

File No. 170688

Committee Item No. 4
Board Item No. 11

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 14, 2017

Board of Supervisors Meeting

Date September 26, 2017

Cmte Board

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

OTHER

(Use back side if additional space is needed)

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Completed by: Linda Wong

Date September 8, 2017

Completed by: Linda Wong

Date September 20, 2017

1 [Grant Agreement - Department of Public Health - Proposition 47 Grant Program]

2
3 **Resolution retroactively authorizing the Director of Health to execute a grant**
4 **agreement, on behalf of the City and County of San Francisco, with the California**
5 **Board of State and Community Corrections for participation in the Proposition 47 Grant**
6 **Program for the period of June 16, 2017, through August 15, 2020.**

7
8 WHEREAS, Proposition 47 was a voter-approved initiative on the November 2014
9 ballot to enact the Safe Neighborhoods and Schools Act; and

10 WHEREAS, Proposition 47 further required the California Board of State and
11 Community Corrections (BSCC) to administer a grant program to public agencies; and

12 WHEREAS, The purpose of the Proposition 47 Grant Program is to support mental
13 health treatment, substance use disorder treatment, and diversion programs for people in the
14 criminal justice system with an emphasis on programs that reduce recidivism of people
15 convicted of less serious crimes, and those who have substance abuse and mental health
16 problems; and

17 WHEREAS, The Workgroup to re-envision the Jail Replacement Project prioritized the
18 need for additional residential treatment beds for system-involved adults struggling with
19 substance use disorder (SUD) and serious mental health (MH) needs; and

20 WHEREAS, On February 21, 2017, the Department of Public Health (SFDPH)
21 submitted an application to the BSCC to participate the Proposition 47 Grant Program (See,
22 SFDPH Promoting Recovery & Services for the Prevention of Recidivism (PRSPR) Grant
23 Application on file with the Clerk of the Board of Supervisors in File No. 170688); and

1 WHEREAS, The City and County of San Francisco's Proposition 47 Grant Program, to
2 be called Promoting Recovery & Services for the Prevention of Recidivism (PRSPR), will
3 increase the availability of community-based residential SUD treatment for criminal justice
4 system-involved adults who may also have co-occurring mental health issues and will also
5 provide dedicated peer outreach and developmentally-appropriate programming for
6 transitional age youth; and

7 WHEREAS, The Proposition 47 Grant Program will build on existing City and County
8 efforts through close partnership with community organizations and service providers based
9 on shared planning, decision-making, data sharing, and evaluation; and

10 WHEREAS, On May 30, 2017, SFDPH was notified that the Executive Steering
11 Committee of the BSCC ranked SFDPH's application 4th out of 23 applications submitted and
12 recommended it for full funding of the requested amount of \$6,000,000 for the grant period of
13 June 16, 2017, through August 15, 2020, with years two and three subject to satisfactory
14 progress of the project; and

15 WHEREAS, The BSCC will decide at its June 8, 2017, meeting whether to accept the
16 Executive Steering Committee's recommendations; and

17 WHEREAS, BSCC requires a resolution from the City and County's governing board
18 specifically authorizing the applicant's signatory to enter into the agreement to participate in
19 the Proposition 47 Grant Program; and

20 WHEREAS, The City and County of San Francisco desires to participate in the
21 Proposition 47 Grant Program administered by the BSCC; now, therefore, be it

22 RESOLVED, That the Director of Health is authorized by the San Francisco Board of
23 Supervisors to execute the Grant Agreement with the BSCC, including any amendments
24 thereof, on behalf of the City and County of San Francisco; and, be it
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FURTHER RESOLVED, That grant funds received hereunder shall not be used to supplant expenditures controlled by this body; and, be it

FURTHER RESOLVED, That the City and County of San Francisco agrees to abide by the terms and conditions of the Grant Agreement as set forth by the BSCC.

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)**

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

3. Contact Person: **Colleen Chawla** Telephone: **415-554-2769**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$6,000,000**

6/16/17 – 8/15/18 - **\$1,990,761.17**

8/16/18 – 8/15/19 - **\$2,004,455.92**

8/16/19 – 8/15/20 - **\$2,004,782.91**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **Board of State and Community Corrections**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary

The proposed PRSPR program will interrupt the cycle of substance abuse, unaddressed mental health needs, homelessness, and incarceration by increasing residential SUD treatment and detox for criminal justice system-involved adults who may also have co-occurring MH needs. DPH will serve as lead agency and will be responsible for project coordination, grant administration and facilitating connections to the DPH system of care.

