evaluation	$ 100,955
TBD	Graphic Design & Web Consultants	$ 7,500
TOTAL		**$ 274,335**

Justification:

1) The project Peer Services Subcontract will support the work of five (5) half-time Peer Specialists whose work will be contracted through a local non-profit peer specialty agency to be identified. Peers will provide vital client support services while participating in project outreach, management, and evaluation activities. While contracted through an external agency, project peers will be under the direct supervision of BHS and will be full participating members of the CCTM Project team. The cost for this line item is based on at hourly rate of $20 per hour per half-time peer, plus an estimated fringe benefits rate of 45% and an additional 5% overhead for the contracting agency.

2) The subcontract to Hatchuel Tabernik & Associates will support a broad range of project evaluation services for the CCTM Project, including support in designing and continually refining the project evaluation plan; identifying appropriate data collection tools and indicators; assisting in the development of data collection templates and data entry approaches; facilitating project-related focus groups, surveys, and key informant interviews; training and supporting project staff; providing technical support in the collection of baseline and follow-up GPRA data; conducting project-related qualitative outcome and cost benefit studies; assisting in the preparation of project reports and dissemination elements; and ensuring data confidentiality. Line item budgets for years 1 and 2 of the project evaluation subcontract are provided at the end of this budget narrative.

3) Graphics Design and Web Consultants will support the development of project identity elements and education and outreach materials as well as development of a project-specific website in project year 1. The estimated cost above is based on 100 hours of consulting services at $75 per hour.

G. CONSTRUCTION - None

H. OTHER - $ 27,639

Items	Rate	# of Units / Items	Costs
iPads for Project Staff - Year 1 Only	$500	8 iPads	$ 4,000
Desktop Computers for Project Staff - Year 1 Only	$1,600	6 Computers	$ 9,600
Inkjet Printer / Scanner - Year 1 Only	$750	1 Printer	$ 750
Client Incentive Vouchers for First Assessment Appointment	$15	300 Vouchers	$ 4,500
Client Service Access Pool (Bus Passes, Uber Vouchers, etc.)	$250 Per Month	9 Months	$ 2,250

Staff & Peer Development Training Pool	$325 Per Month	12 Months	$ 3,900
Project Outreach & Information Materials Printing & Duplicating	Avg. $94.95 Per Month	12 Months	$ 1,139
Telecommunications Costs	$125 Per Month	12 Months	$ 1,500
TOTAL			**$ 27,639**

Justification:

1, 2, & 3) The first three line items support the cost of networked iPads, desktop computers, and a printer / scanner for use by the new CCTM project team. One of the desktop computers will be shared by Peer Specialists while they are working in BHS offices. iPads will be used to facilitate field-based data collection, reporting, and surveys, including administration of GPRA surveys.

4) $15 Voucher Incentives will be provided to clients of the CCTM program who appear for their initial intensive assessment and service planning visit, which includes completion of a baseline GPRA survey. The incentive will assist in overcoming client resistance to accessing behavioral health services.

5) The Client Service Access Pool will provide an ongoing source of funds to assist clients with the cost of transportation services to behavioral health service and psychosocial appointments, including meetings with members of the CCTM team.

6) The Staff and Peer Development Training Pool will provide funds to support the professional development and skills acquisition of project staff and peers. This includes participation in in-person and online classes and training programs, and participation in skills-building conferences and seminars.

7 & 8) The Printing and Telecommunications line items support the cost of the ongoing printing of project outreach and informational materials, including flyers, brochures, and referral cards, along with internet and wireless access for program staff.

TOTAL DIRECT CHARGES - $ 1,363,636

INDIRECT CHARGES @ 10% of Direct Charges - $ 136,364

TOTAL FEDERAL REQUEST - $ 1,500,000

BUDGET SUMMARY

Category	Year 1	Year 2	Total Project Cost
Personnel	$ 709,686	$ 721,534	**$ 1,431,220**
Fringe	347,746	353,552	**$ 701,298**
Travel	1,680	1,680	**$ 3,360**
Equipment	-	-	**-**
Supplies	2,550	3,000	**$ 5,550**
Contractual	274,335	269,936	**$ 544,271**
Construction	-	-	**-**
Other	27,639	13,935	**$ 41,574**
Total Direct Charges	**$ 1,363,636**	**$ 1,363,637**	**$ 2,727,273**
Indirect Charges	$ 136,364	$ 136,363	**$ 272,727**
Total Project Costs	**$ 1,500,000**	**$ 1,500,000**	**$ 3,000,000**

CHANGES IN FUTURE PROJECT YEARS:

Changes in Project Year 2 vs. Project Year 1 include: a) no recurring costs for computer and printing equipment; b) no further charges for Graphic Artists and Web Design Consultants; c) Educational Materials Purchase and Client Service Access Pool for full 12 months instead of 9 months; d) increase in Clerk / Data Coordinator FTE from .80 to 1.0 FTE; and e) a slight reduction in the Project Evaluation contract amount.

DATA COLLECTION & PERFORMANCE MEASUREMENT COSTS (20% Max. Per Year)

Category	Year 1	Year 2	Total Project Cost
Personnel	$ 80,758	$ 96,550	**$ 177,308**
Fringe	39,571	47,310	**$ 86,881**
Travel	-	-	**$ -**
Supplies	-	-	**-**
Contractual	100,955	104,056	**$ 205,011**
Other	-	-	**$ -**
Total Direct Cost	**$ 221,284**	**$ 247,916**	**469,200**
Indirect Costs	$ 12,033	$ 14,386	**$ 26,419**
Total Costs	**$ 233,317**	**$ 262,301**	**$ 495,619**
% of Budget	**15.6%**	**17.5%**	**16.52%**

Hatchuel Tabernik & Associates Project Evaluation Subcontract Budget

Grant Year 1: September 30, 2021 - September 29, 2022

PERSONNEL

Name	Position	Total Hrs.	Hourly Rate	FTEs	# of Months	Program Total
Danielle Toussaint, PhD	HTA Managing Director	123	$ 200	6%	12	$ 24,600
Rachel Maas, MPH	HTA Associate	367	$ 125	18%	12	$ 45,875
Charlie Mayer-Twomey, LCSW	DPH MHSA Project Admin.	256	$ 90	12%	12	$ 23,040
Simon Troll	HTA Technology Associate (Data Entry)	20	$ 75	1%	12	$ 1,500
Subtotal, Personnel						**$ 95,015**
FRINGE BENEFITS - None					**0%**	$ -
Total Personnel						**$ 95,015**

OTHER COSTS	Unit / Monthly Cost	# of Units / Months	
GPRA 6-month Follow-Up Incentives - 100 Vouchers @ $25 Each	$ 25	100	$ 2,500
Focus Group Incentives - Total 20 Vouchers @ $25 Each	$ 25	20	$ 500
Total Other			**$ 3,000**
TOTAL DIRECT CHARGES			**$ 98,015**
INDIRECT COSTS @ 3% of Direct Charges, excluding subcontracts			**$ 2,940**
TOTAL PROJECT BUDGET			**$ 100,955**

Hatchuel Tabernik & Associates Project Evaluation Subcontract Budget

Grant Year 2: September 30, 2022 - September 29, 2023

PERSONNEL

Name	Position	Total Hrs.	Hourly Rate	FTEs	# of Months	Program Total
Danielle Toussaint, PhD	HTA Director	78	$ 200	4%	12	$ 15,600
Rachel Maas, MPH	HTA Associate	219	$ 125	11%	12	$ 27,375
Charlie Mayer-Twomey, LCSW	DPH MHSA Project Admin.	500	$ 90	24%	12	$ 45,000
Simon Troll	HTA Technology Associate (Data Entry)	44	$ 75	2%	12	$ 3,300
Subtotal, Personnel						**$ 91,275**
FRINGE BENEFITS - None					**0%**	$ -
Total Personnel						**$ 91,275**

OTHER COSTS	Unit / Monthly Cost	# of Units / Months	
GPRA 6-month Follow-Up Incentives - 350 Vouchers @ $25 Each	$ 25	350	$ 8,750
Focus Group Incentives - Total 40 Vouchers @ $25 Each	$ 25	40	$ 1,000
Total Other			**$ 9,750**
TOTAL DIRECT CHARGES			**$ 101,025**
INDIRECT COSTS @ 3% of Direct Charges, excluding subcontracts			**$ 3,031**
TOTAL PROJECT BUDGET			**$ 104,056**

SAN FRANCISCO DEPT. OF PUBLIC HEALTH, BEHAVIORAL HEALTH SERVICES

SAMHSA FY 2021 COMMUNITY MENTAL HEALTH CENTERS GRANT PROGRAM (CMHC / FOA # SM-21-014)

ATTACHMENT 1

- **IDENTIFICATION OF LICENSED, EXPERIENCED TREATMENT ORGANIZATIONS**

Direct substance use and mental health treatment services, including comprehensive medication-assisted treatment (MAT), one-on-one and group outpatient substance use treatment, outpatient and group mental health counseling, and psychiatric services for the Care Coordination and Transition Management (CCTM) Project will be provided by the **San Francisco Department of Public Health Behavioral Health Services (BHS) Division**. BHS is a non-profit organization and serves as the central provider and facilitator of publicly funded behavioral health services in San Francisco, operating **17** freestanding public mental health clinics and supporting over **200** additional licensed community mental health providers. BHS has provided public mental health services for **well over 2 years** and is a fully licensed Mental Health and Drug Medi-Cal provider.

As noted in Question # 6 of the Frequently Asked Questions for FOA SM-21-014, as a non-profit unit of County government, San Francisco Behavioral Health Services does not have formal accreditation from a nationally recognized organization. However, we are a non-profit community mental health center program, and our services strictly adhere to all standards and conditions of Section 1913(c) of the Public Health Services Act (see attached letter). Instead, the Department's certification comes from a recurring five-year contract with the California Department of Health Care Services, which prescribes rigorous standards for community mental health center service provision in a nearly 300-page document. While space does not permit this document to be included with this application, we have included the signature and summary pages for our current community mental health services agreement with the State of California, whose current term is July 1, 2017 through June 30, 2022.

