

File No. 111218

Committee Item No. 3

Board Item No. 27

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: November 30, 2011

Board of Supervisors Meeting

Date 12/6/11

#### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget & Legislative Analyst Report          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ethics Form 126                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | *Grant Information Form                      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |

#### OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Victor Young

Date: November 21, 2011

Completed by: Victor Young

Date: 12-1-11

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Apply for, Accept and Expend Grant - Community of Veterans Engaged in Restoration  
2 Program - \$249,662]

3 **Resolution authorizing the Sheriff's Department to retroactively apply for, accept and**  
4 **expend \$249,662 in funds from the Office of Justice Programs, through the Justice and**  
5 **Mental Health Collaboration Program, the Community of Veterans Engaged in**  
6 **Restoration Program will strive to increase public safety and reduce recidivism among**  
7 **incarcerated and recently released veterans with post-traumatic stress disorder in the**  
8 **City and County of San Francisco.**

9  
10 WHEREAS, The Office of Justice Programs, Justice and Mental Health Collaboration  
11 Program seeks applicants and encourages partnerships between criminal justice and mental  
12 health providers to respond to the increasing number of people who are in need of these  
13 services and related resources to achieve a successful return to their communities; and

14 WHEREAS, The Sheriff's Department established the COVER Program (Community of  
15 Veterans Engaged in Restoration) to support incarcerated veterans of military services; and

16 WHEREAS, That the funds received will target military veterans involved with the  
17 criminal justice system who are in need of mental health services and who are returning to the  
18 City and County of San Francisco; and

19 WHEREAS, That services addressing Post-Traumatic Stress Disorder (PTSD) and  
20 related services totaling \$222,917 will be provided through a collaboration with Walden  
21 House, Inc., Jail Psychiatric Services, and other community based agencies which includes  
22 the hiring of a Mental Health Coordinator; and

23 WHEREAS, That the grant includes indirect costs of \$26,745; and  
24  
25

FILE NO.

RESOLUTION NO.

1           WHEREAS, That the Sheriff's Program Administrator and additional SFSD staff will  
2 provide in-kind services in excess of \$50,000; and

3           WHEREAS, That these services are designed to increase public safety and reduce  
4 recidivism; and

5           WHEREAS, That the City and County of San Francisco will participate in data  
6 collection on key variables related to client-level performance and outcome data as required;  
7 now, therefore, be it

8           RESOLVED, That the Sheriff's Department is hereby authorized to retroactively accept  
9 and expend \$249,662 in funds from the Department of Justice; and be it

10          FURTHER RESOLVED, That the Sheriff's Department is authorized to furnish  
11 whatever additional information or assurances the funding agency may request in connection  
12 with this grant, and execute any and all agreements necessary to complete the transfer of  
13 funds. The grant period is from October 01, 2011 to September 30, 2013; and be it

14          FURTHER RESOLVED, That the City and County of San Francisco assures that it will  
15 abide by the statues governing the Office of Justice Programs as well as the terms and  
16 conditions of the Grant Agreement as set forth by the U.S. Department of Justice, Office of  
17 Justice Programs.

1 Recommended:

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3  
4  
5 Jim Dunphy, Undersheriff for  
6 Michael Hennessey  
7 Sheriff

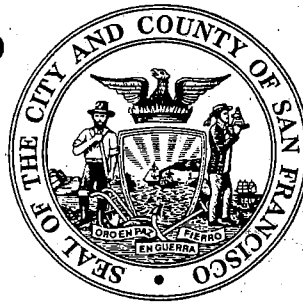
8  
9 Approved:

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12  
13 Paul W  
14 Mayor

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22  
23  
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25  
[Signature]  
Controller

# City and County of San Francisco

## OFFICE OF THE SHERIFF



Michael Hennessey  
SHERIFF

(415) 554-7225

October 13, 2011  
Reference: 2011-084

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for approval by the Board of Supervisors.

The resolution authorizes the Sheriff's Department to apply for, accept and expend the COVER Program (Community of Veterans Engaged in Restoration) grant in an amount of \$ 249,662 from the Office of Justice Programs, through the Justice and Mental Health Collaboration Program. The purpose of the grant is to increase public safety and reduce recidivism by providing mental health services to incarcerated veterans of military service within the City and County of San Francisco.

The following is a list of accompanying documents:

- Cover Memo
- Proposed Resolution
- Grant Information Form
- Grant Application & Budget
- Grant Award Notice

Please contact Maureen Gannon at (415) 554-4316 if you require more information. Thank you.