- **PARTICIPATING DIRECT SERVICE PROVIDER ORGANIZATIONS**

All direct grant-funded services will be provided by San Francisco Behavioral Health Services. However, the project will involve extensive planning and implementation partnerships with public and private behavioral health and public health agencies throughout the city.

- **LETTERS OF COMMITMENT**

Please see attached letters of commitment from the following:

- San Francisco Department of Public Health
- University of California, San Francisco / Zuckerberg San Francisco General Hospital Addiction Care Team (ACT)
- Hatchuel Tabernik and Associates (Project Evaluator)

- **STATEMENT OF ASSURANCE**

Please see attached Statement of Assurance signed by Marlo Simmons, MPH, Deputy Director of San Francisco Behavioral Health Services.

City and County of San Francisco
London N. Breed
Mayor

San Francisco Health Network
Behavioral Health Services

May 19, 2021

Asha Stanley
Public Health Advisor
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services (CMHS)
5600 Fishers Lane
Rockville, MD 20857

Re: Verification of Adherence to Section 1913(c) of the Public Health Services Act

Dear Ms. Stanley

This letter is to verify that the Community Mental Health Centers operated by the San Francisco Department of Public Health Behavioral Health Services Division adhere to all standards and conditions of Section 1913(c)(1) of the Public Health Services Act with respect to the provision of mental health services, including the following:

a. Services principally to individuals residing in a defined geographic area (in our case, the City and County of San Francisco);
b. Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged form inpatient treatment at a mental health facility;
c. 24 hour-a-day emergency care services;
d. Day treatment or other partial hospitalization services, or psychosocial rehabilitation services; and
e. Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.

In our role as a County provider of publicly funded mental health services, Behavioral Health Services also adheres to all applicable State requirements for Community Mental Health Centers (see attached cover page to the Standard Agreement with the State of California Department of Health Care Services).

If you have any questions regarding this letter, please do not hesitate to contact me.

Sincerely,

Hillary Kunins

Hillary Kunins, MD, MPH
Director of Behavioral Health Services
City and County of San Francisco

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213_DHCS (Rev. 03/18)

REGISTRATION NUMBER	AGREEMENT NUMBER
	17-94609

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME (Also known as DHCS, CDHS, DHS or the State)
Department of Health Care Services

CONTRACTOR'S NAME (Also referred to as Contractor)
San Francisco Community Behavioral Health Services

2. The term of this Agreement is: July 1, 2017
through June 30, 2022

3. The maximum amount of this Agreement is: $ 0
Zero dollars

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope Of Work	2 pages
Attachment 1 Organization And Administration	6 pages
Attachment 2 Scope Of Services	9 pages
Attachment 3 Financial Requirements	6 pages
Attachment 4 Management Information Systems	2 pages
Attachment 5 Quality Improvement System	6 pages
Attachment 6 Utilization Management Program	3 pages
Attachment 7 Access And Availability Of Services	4 pages
Attachment 8 Provider Network	11 pages

See Exhibit E, Provision 1 for additional incorporated exhibits.

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*
San Francisco Community Behavioral Health Services

BY *(Authorized Signature)*: [signature]
DATE SIGNED *(Do not type)*: 9/18/18

PRINTED NAME AND TITLE OF PERSON SIGNING
Kavoos Ghane Bassiri, LMFT, Director

ADDRESS
1380 Howard St., Fifth Floor
San Francisco, CA 94103

STATE OF CALIFORNIA

AGENCY NAME
Department of Health Care Services

BY *(Authorized Signature)*: [signature]
DATE SIGNED *(Do not type)*: 10/31/18

PRINTED NAME AND TITLE OF PERSON SIGNING
Carrie Talbot
Chief, Contract Management Unit

ADDRESS
1501 Capitol Avenue, Suite 71.2048, MS 1400, P.O. Box 997413,
Sacramento, CA 95899-7413

California Department of General Services Use Only

[X] Exempt per: W&I Code §14703

Exhibit A
SCOPE OF WORK

1. Service Overview

Contractor agrees to provide to the California Department of Health Care Services (DHCS) the services described herein.

The Contractor will provide or arrange for the provision of specialty mental health services to eligible Medi-Cal beneficiaries of San Francisco County within the scope of services defined in this contract.

2. Service Location

The services shall be performed at all contracting and participating facilities of the Contractor.

3. Service Hours

The services shall be provided on a 24-hour, seven (7) days a week basis.

4. Project Representatives

A. The project representatives during the term of this contract will be:

Department of Health Care Services	**San Francisco**
Erika Cristo Telephone: (916) 552-9055 Fax: (916) 440-7620 Email: Erika.Cristo@dhcs.ca.gov	Kavoos Ghane Bassiri , LMFT, Director Telephone: (415) 255-3440 Fax: (415) 255-3567 Email: Kavoos.Ghanebassiri@sfdph.org

B. Direct all inquiries to:

Department of Health Care Services	**San Francisco Community Behavioral Health Services**
Mental Health Services Division/Program Policy Unit Attention: Dee Taylor 1500 Capitol Avenue, MS 2702 P.O. Box Number 997413 Sacramento, CA, 95899-7413 Telephone: (916) 552-9536 Fax: (916) 440-7620 Email: Dee.Taylor@dhcs.ca.gov	Attention: Kavoos Ghane Bassiri, LMFT, Director 1380 Howard Street, Fifth Floor, San Francisco, CA, 94103 Telephone: (415) 255-3440 Fax: (415) 255-3567 Email: Kavoos.Ghanebassiri@sfdph.org

Exhibit A
SCOPE OF WORK

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this contract.

5. General Authority

This Contract is entered into in accordance with the Welfare and Institutions (Welf. & Inst.) Code § 14680 through §14726. Welf. & Inst. Code § 14712 directs the California Department of Health Care Services (Department) to implement and administer Managed Mental Health Care for Medi-Cal eligible residents of this state through contracts with mental health plans. The Department and San Francisco Community Behavioral Health Services agrees to operate the Mental Health Plan (MHP) for San Francisco County. No provision of this contract is intended to obviate or waive any requirements of applicable law or regulation, in particular, the provisions noted above. In the event a provision of this contract is open to varying interpretations, the contract provision shall be interpreted in a manner that is consistent with applicable law and regulation.

6. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973 as amended (29 U.S.C. § 794 (d)), and regulations implementing that Act as set forth in Part 1194 of Title 36 of the Code of Federal Regulations. In 1998, Congress amended the Rehabilitation Act of 1973 to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

7. Services to be Performed

See Exhibit A, Attachments 1 through 14 for a detailed description of the services to be performed.

City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax, MD
Director of Health

May 18, 2021

Marlo Simmons, MPH
Deputy Director
San Francisco Behavioral Health Services
San Francisco Department of Public Health
1380 Howard Street, Suite 410
San Francisco, CA 94103

Dear Ms. Simmons:

On behalf of San Francisco Department of Public Health (SFDPH), I am pleased to affirm our intent to collaborate with San Francisco Behavioral Health Services (BHS) in its proposed grant application to the US Substance Abuse and Mental Health Services Administration FY 2021 Community Mental Health Centers (CMHC) Grant Program (SM-21-014). We understand that BHS will implement the **Care Coordination and Transitions Management (CCTM) Project** - an innovative and collaborative approach to behavioral health assessment, linkage, and support initiative for persons with serious emotional disturbances (SED), serious mental illness (SMI), and co-occurring substance use disorders. This two-year initiative will utilize a new, multidisciplinary CCTM team to support, restore, and enhance community mental health center services that have been impacted by the COVID-19 pandemic by increasing the number of persons with behavioral health conditions who are successfully supported, stabilized, and anchored in care, including through the use of peer support personnel.

San Francisco Health Network Ambulatory Care is a Division of SFDPH and oversees a broad range of direct whole person focused health services and initiatives aimed at promoting and enhancing the health of all city residents. In addition to a network of community health and youth clinics operated by both SFDPH and non-profit partners, the Division oversees extensive, population-focused Maternal, Child, and Adolescent Health, and HIV Health Services programs. Ambulatory Care also oversees the Whole Person Integrated Care (WPIC) system, which provides coordinated, multidisciplinary services for adults experiencing homelessness and high users of urgent and emergency healthcare services. WPIC programs include the Street Medicine team and Shelter Health services.

City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax, MD
Director of Health

Through our proposed collaboration, Ambulatory Care and the proposed CCTM Project will develop close collaborative and referring relationships. CCTM will coordinate with Primary Care to ensure that individuals are connected to necessary behavioral health and primary care services. Wherever possible, these referrals will include direct linkages and warm handoffs that facilitate client access to our services. CCTM will also work with WPIC to collaborate on shared strategies and initiatives for serving people experiencing homelessness. Additionally, representatives of the Ambulatory Care Division will participate in the development and design of the CCTM team, including attending regular project stakeholder meetings to ensure effective service coordination and maximization of available resources. Ambulatory Care staff will also participate in case conferences related to individuals with complex needs where appropriate; participate in key informant interviews related to the project evaluation component; and review project data and findings to help continually improve and enhance the proposed initiative.

SFDPH is delighted to support this exciting new initiative which has the potential to effectively address behavioral health and service delivery issues arising from the COVID-10 pandemic, and to significantly increasing the number and percentage of individuals with SED, SMI, and co-occurring disorders who are successfully linked to care.

Sincerely,

Grant Colfax, MD
Director of Health

Marlene Martín, MD
Director, Addiction Care Team
Associate Professor of Clinical Medicine

UCSF at San Francisco General Hospital
1001 Potrero Avenue, Box 0862, San Francisco, CA 94110
Office 628-206-4872 | Fax 628-206-8965

May 13, 2021

Marlo Simmons, MPH
Deputy Director, San Francisco Behavioral Health Services
San Francisco Department of Public Health
1380 Howard Street, Suite 410
San Francisco, CA 94103

Re: Letter of Commitment, SAMHSA CMHC Grant Program

Dear Marlo Simmons:

On behalf of UCSF's Addiction Care Team (ACT) at San Francisco General Hospital, I am pleased to affirm our program's partnership with San Francisco Behavioral Health Services (BHS) in its proposed grant application to the US Substance Abuse and Mental Health Services Administration FY 2021 Community Mental Health Centers (CMHC) Grant Program (SM-21-014). We are excited that BHS will implement the Care Coordination and Transitions Management (CCTM) Project, an innovative and collaborative approach to behavioral health assessment, linkage, and support for persons with serious emotional disturbances (SED), serious mental illness (SMI), and co-occurring substance use disorders (SUD). This two-year initiative will utilize a new, multidisciplinary CCTM team to support, restore, and enhance community mental health center services that have been impacted by the COVID-19 pandemic by increasing the number of persons with behavioral health conditions who are successfully supported, stabilized, and anchored in care through peer support personnel.

ACT is a novel, interprofessional team that assesses and links patients to appropriate substance use services. ACT's mission is to provide equitable and compassionate person-centered addiction care that focus on harm reduction, evidence-based treatment, and linkage. ACT serves our community's substance use needs by providing high quality substance use care. The team takes a holistic approach to assessing the full range of patient needs and conditions, and designs substance use treatment strategies that are tailored to each client. ACT includes addiction physicians, nurse practitioners, patient navigators, and licensed vocational nurses that help patients navigate the system of care during and after hospitalization.

Since the ACT's establishment in January 2019, it has doubled follow-up rates to community care. In 2020, ACT inpatient consults increased by 73%. In 2019, ACT successfully discharged 22 people to residential treatment and this number increased to 74 in 2020, representing a 236% increase. ACT patients are diverse: 26% are Black and 23% are Latinx. Nine in ten are publicly insured. Nearly 60% are experiencing homelessness and 50% have mental health diagnosis. Primary substances ACT is consulted for are divided between alcohol, stimulants, and opioids.

Through our proposed collaboration, ACT will continue to work with the CCTM program to ensure effective, seamless linkage to engage clients in care following their discharge. Wherever possible, referrals will include direct linkages and warm handoffs. Additionally, an ACT representative will attend project stakeholder meetings to help plan and design CCTM services to ensure effective service coordination and maximization of available resources. ACT staff will also participate in case conferences where appropriate; participate in key informant interviews related to the project evaluation component; and review project data and findings to help continually improve and enhance the proposed initiative.

We are delighted to have the opportunity to partner in this exciting new initiative which will improve behavioral health and service delivery inequities magnified by the COVID-19 pandemic, and to significantly increase the number and percentage of individuals with SED, SMI, and co-occurring SUD who are successfully linked to care. Please let us know if there is any additional information we can provide.

Sincerely,

Marlene Martín, MD
Marlene.Martin@ucsf.edu

HTA CONSULTING

2560 Ninth Street, Suite 211
Berkeley, CA 94710
p: 510-559-3193
f: 510-486-8001
www.htaconsulting.com

May 17, 2021

Marlo Simmons, MPH
Deputy Director
San Francisco Behavioral Health Services
San Francisco Department of Public Health
1380 Howard Street, Suite 410
San Francisco, CA 94103

Re: Letter of Commitment, SAMHSA CMHC Grant Program

Dear Ms. Simmons:

On behalf of Hatchuel Tabernik and Associates (HTA), I am pleased to affirm our commitment to serve as the designated project evaluation agency for San Francisco Behavioral Health Services (BHS) in its proposed grant initiative to the US Substance Abuse and Mental Health Services Administration FY 2021 Community Mental Health Centers (CMHC) Grant Program (SM-21-014). We understand that BHS will implement the **Care Coordination and Transitions Management (CCTM) Project** - an innovative, collaborative approach to behavioral health assessment, linkage, and support initiative for persons with serious emotional disturbances (SED), serious mental illness (SMI), and co-occurring substance use disorders. This two-year initiative will utilize a multidisciplinary CCTM team to support, restore, and enhance mental health and substance use treatment services that have been impacted by the COVID-19 pandemic by increasing the number of persons with behavioral health conditions who are successfully supported, stabilized, and anchored in care, including through the use of peer support personnel.

Hatchuel Tabernik and Associates is a private consulting firm based in Berkeley, California that has extensive experience in evaluating behavioral health service delivery, client outreach and navigation, multidisciplinary team-based service delivery, and leadership development programs in California. For more than 20 years, HTA has been committed to supporting communities and providing guidance to make lasting changes for the betterment of society. Our organizational mission is to build a healthier, better educated, and equitable society, one client at a time. HTA has extensive experience in evaluating SAMHSA-funded projects and is well versed in working with the SPARS data portal and in meeting GPRA requirements. HTA brings a breadth of experience and skills to the proposed evaluation project and is able to build project-specific teams to provide exemplary evaluation services to each client.

As the contracted Program Evaluator for the CCTM Project, HTA will provide a broad range of evaluation, data collection, and data analysis and reporting services during the two-year project period, including support in designing and continually refining the project evaluation plan; identifying appropriate data collection tools and indicators; assisting in the development of data collection templates and data entry approaches; facilitating project-related focus groups, surveys, and key informant interviews; training and supporting project staff; providing technical support in the collection of baseline and follow-up GPRA data; assisting in the preparation of project reports and

dissemination elements; and ensuring data confidentiality. HTA will work with San Francisco Behavioral Health Services to aggregate, analyze, and report project data on a quarterly basis, and will explore the development of complementary, qualitative studies in collaboration with BHS that dig deeper into analyzing selected project outcomes using a health equity lens.

HTA is pleased to participate in this exciting new initiative which has the potential to effectively address the critical behavioral health and service delivery issues arising from the COVID-10 pandemic, while significantly increasing the number and percentage of individuals with SED, SMI, and co-occurring disorders who are successfully linked to care. Please let us know if there is any additional information and support we can provide.

Sincerely,

Danielle Toussaint, PhD
Managing Director, Research and Evaluation

Appendix C – Statement of Assurance

- As the authorized representative of the **San Francisco Department of Public Health, Behavioral Health Services,** I assure SAMHSA that the CMHC is the applicant organization and meets the two-year experience requirement as of the due date of the application; and

- I assure SAMHSA that the CMHC has the capacity and will serve at least **600** unduplicated individuals with SED, SMI, and COD with these grant funds over the 2-year grant period. I understand that my funding amount is based on my attestation to serve this number of individuals.

Signature of Authorized Representative

05/12/21
Date

SAN FRANCISCO DEPT. OF PUBLIC HEALTH, BEHAVIORAL HEALTH SERVICES

SAMHSA FY 2021 COMMUNITY MENTAL HEALTH CENTERS GRANT PROGRAM (CMHC / FOA # SM-21-014)

ATTACHMENT 2: DATA COLLECTION INSTRUMENTS / INTERVIEW PROTOCOLS

- The central data collection tool for the proposed CCMT Project will be the standardized **CSAT GPRA Client Outcome Measures for Discretionary Programs, Revised 4/24/2017** to report ongoing client outcomes to the granting agency through the SPARS data system. The scale can be accessed at the following web address: https://spars.samhsa.gov/content/csat-gpra-client-outcome-measures-tool

- Additional needs assessment tools utilized during the initial client assessment process include the **American Society of Addiction Medicine (ASAM) Criteria Multidimensional Assessment (3rd Edition)**, available at https://www.asam.org/asam-criteria/about and the **Addiction Severity Index (5th Edition), available at** https://www.bu.edu/igsw/online-courses/substanceabuse/AddictionSeverityIndex,5thedition.pdf

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ATTACHMENT 3. SAMPLE CONSENT FORM

I, (participant's name - printed), consent to participate in a program offered by San Francisco Behavioral Health Services called the **Care Coordination and Transitions Management (CCTM) Project.** CCTM is designed to expand access to and utilization of mental health and substance use treatment services for people dealing with these issues. I understand that the programs of CCTM are designed to help me address my mental health and substance use issues while supporting my overall health and well-being. I understand that these services will not be separate from other services I receive through the agency, but will be part of the agency's overall treatment and support program.

Through CCTM, I understand that I will receive ongoing assessment, monitoring, and support services that help me identify and link to needed services, better understand mental health and substance use treatment, and prepare for entry into these services. I understand that the program will also make a range of supportive services available to me, including direct support from peers in recovery, participation in online support groups, opportunities to participate in social programs, and linkage to a range of additional services to support my recovery, including mental health, housing, employment, medical, and social support services.

I understand that my participation in this program is completely voluntary, and that I have the right to terminate my participation at any time without negative consequences. I also understand that I will be asked to complete certain forms, questionnaires, and/or interviews as a part of my participation in this program, including completion of standard scales at the time I enter the program, at the time I leave the program, and six months following my initial enrollment in the program.

I understand that I may be subject to certain risks as a consequence of my participation in this program, all of which are the same risks I am subject to by entering substance use and mental health treatment in general. These risks include:

- The potential for the program to surface uncomfortable feelings or generate anxiety;
- The potential for the program to cause me to confront interpersonal and relationship issues;
- The potential for the program for the program to not fully meet my expectations; and
- The potential for loss of confidentiality through unintentional staff error.