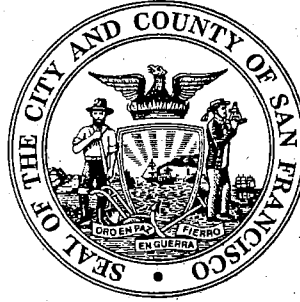
Sincerely,

*Michael Hennessey*  
MICHAEL HENNESSEY  
Sheriff

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2011 NOV -8 PM 1:40

# City and County of San Francisco

## OFFICE OF THE SHERIFF



Michael Hennessey  
SHERIFF

(415) 554-7225

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Michael Hennessey, Sheriff *M. Hennessey for Sheriff Hennessey*

DATE: October 13, 2011

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: The COVER Program  
(Community of Veterans Engaged in Restoration)

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution; original signed by Department, Mayor, Controller
- Grant information form, including disability checklist
- Grant budget
- Grant application
- Grant award letter from funding agency
- Other (Explain):

Special Timeline Requirements: **None**

Departmental representative to receive a copy of the adopted resolution:

Name: **Maureen Gannon**

Phone: **(415) 554-4316**

Interoffice Mail Address: Sheriff's Department, City Hall – Room 456

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

\*\* Complete copy of document is located in

File No. 111218

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **The COVER Program (Community of Veterans Engaged in Restoration)**

2. Departments: **Sheriff's Department**

3. Contact Person: **Maureen Gannon** Telephone: **(415) 554-4316**

4. Grant Approval Status (check one):

Approved by funding agency                       Not yet approved

5. Amount of Grant Funding Approved or Applied for: **Approved - \$249,662**

6a. Matching Funds Required: **\$50,000 (in-kind)**

b. Source(s) of matching funds (if applicable): **General Fund**

7a. Grant Source Agency: **Office of Justice Programs**  
**Justice and Mental Health Collaboration Program**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The grant will be used to enhance the existing COVER Program (Community of Veterans Engaged in Restoration) by planning and implementing mental health services and programming for military veterans in the San Francisco county jail. Specifically, additional mental health services and related services will address PTSD. The Sheriff's Department will collaborate with Jail Psychiatric Service, Walden House, Inc. and other community based agencies. The Sheriff's Program Administrator and additional SFSD staff will provide in-kind services in excess of \$50,000. The overarching goal is to promote public safety by reducing recidivism and violence among veterans who are involved in the criminal justice system and to increase their chances of being self-supporting and living independently in the community following incarceration.

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

Start-Date: **10/01/2011**

End-Date: **9/30/2013**

10. Number of new positions created and funded: **0**

11. If new positions are created, explain the disposition of employees once the grant ends?  
n/a

12a. Amount budgeted for contractual services: **\$222,917**

b. Will contractual services be put out to bid? **No; added to existing contracts.**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **Services provided by non-profit organizations.**

d. Is this likely to be a one-time or ongoing request for contracting out?  
**For duration of grant.**

13a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? **26,745**

b2. How was the amount calculated? **Based on a percentage of contracted staff and fringe benefits costs**

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

- Not allowed by granting agency  To maximize use of grant funds on direct services  
 Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?  
n/a

14. Any other significant grant requirements or comments:

**The grant requires data collection and periodic financial invoices. All grant recipients are subject to site visits and audits as needed.**

**\*\*Disability Access Checklist\*\*\***

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

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

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:



Departmental or Mayor's Office of Disability Reviewer: Jan Dempsey  
(Name)

Date Reviewed: 10/20/11 Jan Dempsey UNDERSHERIFF  
(Signature)

Department Approval: Michael Hennessey Sheriff  
(Name) (Title)

Jan Dempsey UNDERSHERIFF for  
(Signature) Sheriff Hennessey

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
 (S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Haight Ashbury Free Clinics, Inc. (d.b.a. Haight Ashbury Free Clinics - Walden House)	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> (1) Harlan Grossman; Eric Flowers; Stephen Bach; Deborah Broyles; Todd Choy; Susan Christian; Graham Gunst; Tom Christian; Tamara Mason-Williams; Marguerite Meade; Liam Mayclem; Victor Ortiz; Peter Sullivan; Jeanne Woodford. (2) CEO: Vitka Eisen; CFO: David Crawford; COO: N/A (3) N/A (4) N/A (5) N/A	
Contractor address: 1735 Mission Street, 2 <sup>nd</sup> Floor, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: \$249,662.00
Describe the nature of the contract that was approved: Contract funds a mental health coordinator for incarcerated veterans.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves: San Francisco Board of Supervisors  
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.supervisors@sfgov.org

\_\_\_\_\_  
 Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
 Date Signed