I understand that the organization is taking the following steps to help protect me from those risks:

- Providing verbal and written notification of potential risks to all project participants;
- Providing extensive staff training and staff support to meet client needs and circumstances;

- Maintaining extensive referral relationships with outside providers to meet the full range of client needs;
- Providing ongoing written and verbal communication to define the expectations and limitations of the program; and
- Implementing strong confidentiality and client protection measures and procedures that greatly minimize the risk of loss of confidentiality or privacy.

If I have any questions about this peer-to-peer recovery support services, I understand that I may contact the following individual at any time:

Name
Title
Agency
Phone Number
E-Mail Address

Signed:

_____ Date: _____
(Printed name of participant)

_____
(Signature)

Witnessed:

_____ Date: _____
(Printed name of program staff)

_____
(Signature)

This consent is effective as of the date of signing. It may be revoked in writing at any time. This consent will expire 24 months following the date of signing if not revoked before then.

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CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION

1. Protect Clients and Staff from Potential Risks

Potential Risks to Clients from Participating in the Project: Risks from participating in the Care Coordination and Transitions Management (CCTM) Project are minimal, and comparable to the risks involved in any behavioral health treatment and support program. Involvement in the program has the potential to make a significant and positive impact on mental health conditions and substance use behaviors, while improving each client's overall health and well-being. Potential risks of the program include:

- The potential for the program to be unsuccessful in linking or retaining persons in behavioral health and related services;
- The potential for the program to surface uncomfortable feelings or generate anxiety;
- The potential for the program to cause individuals to confront difficult personal, interpersonal, and life issues;
- The potential for substance use relapse and/or mental health destabilization as the result of project services;
- The potential for the program to not fully meet client expectations; and
- The potential for loss of client confidentiality through unintentional staff error.

Potential Risks to Staff from Participating in the Project: Risks to staff from participating in CCTM are also minimal, and comparable to the risks involved in any staff providing behavioral health treatment and support services. Potential staff risks include:

- The potential for the program to surface uncomfortable feelings or generate anxiety;
- The potential for the program to cause staff to confront difficult personal, interpersonal, and life issues;
- The potential for the program to cause confrontations with potential violent or unpredictable clients; and
- The potential for substance use relapse and/or mental health destabilization among staff as the result of providing project services.

Procedures to Minimize Potential Risks to Clients and Staff from Participating in the Project: San Francisco Behavioral Health Services (BHS) will implement a range of precautions and interventions to minimize risks to project clients and staff. These include:

- Fully informing clients of the risks involved in project participation during the consent process, and responding to any and all client questions throughout the course of the intervention;

- Incorporating a consideration of client risks in all project planning and implementation decisions;
- Fully informing staff of the risks of participation in the program and providing ongoing opportunities to share feelings, concerns, and issues in the context of both staff meetings and one-on-one meetings with project supervisory and administrative staff;
- Ensuring that strong security measures are in place to protect client records and prevent unauthorized access to hard copy and computerized client files, including the utilization of password-protected computer records; the use of locked steel file cabinets in staff-only rooms; and the storage of data away from client treatment locations; and
- Soliciting continual feedback from clients to ensure that offers of service are never seen as coercive, and to ensure that clients fully understand the meaning of consent in relation to the program.

Plans to Provide Guidance and Assistance in the Event of Adverse Effects: All project staff and volunteers will be fully trained to ensure that they know how to: a) identify potential client issues or crises; b) request emergency support if needed; and c) provide appropriate referrals to emergency and ancillary services as needed to address client needs and crises.

2. Fair Selection of Participants

Participant Recruitment and Selection: Over the five-year grant period, CCTM will directly enroll at least **600** San Francisco residents in a team-based program to support clients with serious emotional disturbances (SED), serious mental illness (SMI), and/or SED and/or SMI coupled with co-occurring substance use disorders (COD), and who have an unmet need for behavioral health services to address these issues. Clients will originate from a wide range of public and private referral sources, including psychiatric hospitals, jail health providers, homeless service agencies, social service providers, and through client self-referrals.

Exclusion Criteria: The CCTM program will exclude minors under age 18 from project services.

3. Absence of Coercion

Use of Incentives: Two minor forms of incentives will be offered to induce or reward participation in the program or the evaluation, although these are not integral to the program or to program participation. One form of incentive is a **$15** first-visit grocery voucher that will be offered to potential program clients for completing an initial assessment appointment with the CCTM team. The second form of incentive is a **$25** grocery voucher incentives for clients who successfully complete the six-month follow-up GPRA questionnaire.

Justification of Incentives: The two forms of incentive are designed to address the two most difficult client challenges involved in the program: getting to clients to their initial assessment appointment and attaining at least an 80% follow-up rate on GPRA questionnaires six months post-admission. Neither incentive directly rewards participation in the program, and neither incentive constitutes an integral part of project services.

Participants' Right to Receive Services When Not Participating in the Evaluation: **All** prospective clients will be asked if they wish to participate in the evaluation. As part of standard consent procedures, all participants will be advised that participation is **not** mandatory and that any decision not to participate will not affect the services they receive.

4. Data Collection

Sources of Data: CCTM will exclusively collect data from clients who are formally enrolled in the program and who complete initial informed consent documents. Sources of data include an initial comprehensive assessment at intake and use of the GPRA tool during the course of the place. Additional data collection may take place to assess client satisfaction with the program or in relation to specific qualitative sub-studies, such as studies comparing client outcomes for those who receive direct peer support versus those who do not. In all cases, these latter data collection activities will be accompanied by receipt of additional client consent.

Data Collection Procedures and Use of Specimens: The CCTM program will collect and report data through face-to-face completion of client surveys using SAMHSA's **Performance Accountability and Results System (SPARS)** within **7 days** of enrollment and at **6 months** after enrollment. Required data to be reported under SPARS includes, but will not be limited to: a) the number of clients receiving screening, testing, and/or evidence-based prevention or treatment; b) demographic data (e.g., gender, race, ethnicity); c) original admitting diagnoses; d) mental health and substance use outcomes; e) housing and employment status; f) criminal justice involvement; g) retention in services; and h) social connectedness. BHS will also develop additional data collection tools including activity logs completed by both staff and peer leaders and annual client and staff satisfaction surveys.

Data Collection Instruments: See Attachment 2 in proposal appendices.

5. Privacy and Confidentiality

Ensuring Privacy and Confidentiality: San Francisco Behavioral Health Services will employ a wide range of strategies to ensure privacy and confidentiality and protect project data. These include:

- Ensuring password-protected information systems access for authorized key personnel only, with passwords changed at least **every 3 months** to protect against unwanted access;
- Retaining any hard copies of survey instruments and tools in **locked file cabinets** accessible only to authorized agency administrative staff; and
- Utilizing **unique identifiers** wherever possible to protect the confidentiality of data that is transmitted from one site to another.

Storage and Protection of Project Data:

- **Where Data Will be Stored:** As noted above, computer-based data will be stored in designated drivers which will be accessible only authorized key personnel, with passwords changed at least **every 3 months** to protect against unwanted access. Hard copies of survey

instruments and patient contact data will be retained in **locked file cabinets** accessible only to authorized agency administrative staff.

- **Who Will or Will Not Have Access to Information:** San Francisco Behavioral Health Services will utilize several levels of access to client-level data to prevent loss of confidentiality. These procedures will be formalized during the project's three-month start-up phase. The Project Administrator and Project Director are expected to have unlimited access to all client files. More limited access will be available to project staff who are involved in directly recording project data. As noted above, project passwords will be changed regularly to minimize the risk of confidentiality loss.

- **How the Identity of Individuals Will be Kept Private:** Only authorized staff will have access to computerized and hard copies of client records and passwords will be continually changed to help avoid loss of confidentiality. Keys to locked file cabinets will be retained only by the Project Administrator and Project Director. Client-level data will utilize **unique client identifiers** to mask identity. All staff will agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures

Sample Consent Form: Please see sample consent form in Attachment 3.

Consent from Specific Sub-Populations: All project forms and materials will be available in English, Spanish, and a range of additional languages spoken by local residents, including a range of Asian languages. For clients with barriers to reading or understanding the consent document, CCTM staff will carefully read and explain to potential participants all aspects of the client consent form, and will encourage participants to ask any questions they may have. Staff will also ask participants to **repeat key sections of the consent form in their own words** to ensure that individuals fully understand the contents of the form. Individuals who have difficulty in understanding the consent form after a total of two extended discussions will not be allowed to sign the form, and will be excluded from participation in the data collection portion of the program, although not from receipt of MAT treatment.

7. Risk/Benefit Discussion

The Care Coordination and Transitions Management (CCTM) Project offers few risks to clients or staff, and promises a definitive benefit in terms of reducing mental health and substance use symptoms and improving overall client health and wellness. Strict standards will be in place for handling and storing data in order to minimize the risk of loss of privacy. Identifying and contact information will not be kept together. Contacts with family and/or friends will be conducted in a way that does not disclose participation in substance abuse treatment or mental health services.

MARLO SIMMONS, MPH

962 Diaz Lane, Foster City, CA 94404 | 415-309-4794 | marlokay23@gmail.com

Innovative public sector leader with more than 10 years of experience developing and maximizing the impact of safety net health services. Passionate about advancing health equity. Combines strong analytical skills with experience identifying and resolving operational challenges, motivating diverse teams and cultivating strong partnerships with stakeholders to achieve lasting results.

PROFESSIONAL EXPERIENCE

DEPARTMENT OF PUBLIC HEALTH | SAN FRANCISCO

DEPUTY DIRECTOR, *Behavioral Health Services (BHS)* **2015–Present**

- As a member of an executive leadership team, manages operations of a public health care delivery system with a budget exceeding $400M, 17 civil service clinics and 200 grant-funded community-based programs.
- Identifies organizational goals, develops and enforces policies, assigns staff and resources, and leads systems change initiatives for a continuum of mental health and substance abuse programs.
- Responsible for developing a System of Care to serve Transitional Age Youth (TAY). Cultivating a coalition of city departments and community-based organizations to leverage resources and accomplish shared goals across systems, including foster care, juvenile and criminal justice, homeless services, and workforce development. Results include expanded treatment capacity and more timely access to appropriate levels of care.
- Manage initiatives for the Electronic Health Records System (Avatar), used for clinical documentation and billing by 2,800 users. Directing development of project plans, timelines, and communication plans, as well as end user training, incentive programs and policy development to drive adoption for a new scheduling system and system-wide roll out of electronic signature pads.
- Lead the development and oversee implementation of a Five Year Workforce Development Strategic Plan for BHS.

MENTAL HEALTH SERVICES ACT (MHSA) DIRECTOR **2011–2015**

- Responsible for the successful implementation of the Mental Health Services Act (MHSA) in San Francisco.
- Oversaw the allocation of annual budget of $30M in accordance with MHSA regulations.
- Established the program and staffing structure to administer $18M in grants supporting 80 contracted programs. Developed and managed the 7-member team responsible for planning, program design, RFP development, contract negotiations, evaluation and reporting for MHSA funded programs.
- Managed community and stakeholder engagement, including meaningful involvement of mental health consumers in planning, service delivery and evaluation activities.
- Expanded permanent supportive housing for homeless mentally-ill individuals by partnering with an inter-agency coalition responsible for the development of 150 new units of housing.
- Oversaw the expansion and redesign of BHS' vocational services that involved drawing down over $3M of new federal funds, simplifying the referral and intake process, and facilitating stronger partnerships between programs. Efforts that resulted in an increase of the number of clients receiving vocational services each year from 179 to 457.
- Drove the formation of a robust peer workforce. Established basic and advanced peer helping certificate training programs. Established internship opportunities and supported employment opportunities for BHS consumers, expanding the number of peers employed by BHS from 6 to 78.
- These vocational and peer programs were recognized by the National Association of Counties (NACo) as one of the *100 Brilliant Ideas at Work* as part of the *2017 NACo Achievement Awards.*

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- Generated and presented reports to the S.F Mental Health Board, S.F. Board of Supervisors, and Health Commission. Oversaw the preparation of annual expenditure plans, revenue and expenditure reports as well as ensuring compliance with local and state fiscal policies and regulations.

MHSA PREVENTION AND EARLY INTERVENTION COORDINATOR **2009–2011**

- Successfully managed $6M in new annual state funding to implement mental health promotion and early intervention programs in community settings.
- Produced a solicitation for proposals; directed the selection process and contract negotiations; oversaw the design of evaluation methods; and managed contract monitoring.
- In close coordination with inter-agency stakeholders, integrated services into schools, primary care, juvenile justice and cultural settings that currently reach over 25,000 individuals annually.
- Cultivated alliances with community-based organizations to expand service access to Mayan and Latino, Arab, Samoan, Southeast Asian, and Filipino communities.

DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES (DCYF) | SAN FRANCISCO

ADOLESCENT HEALTH COORDINATOR **2006 - 2009**

- Supported efforts to evaluate community needs and design allocation plans for $65M of funding.
- Increased the number of S.F. children with health insurance by producing a winning multi-department funding proposal for $750K from the Department of Health Care Services to bring a CBO training and outreach pilot to full scale.
- Served as Lead Staff for two key initiatives - *Mayor Gavin Newsom's Transitional Youth (TAY) Task Force* and *San Francisco's Title V 2010-2014 Maternal, Child and Adolescent (MCAH) Needs Assessment* – engaging stakeholders from various city departments and community-based organizations, performing qualitative and quantitative data analysis, documenting promising service models, coordinating committees and workgroups, building consensus and facilitating agreement on priorities.
- Produced the first *TAY S.F. Provider Resource Guide* as well as *A Snapshot of Youth Health and Wellness*, providing data and information on young people ages 10 to 24.

CALIFORNIA ADOLESCENT HEALTH COLLABORATIVE | OAKLAND

PROJECT MANAGER **2004–2006**

- Coordinated a state-wide network of providers and advocates focused on improving youth access to quality health care.
- Conducted research on health-related legislation, budget and policy issues and then developed and distributed written materials to support training and advocacy activities.
- Created a series of clinical toolkits and trainings for providers designed to enhance the quality of care delivered to adolescents, including an interactive online training.

EDUCATION

Master of Public Health (concentration in Health Law)
Boston University, Boston, MA

Bachelor of Science in Health Science (concentration in Community Health Education)
San Francisco State University, San Francisco

CHARLES MAYER-TWOMEY, LCSW

cmayer.lcsw@yahoo.com ▪ (510) 689-3725

BEHAVIORAL HEALTH PROGRAM MANAGER ▪ CONSULTANT ▪ CLINICAL SOCIAL WORKER

Results-focused, confident leader with a track record of delivering high quality programming, management and consultation services in behavioral health governmental agencies. Proven expert known for strategic planning, performance management and cost savings maximization within a multi-disciplinary environment. Adept at managing complex projects that lead to successful outcomes and uniquely qualified to "do more with less". Polished presenter possessing excellent communication and interpersonal skills while integrating cultural humility, wellness and recovery and trauma-informed care principles.

- Strategic Planning
- Program Development
- Project Management
- Evaluation Planning
- Data Compilation
- Goal Setting
- Professional Development
- Culture Building

SELECTED ACCOMPLISHMENTS

▪ Negotiated new contracts with the state to draw down federal funds and leverage over $3M annually ▪
▪ Increased technical assistance for contractors, tripling productivity levels ▪
▪ Restructured consumer employment programs to streamline resources, increasing client access by 1027% ▪

PROFESSIONAL EXPERIENCE

Behavioral Health Consultant – San Francisco, CA *March 2016 – Present*

Independent Consulting Contractor

- Provides consultation and technical assistance support to various members of the San Francisco Department of Public Health and Behavioral Health Services
- Coordinates behavioral health projects and evaluation activities for various county mental health programs
- Coordinates strategic and program planning activities in preparation to reorganize and restructure programs within the behavioral health community
- Facilitates stakeholder meetings and steering committees to identify plans to streamline programs, better utilize existing resources, and encourage programs share best practices
- Collects, synthesizes and analyzes quantitative and qualitative data
- Leads planning processes for new program models developing Request for Proposals (RFPs) and Request for Qualifications (RFQs)
- Oversees the development of high-profile reports for state distribution outlining outcomes and prioritizing goals
- Develops communications strategies and disseminates data to a broad audience
- Works with governmental executive leadership to identify areas of need in management and organizational development

City & County of San Francisco, Behavioral Health Services – San Francisco, CA *August 2010 – March 2016*

Acting Director of Mental Health Services Act

- Oversaw and managed a $34 million dollar annual budget including all areas of program design, implementation, policy development, budgeting and program evaluation
- Acted as director of 85 mental health programs providing oversight, developing a scope of work and setting program expectations with measurable deliverables
- Supervised 5 managers who in-turn oversaw large departments within the public mental health system, overseeing all hiring, training, performance reviews, and progressive discipline
- Developed and presented comprehensive statistical reports to the state, reporting on program outcomes
- Provided clinical supervision, mental health training and consultation
- Facilitated focus groups with a wide variety of populations, synthesized data and identified key findings
- Led the development of SMART outcome objectives and evaluation tools to measure program outcomes
- Ensured the compliance of local, state and federal guidelines and requirements

Director of Consumer Employment

- Oversaw and managed an $11 million dollar annual budget for various behavioral health programs
- Supervised 11 civil service leadership staff, over 70 staff members and 8 interns overseeing all areas of hiring,

training, performance reviews, and progressive discipline
- Acted as director of the consumer employment and peer counseling departments
- Provided clinical supervision and consultation to staff
- Led contract negotiations and collaborated with city-contracted, county and state departments
- Managed and monitored multiple city contracts working with various behavioral health stakeholders
- Facilitated high-profile meetings, breaking down barriers and increasing access to services for clients
- Conducted community needs assessments with clients, stakeholders and community members
- Led program development strategies, developed Requests for Proposals and oversaw the selection of behavioral health contractors to implement community programming activities
- Conducted presentations and clinical trainings on wellness & recovery and evidence based practices
- Developed and disseminated statistical reports on a local and state level
- Led the development of program objectives and evaluation tools to measure outcomes
- Led corrective action plan efforts for programs failing to reach contract obligations and coordinated program transitions
- Created and oversaw the coordination of a centralized referral/intake system

Urgent Care Team Manager
- Managed the Urgent Care Program overseeing the quality of care for adult patients who frequently use psychiatric emergency services or clients stepping down from a long-term locked inpatient facility
- Acted as Deputy Clinic Director managing clinic operations, supervising 15 clinical staff and coordinating crises
- Triaged all referrals and coordinated patient care with behavioral health clinicians and medical staff
- Presented clinical cases, provided consultation and provided clinical training to staff
- Provided supervision and clinical training to psychologist interns

City & County of San Francisco, Behavioral Health Services – San Francisco, CA *April 2006 – June 2008*
Clinical Case Manager
- Coordinated the wrap-around mental health treatment services for youth with severe emotional disorders
- Worked as a professional member of a team comprised of Child Protective Services, the Department of Public Health, Juvenile Probation and the Unified School District
- Trained staff and led projects increasing Medi-Cal billing revenue while streamlining treatment
- Facilitated professional case conferences advocating for needs and provided clinical recommendations

Behavioral Counseling and Research Center - San Rafael, CA *August 2004 - June 2005 (school year contract)*
Behavioral Support Counselor
- Implemented therapeutic behavioral modalities with children with autism spectrum disorders
- Executed Applied Behavioral Analysis, Discrete Trail and other treatment modalities

Curtis Park Community Center - Denver, CO *May 2002 – August 2004*
Youth Program Director
- Managed a supportive health youth program for a diverse group of over 100 children and youth
- Hired and supervised a staff of 15 consisting of case managers, instructors, interns and volunteers
- Developed a high-school program, internship program and increased community collaboration
- Facilitated weekly meetings and trainings focusing on the growing needs of the youth clients being served

EDUCATION and CREDENTIALS

License in Clinical Social Work (LCSW)
- Licensed with the California Board of Behavioral Sciences – License # 29373 *March 2013-Present*

Master of Social Work –Community Mental Health Specialization *August 2008-June 2010*
California State University East Bay – Hayward, CA
- Facilitated Dialectical Behavioral Therapy, Cognitive Behavioral Therapy and various support groups

Danielle Toussaint, PhD

Managing Director

Dr. Toussaint has 15 years of experience in research, evaluation, and consulting, including key roles on cross-site, multi-year federally funded projects with experimental, quasi-experimental, or cross-sectional designs. She has broad content knowledge in community and behavioral health, alcohol/tobacco/drug prevention and treatment, co-occurring mental health disorders, adolescent risk-taking behavior, youth development, after school programming, race/ethnicity, homelessness, and statistics. Prior to HTA, Dr. Toussaint worked as a researcher and statistician for a state-level Department of Vital Statistics, a state-level Office of Court Administration, and a statewide substance abuse research group. She has also conducted research in Brazil and Argentina. She brings a sophisticated understanding of evaluation methods and statistical procedures to her work at HTA. She is fluent in Brazilian Portuguese.

Selected Project Experience

Lead Evaluator

Health

California BSCC Law Enforcement Assisted Diversion (LEAD), for the San Francisco Public Health Department, San Francisco, CA

California BSCC Proposition 47 Promoting Recovery and Services for the Prevention of Recidivism (PRSPR), for the San Francisco Public Health Department, San Francisco, CA

BJA Second Chance Act Family-based Offender Substance Abuse Treatment: MOMS TOO program, for the Alameda County Sheriff's Office, Oakland, CA

California BSCC Mentally Ill Offender Crime Reduction Grant Program, for the Alameda County Youth and Family Services Bureau, Oakland, CA

CDPH Network for a Healthy California Local Project: Comida Sana, Vida Activa, for YMCA of Silicon Valley

ED Carol White PEP: Fit for Learning After-School Project, for the YMCA of the Silicon Valley

CA MHSA funded program, for Contra Costa Clubhouses

CDC Racial & Ethnic Approaches to Community Health US Action Community: Proyecto Movimiento, for the YMCA of Silicon Valley

OMH Community Partnerships to Eliminate Health Disparities: Proyecto Movimiento, for the Mexican American Community Services Agency

Healthy Silicon Valley Sunset Evaluation, for the YMCA of the Silicon Valley

California Volunteers: Viva Bien, Coma Bien, Sientase Bien! AmeriCorps program, for Hayward Unified School District

Statistician

SAMHSA-CSAT: Motivational Enhancement Therapy for Adolescents (META), for Arapahoe House, Inc.

SAMHSA-CSAT Targeted Capacity Expansion Grant: Extended School Based Services, for Arapahoe House, Inc,

SAMHSA-CSAP: Starting Early, Starting Smart (SESS) Prototypes), for Arapahoe House, Inc,

SAMHSA-CSAT & CSAP: New Directions for Families, Children's Subset Study), for Arapahoe House, Inc,

SAMHSA-CSAT & CSAP Collaborative Demonstration Program To Study Women and Violence: New Directions for Families: Women, Co-Occurring Disorders, and Violence Study (WCDVS) Phase II), for Arapahoe House, Inc,

SAMHSA-CSAT Targeted Capacity Expansion: Adolescent Triage Center, for Arapahoe House, Inc,

Hatchuel Tabernik & Associates
2560 Ninth Street, Suite 319A • Berkeley, CA 94710 **Phone 510-559-3193** **dtoussaint@htaconsulting.com**

Professional Experience

Managing Director, Hatchuel Tabernik & Associates, Berkeley, CA

Director of Research and Evaluation, Hatchuel Tabernik & Associates, Berkeley, CA

Senior Associate, Hatchuel Tabernik & Associates, Berkeley, CA

Statistician, Colorado Social Research Associates, Denver, CO

Research Project Manager, Texas Office of Court Administration, Austin, TX

Research Specialist, Texas Department of Health, Austin, TX

Selected Publications

Toussaint, Danielle W., Maria Villagrana, Hugo Mora-Torres, and Mario de Leon. 2011. "Personal Stories: Voices of Latino Youth Health Advocates in a Diabetes Prevention Initiative," *Progress in Community Health Partnerships: Research Education and Action* Fall 2011, Vol 5, no 3: 313-316.

Brady, Loretta, Lisa Najavits, Danielle W. Toussaint, Diane Bonavota, and Bonita Veysey. 2010. "Does Criminal Involvement Matter? A Study of Women with Co-Occurring Disorders in a Multi-site National Trial," *Mental Health and Substance Use*, Vol 3, Issue 3: 193-202.

Toussaint, Danielle W., Meredith Silverstein, Nancy VanDeMark, Erik Stone. 2009. "Exploring Factors Related to Resistance to Tobacco Cessation for Clients in Substance Abuse Treatment," *The Journal of Drug Issues*, Vol 39, no 2: 277-292.

Toussaint, Danielle W., Nancy VanDeMark, Angela Bornemann, and Carla J. Graeber. 2007. "Modifications to the Trauma Recovery and Empowerment Model (TREM) for Substance-Abusing Women with Histories of Violence: Outcomes and Lessons Learned at a Colorado Substance Abuse Treatment Center," *Journal of Community Psychology*, Vol 35, no 7: 879-894.

Toussaint, Danielle W. and Robert A. Hummer. 1999. "Differential Mortality Risks from Violent Causes for Foreign- and Native-Born Residents of the United States," *Population Research and Policy Review*, December: 1-14.

Selected Presentations

Toussaint, Danielle W. with Glossup, Kelly, and Zentner, Helene. (2017, September 20). *Mentally Ill Offender Crime Reduction (MIOCR) Grant Panel* presented at the state Council on Mentally Ill Offenders (COMIO) Data and Research Workshop, Sacramento, CA.

Toussaint, Danielle W. (2015, November). *Getting real with real-time data collection*. Paper presented at the meeting of the American Evaluation Association conference, Chicago, IL.

Toussaint, Danielle W. (2012, October). *An evaluation of an early childhood education job training/placement program for immigrants in a low-income community*. Paper presented at the meeting of the American Evaluation Association conference, Minneapolis, MN.

Education

Doctor of Philosophy, Sociology with an emphasis in Criminology, University of Texas at Austin

Master of Arts, Demography, University of Texas at Austin

Bachelor of Arts, Sociology with minors in Mathematics and Chemistry, University of Texas at Austin

Hatchuel Tabernik & Associates
2560 Ninth Street, Suite 319A • Berkeley, CA 94710 **Phone 510-559-3193** **dtoussaint@htaconsulting.com**

Rachel Maas, MPH

Associate

Ms. Maas brings over five years of experience in public health research, education, and nonprofit development and administration. Her research interests include social determinants of health, education outcomes, and equitable food systems. Prior to joining HTA, she served as Policy & Research Fellow at the Center for WorkLife Law in Berkeley, CA, where she conducted research on workplace bias and managed day-to-day operations for the center, and as a Quality and Data Analyst at the Program of All-Inclusive Care for the Elderly (PACE) in Rhode Island. Ms. Maas received her Master's in Public Health with a concentration in Health and Social Behavior from the University of California, Berkeley. While at Berkeley, she also earned a certificate in Food Systems and partnered with two Bay Area food nonprofits to expand their program planning and evaluation efforts. Her master's thesis examined the relationship between food sovereignty and racial disparities in diet-related illnesses. She also holds a BA in Chemistry with a minor in English Literature from Kenyon College.

Selected Project Experience

Evaluator

ED 21st CCLC & CDE ASES/ASSETs: Evaluation of After School programs, for Emery Unified School District, Emeryville, CA

ED 21st CCLC & CDE ASES/ASSETs: Evaluation of After School programs, for Pittsburg Unified School District, Pittsburg, CA

California Department of Education Learning Communities for School Success Program (LCSSP) Evaluation, for Pittsburg Unified School District, Pittsburg, CA

Board of State and Community Corrections (BSCC), Supporting Treatment and Reducing Recidivism (STARR) for the San Francisco Department of Public Health, San Francisco, CA

U.S. Bureau of Justice Assistance Edward Byrne Memorial Justice Assistance Program: Evaluation of the Community Capitals Policing Model, Alameda County Sheriff's Office, Oakland, CA

Professional Experience

Associate, Hatchuel Tabernik & Associates, Berkeley, CA

Policy & Research Fellow, Center for WorkLife Law (WLL), UC Hastings Law, Berkeley, CA

Volunteer Student Consultant, Berkeley Food Network (BFN), Berkeley, CA and Agricultural Institute of Marin (AIM), Oakland, CA

Data Intern, Public Health and Policy Research Group (San Francisco VA Medical Center), San Francisco, CA

Graduate Student Assistant, Office of Environmental Health Hazard Assessment (OEHHA), Oakland, CA

Quality and Data Analyst, CareLink and Program of All-Inclusive Care for the Elderly (PACE), Providence, Rhode Island

Education

Master of Public Health, University of California, Berkeley, CA

Bachelor of the Arts, Kenyon College, Gambier, OH

Hatchuel Tabernik & Associates
2560 Ninth Street, Suite 319A • Berkeley, CA 94710 **Phone 510-559-3193** **jleeburleigh@htaconsulting.com**

City and County of San Francisco
Health Program Coordinator III (#2593)

DEFINITION

Under direction, performs difficult and complex administrative tasks associated with one or more health programs. The 2593 Health Program Coordinator III is distinguished from the Class 2591 Health Program CoordinatorII by a higher level of program responsibility (scope or budget), greater independence, more complexity, and/or a wider range of administrative tasks. It is distinguished from classes in the Health Educator series because Health Program Coordinator classes focus on the coordination, administration, evaluation and operation of health programs whereas Health Educator classes are primarily responsible for the educational content and promotion of health programs in either a specialized program area or in a public health district center. It is distinguished from classes in the Health Program Planner series which primarily identify and analyze community and health needs, develop health programs and conduct policy analysis, but do not coordinate and administer the planning, execution and evaluation of the work or health care providers, facilities, agencies or community groups.

SUPERVISION EXERCISED

Supervises professional and para-professional staff.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. Coordinates the development of various health services and programs and the planning, execution and evaluation of the work of the facilities, agencies or community groups with which they work.
2. Initiates plans and assignments, and reviews the regular and special work of assigned staff; trains, instructs and evaluates members of this staff as necessary.
3. Coordinates activities, develops and implements systems to be used, initiates policy and plans overall operations; assesses and determines goals and priorities.
4. Maintains liaison with outside agencies and their departments/programs to render advice on programpolicies, seek improvement in facilities and activities, and performs other important liaison functions.
5. May serve as Director of a specialized service of the facility; responsible for the planning, organizing,staffing, directing, and controlling the particular service.
6. May conduct a program to develop effective training techniques related to the various phases of community health activities; plans course of study, implements it and evaluates its effectiveness.
7. May represent the administration at high level meetings, conferences, and seminars; performs relatedwork as required.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: Laws and regulations governing public health programs; policies governing contract formulation and management; program planning and evaluation techniques; budget and grant preparationand administration.

Ability and Skill to: Supervise; communicate effectively orally and in writing; establish and maintain a variety of working relationships; use computers/computer systems; perform and prioritize multiple tasks.

MINIMUM QUALIFICATIONS

Education: Possession of a baccalaureate degree from an accredited college or university. Experience: Three (3) years of professional level administrative or management experience with primaryresponsibility for overseeing, monitoring, and/or coordinating a program providing health and/or human services.

City and County of San Francisco
Senior Behavioral Health Clinician (#2932)

DEFINITION

Under direction, may supervise several psychiatric social workers and personally performs the more difficult psychiatric case work; assigns and directs work of interviewing and investigating applicants, patients, and others concerned; reviews psychiatric welfare cases processed by other workers; and performsrelated duties as required. Requires responsibility for: carrying out, interpreting and enforcing existing legal provisions, policies, methods and procedures in connection with psychiatric welfare work; achieving considerable economies and/or preventing considerable losses through enforcing careful and judicious interpretations of various legal provisions, methods and procedures in approving and recommending assistance; making regular contacts with employees, supervisors, applicants, recipients, their families, other departments, community organizations and others concerned; gathering and checking detailed psychiatric, financial, personal and confidential information.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. Supervises several psychiatric social workers and auxiliary personnel and personally participates in interviewing and diagnosing the more difficult individual cases.
2. Supervises the determining of eligibility of applicants for psychiatric services; ascertains several factors, such as reasons for referral, attitude toward personal problems and demonstrated desire forassistance; obtains history of applicant's growth and development in order to arrive at an understanding of behavioral characteristics; obtains such pertinent information as parental background, relationship between parents and other members in the family group.
3. Evaluates material obtained as a result of interviews and analyses; decides on disposition of each case, including referral to other staff members for further study and recommendations or referral tosome appropriate community agency; completes appropriate forms and documents relating to the intake processes.
4. Treats individual patients on a regular recurrent basis by applying difficult and intensive casework techniques in order to reduce mental and emotional illness; observes patient's condition and reactionsespecially in suicidal aid and homicidal cases; determines degree of danger presented to patient and others.
5. Counsels with especially disturbed and difficult patients concerning emotional, economic and personal matters and crisis, to assist in reestablishing self-control and responsibility; arranges for commitment to hospital or other community agency or resource, based on appraisal of patient's needs.
6. Conducts group psychotherapy in regularly scheduled group interviews in connection with administering direct treatment to patients; observes, evaluates and analyzes emotional and behavioralchanges; determines treatment goals at successive intervals during treatment process,
7. Records basic data pertaining to study and/or treatment of patients on appropriate forms, charts and case histories; prepares written case summaries for purposes of coordinating medical and case-work services in the best interests of the patient and. his family.

KNOWLEDGE, SKILLS AND ABILITIES

Requires a broad working knowledge and ability to: solve problems inherent in the duties and responsibilities of psychiatric welfare work; plan and direct appropriate courses of action as a result of analyses and evaluation of data and other significant factors; achieve cooperative and effective contactswith staff members and emotionally disturbed patients in the adjustment of problem situations; work closely with and direct several professional and auxiliary employees.

MINIMUM QUALIFICATIONS

Experience: Two (2) years of verifiable experience as a Licensed Marriage and Family Therapist (LMFT), LicensedClinical Social Worker (LCSW), or Licensed Professional Clinical Counselor (LPCC).
License and Certification: Possession of a valid LCSW, LMFT, or LPCC license issued by the California Boardof Behavioral Sciences (BBS).

City and County of San Francisco
Behavioral Health Clinician (#2930)

DEFINITION

Under general supervision, makes investigations to determine the eligibility of applicants for psychiatric care and services; evaluates information gained through interviews and collateral sources; makes determination on one of several alternative procedures; completes appropriate forms and documents relating to intake procedures; makes pertinent determinations and recommendations; and performs relatedduties as required. Requires responsibility for: carrying out and explaining established methods and procedures to applicants, recipients and others; achieving economies and/or preventing losses through careful and judicious interpretations of various legal provisions, methods and procedures in recommending assistance; making regular contacts with applicants, recipients, their families and others concerned, also with employees, otherdepartments and outside organizations; gathering, compiling and reviewing important detailed psychiatric financial, personal and confidential information.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. Interviews applicants, recipients, parents and others concerned for the purpose of securing information to determine eligibility for psychiatric care and services; evaluates material obtained through interviews and from other sources, including information given directly, together with suchfactors as appearance and manner, attitude of parents, relatives and others toward the applicant and his problems.
2. On basis of interviews and analyses, decides upon one of several alternative dispositions such as emergency therapy, referral to other staff members for further study, referral to appropriate community resources or assistance on a temporary basis; completes appropriate forms and documentsrelating to the intake processes.
3. Conducts interviews with parents and children to obtain supplementary information; makes tentative diagnosis to determine need for testing to supplement the diagnosis; decides on one of several alter-native dispositions.
4. Confers with referring agency or other interested organizations and persons including schools, Publichealth nurses and doctors and with supervisor or other psychiatrists on medical and psychiatric questions relating to evaluation of the patient; prepares related case re-ports, including all pertinent material.
5. Subsequently follows up on individual patient therapy; establishes positive relationship; assists patient with explanation of diagnosis and causes of difficulties; confers with consulting psychiatristson treatment; prepares therapy notes on each case and incorporates in case records.
6. Maintains records of all activities relating to patients' care; prepares clinical statistics and compilesperiodic reports; participates in periodic staff meetings; confers with supervisor on formulation of policies and procedures; attends conferences with. Other clinics and agencies.

KNOWLEDGE, SKILLS AND ABILITIES

Requires broad knowledge and ability to: solve problems inherent in the duties and responsibilities of psychiatric welfare work; plan appropriate courses of action as a result of analysis and evaluation of dataand other significant factors. Requires skill and ability to: effect cooperative and effective contacts with associate staff employees and others; deal effectively with patients in the adjustment of problem situations.

MINIMUM QUALIFICATIONS

Possession of a valid license as an LCSW, ASW, LMFT, AMFT, LPCC, or APCC issued by the California Board of Behavioral Sciences (BBS).

City and County of San Francisco
Health Worker III (#2587)

DEFINITION

Under general supervision, performs a wide variety of the more difficult paraprofessional duties in a serviceprogram of the Department of Public Health; works with professional staff in extending effective services to clients of the program served; plans, develops, and follows through on all contacts and cases; may supervise a small staff of workers, primarily Health Worker I and II; and performs related duties as required.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. In therapeutic rehabilitation programs, assists in the planning of recreational, educational, and worktherapy activities.
2. Interviews and screens patients, identifies patient's general condition and assists in assessing specificpatient conditions and in treatment planning in con-junction with professional staff; may perform crisis intervention activities.
3. Represents program staff in meetings with local community groups and govern-mental and socialagencies to provide information on the activities and goals of the assigned program.
4. As a part of a therapeutic program, may conduct craft, recreation, and other activity groups; as directed, may assist in conducting therapy sessions with professional supervision.
5. Maintains records incidental -to other assigned duties, including patient's charts; may conduct surveysand operates technical equipment.
6. Supervises others, primarily in the lower Health Worker classifications.
7. When assigned to a specialized activities program, plans, implements, supervises, coordinates, publicizes, evaluates and documents the activities for patients, including social, creative, educational,physical and religious programs.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: The ethnic, economic and social factors affecting the residents of the neighborhood served by the health program and the ability to speak, read, and write English as well as the language predominantin the district served. When assigned to a specialized activities program, requires knowledge of the principles of activity therapy and of the health and emotional problems of the chronically ill, aged and disabled.

Ability and Skill to: When assigned to a specialized activities program, evaluate the capabilities, needs andinterests of the individual patients and to plan, organize and implement activity programs for both individuals and groups.

MINIMUM QUALIFICATIONS

Experience: Two (2) years of verifiable experience within the last five (5) years, working with a culturally diverse population performing a combination of at least two (2) of the following duties: Serving as a liaison between targeted communities and healthcare agencies; providing culturally appropriate health education/information and outreach to targeted populations; providing referral and follow up services or otherwise coordinating care; providing informal counseling, social support and advocacy to targeted populations; escorting and transporting clients; providing courier /dispatcher functions; performing pre- clinical examinations of vital statistics, such as measuring a patient’s weight, height, temperature and bloodpressure. Possession of a Community Health Worker Certificate from City College of San Francisco can substitutefor 6 months of experience.

City and County of San Francisco
Health Worker II (#2586)

DEFINITION

Under supervision, performs a wide variety of paraprofessional duties in a service program of the Department of Public Health; functions as a liaison between community residents and program staff; provides counseling and advice to patients regarding health problems; may supervise Health Worker I; maydrive or accompany patients between their homes, hospitals or other social agencies; and performs related duties as required.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. Participates, but to a lesser degree than Health Worker I, in the health service training program.
2. Provides information and resources to patients and others regarding health care and other facilities available to them; assists patients in utilizing such services; makes follow-up contacts when required.
3. Serves as liaison between the professional staff and the community,
4. May provide language interpretation services in contacts with non-English speaking clients.
5. Assists in gathering and evaluating data concerning the program to which assigned; may perform incidental clerical duties such as keeping records, answering the telephone and arranging client appointments.
6. May transport ambulatory patients between their homes and clinics, hospitals or other social agencies; may transport staff members to meetings with administration approval; reports malfunctions of the vehicle to supervisor.
7. May pick up and deliver supplies and equipment, including high-security pharmaceutical supplies, laboratory tests and mail.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: The ethnic, economic and social factors affecting the residents of the neighborhood servedby the health program.

Ability and Skill to: Speak, read and write English as well as the language predominant in the district served; communicate with the clients of the program; work effectively with professional and other staffmembers.

MINIMUM QUALIFICATIONS

Experience: One (1) year of verifiable experience within the last five (5) years, performing a combination of at least two (2) of the following r duties: Serving as a liaison between targeted communities and healthcare agencies; providing culturally appropriate health education/information and outreach to targeted populations; providing referral and follow up services or otherwise coordinating care; providing informal counseling,social support and advocacy to targeted populations; escorting and transporting clients; providing courier/dispatcher functions; performing pre-clinical examinations of vital statistics, such as measuring apatient's weight, height, temperature and blood pressure. Possession of a Community Health Worker Certificate from City College of San Francisco can substitutefor 6 months of experience.

City and County of San Francisco
Senior Clerk (#1406)

DEFINITION

Under general supervision, performs difficult, responsible and specialized clerical work, may assign clerical and office work to subordinate office personnel and performs related duties as required. Essential functions include: interpreting, enforcing and carrying out existing methods and procedures relative to office operations; making regular contacts with other departmental personnel and providing information; explaining and interpreting existing laws, regulations and administrative policies to the general public in connection with office activities; gathering, preparing and maintaining a wide variety of records, reports and documents relative to office operations; and calculating basic mathematical computations in connection with the preparation of various reports.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

1. Codes and indexes documents, records and correspondence. Methods may include color code, terminal digit, numerical, alphabetical and/or chronological order to ensure proper filing and ready access of data.
2. Explains and interprets existing laws, regulations and administrative policies governing the activities of the assigned office to the general public and other City personnel.
3. Checks and reviews a variety of documents for completeness and accuracy.
4. Files, maintains and retrieves documents, records and correspondence in accordance with established procedures.
5. Compiles information and data necessary for the preparation of various departmental reports in which judgment may be exercised in the selection of data and materials.
6. Prepares and maintains a variety of reports in which judgment may be exercised in the selection of data and materials.
7. Exercises sound judgment and utilizes knowledge of applicable laws, regulations and procedures in solving daily clerical and office problems.
8. Receives a variety of telephone and in-person calls and routes such calls and individuals to proper places.
9. Receives and accounts for moderate amounts of money from the collection of fees and similar sources.
10. Operates office equipment, including calculators, photocopying equipment, adding machines, computer terminals, microfiche viewers, fax machines and postage meters.
11. Processes mail: opens, time stamps, sorts and distributes the incoming mail; stuffs and seals envelopes; makes daily pickup and delivery to ensure timely mailing and receipt of mail.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: standard alphabetical, numerical, and chronological filing systems. Ability to: organize and make clerical work assignments; review processed work to assure accuracy, interpret laws, regulations and procedures in recommending solutions to problems; efficiently and accurately file, retrieve, code and indexa wide variety of documents; effectively communicate and understand complex concepts, policies and procedures; proficiently read and review a variety of documents and forms for completeness and accuracy

EXPERIENCE AND TRAINING

Two (2) years (equivalent to 4000 hours) of verifiable clerical experience or eighteen (18) months (equivalent to 3000 hours) of verifiable clerical experience as described in #1 andcompletion of a clerical training program (240 hours).

Job title: Peer-to-Peer Support Specialist

Duties:

1. Provide culturally congruent peer counseling and support, resource linkage, and skill building trainings to clients of outpatient clinics or other wellness and recovery programs.
2. Conduct outreach to residential, community and hospital settings to encourage clients or other community members to utilize Department of Public Health services and community resources.
3. Develop and maintain a comprehensive resource directory of relevant services. Serve as a resource to therapists/case managers by assisting with client referrals and helping to link clients to outside services.
4. Assist clients in accessing, navigating, and following up on the use of resources in the community, including: transportation, mobility, housing, decision-making, assistive technology, language, government programs, cultural adjustment, immigration services, food assistance, legal assistance, women's services, medical assistance, mental health services, vocational services, volunteerism, and education programs, and any other services that may support the client on overcoming external barriers to well-being and self-sufficiency.
5. Provide support services to clients, which may include the following:
   - facilitating support groups and activity groups on topics such as self-help, chronic disease self-management, and Wellness-Recovery Action Planning (WRAP) groups,
   - providing one-on-one peer counseling to clients regarding behavioral health issues,
   - assisting clients in making appointments for needed services,
   - welcoming, registering and routing clients receiving treatment or other assistance at CBHS program facilities,
   - providing language interpretation and/or translation services for clients,
   - accompanying clients between their homes, hospitals or other social agencies.
6. Maintain timely administrative and service delivery documentation and records related to client care, in accordance to BHS standards.
7. Lead and organize client advocacy activities (e.g. client advisory councils) that engage clients in the development, implementation, and evaluation of the services that they receive. Assist clinical services staff in developing, implementing, and analyzing a client-driven program evaluation process.
8. Function as a liaison between clients and program staff. Participate in or lead case conferences, staff meetings, in-service training and other staff development activities.
9. Attend trainings related to the performance of duties and in acquiring skills needed for increasing job competence.
10. Perform other duties as assigned, such as clerical tasks (e.g. maintaining program records, answering the telephone, arranging client appointments).

Desired Educational level and Experience:

1. Completion of a mental health certificate program or equivalent education, highly preferred.
2. At least 3-5 years of 'lived experience' with the community behavioral health system.
3. One year of peer counseling or related experience, particularly with diverse communities, preferred.

Preferred Knowledge, Skills and Experience to Perform Duties:

1. Knowledge of San Francisco community resources/services (including health, mental health, substance use, vocational, housing, food, etc.), highly preferred.
2. Familiarity with team-based care.
3. Strong interpersonal & active listening skills and ability to work effectively and interact professionally with a diverse, multi-cultural, and interdisciplinary team.
4. Understanding of health and wellness promotion and disease self-management, including client education and implementation.
5. Familiarity with various supportive counseling strategies and wellness and recovery principles in working with clients with mental health, substance abuse, or co-occurring conditions, preferred.

REFERENCES

[1] San Francisco Health Improvement Partnership, *San Francisco Community Health Needs Assessment, 2019*, San Francisco, CA, November 2019.
[2] Ibid.
[3] California Department of Public Health, California Opioid Overdose Surveillance Dashboard, *San Francisco County Dashboard*, Sacramento, CA, accessed May 2021, https://skylab.cdph.ca.gov/ODdash/
[4] National Low Income Housing Coalition, *Out of Reach 2020*, Washington, DC, 2020, https://reports.nlihc.org/oor
[5] University of Washington Insight Center for Community Economic Development, *Methodology report: The self-sufficiency standard for California 2018*, 2019.
[6] Hellerstein, It's official: Bay Area has highest income inequality in California, *KQED News*, San Francisco, CA, January 31, 2020, https://www.kqed.org/news/11799308/bay-area-has-highest-income-inequality-in-california
[7] Applied Survey Research, *San Francisco Point-In-Time Homeless Count & Survey*, SF, CA, 2019.
[8] Security.org, *State of Homelessness in 2021: Statistics, Analysis, and Trends*, Brooklyn, NY, April 12, 2021, https://www.security.org/resources/homeless-statistics/
[9] Conrad K, The crisis in our city: Q & A with Matthew State, UCSF Chair of Psychiatry, UCSF Magazine, San Francisco, CA, Summer 2018, https://www.ucsf.edu/magazine/crisis-our-city
[10] Czeisler ME, et al., Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020, US Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR)*, 69(32);1049–1057, August 14, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm
[11] Vasilaki E, Hosier S, Cox W, The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review, *Alcohol & Alcoholism*, 41(3), 328-335, 2006.
[12] Beck J, *Cognitive behavior therapy: Basics and beyond(2nd Ed.)*, The Guilford Press, New York, NY, 2011
[13] Copeland M, *Wellness Recovery Action Plan*, Peach Press, Atlanta GA, September 1997.
[14] Najavits, L.M, Seeking Safety: A New Psychotherapy for Posttraumatic Stress Disorder and Substance Abuse, in *Trauma and Substance Abuse: Causes, Consequences and Treatment of Comorbid Disorders* (Eds. P. Ouimette & P. Brown). Washington, DC: American Psychological Association, 2001.