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

Start-Date: **6/16/2017**

End-Date: **8/15/2020**

10a. Amount budgeted for contractual services: **\$5,400,000**

b. Will contractual services be put out to bid? **No**

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

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

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? **\$600,000**

b2. How was the amount calculated? **10% of total grant funds**

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

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

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

12. Any other significant grant requirements or comments:

GRANT CODE (Please include Grant Code and Detail in FAMIS):

Grant code: HCSA16-1800, index code HMHSRCGRANTS

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

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

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

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

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

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

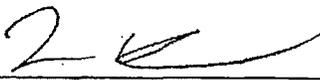
Comments:

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

Toni Rucker, PhD
(Name)

Chief Cultural Competency and Workforce Development Officer, DPH ADA Coordinator
(Title)

Date Reviewed: 07-05-17

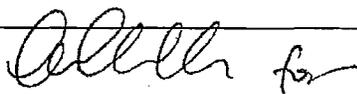

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 7/5/17


(Signature Required)

STANDARD AGREEMENT

TD 213 (Rev 06/03)

AGREEMENT NUMBER

BSCC 553-17

REGISTRATION NUMBER

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

STATE AGENCY'S NAME

BOARD OF STATE AND COMMUNITY CORRECTIONS

CONTRACTOR'S NAME

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2. The term of this Agreement is: **June 16, 2017 through August 15, 2020**

3. The maximum amount of this Agreement is: **\$ 5,999,993.00**
 FIVE MILLION, NINE HUNDRED NINETY-NINE THOUSAND, NINE HUNDRED NINETY-THREE DOLLARS AND ZERO CENTS

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

Exhibit A:	Scope of Work	3	pages
Exhibit B:	Budget Detail and Payment Provisions	4	pages
Exhibit C:	General Terms and Conditions (04/2017)	3	pages
Exhibit D:	Special Terms and Conditions	4	pages
Attachment 1:	Proposition 47 Request for Proposal*		
Attachment 2:	Grant Proposal/Application for Funding	66	pages
Appendix A:	Proposition 47 Executive Steering Committee	1	page
Appendix B:	Criteria for Non-Governmental Organizations Receiving Proposition 47 Funds	2	pages

* This item is incorporated by reference and can be accessed at: http://www.bscc.ca.gov/s_bsccprop47.php

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

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
BARBARA GARCIA, Director of Health		
ADDRESS		
101 Grove Street, Room 310 San Francisco, CA 94102		
STATE OF CALIFORNIA		
AGENCY NAME		
BOARD OF STATE AND COMMUNITY CORRECTIONS		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
MARY JOLLS, Deputy Director		
ADDRESS		
2590 Venture Oaks Way, Suite 200 Sacramento CA 95833		

Exempt per: **SCM 1, 4.06**

**EXHIBIT A
SCOPE OF WORK**

1. GRANT AGREEMENT – PROPOSITION 47 GRANT PROGRAM

This Grant Agreement is between the State of California, Board of State and Community Corrections, hereafter referred to as BSCC and San Francisco Department of Public Health, hereafter referred to as Grantee or Contractor.

2. PROJECT SUMMARY AND ADMINISTRATION

- A. The SF Department of Public Health (DPH) proposes to interrupt the cycle of substance abuse, unaddressed mental health issues, homelessness, and incarceration by increasing the availability of residential SUD treatment for criminal justice system-involved adults who may also have co-occurring mental health issues. In addition, the project layers peer outreach and developmentally-appropriate TAY-specific programming on top of the residential treatment. Over the three year grant period, the project will serve 192 potentially duplicated participants.
- B. Grantee agrees to administer the project in accordance with Attachment 1: Proposition 47 Request for Proposal (incorporated by reference) and Attachment 2: Grant Proposal/Application for Funding, which is attached and hereto and made part of this agreement.

3. PROJECT OFFICIALS

- A. The BSCC's Executive Director or designee shall be the BSCC's representative for administration of the Grant Agreement and shall have authority to make determinations relating to any controversies that may arise under or in connection with the interpretation, performance, or payment for work performed under this Grant Agreement.
- B. The Grantee's project officials shall be those identified as follows:

Authorized Officer with legal authority to sign:

Name: Barbara Garcia
Title: Director of Health
Address: 101 Grove Street, Room 310, San Francisco, CA 94102
Phone: (415) 554-6227

Designated Financial Officer authorized to receive warrants:

Name: Greg Wagner
Title: Chief Financial Officer
Address: 101 Grove Street, Room 308, San Francisco, CA 94102
Phone: (415) 554-2610
Fax: (415) 554-2710
Email: greg.wagner@sfdph.org

Project Director authorized to administer the project:

Name: Angelica Almeida
Title: Director of Assisted Outpatient Treatment
Address: 1380 Howard Street, Room 423, San Francisco, CA 94103
Phone: (415) 225-3798
Fax: (415) 554-2710
Email: angelica.almeida@sfdph.org

- C. Either party may change its project representatives upon written notice to the other party.
- D. By signing this Grant Agreement, the Authorized Officer listed above warrants that he or she has full legal authority to bind the entity for which he or she signs.

**EXHIBIT A
SCOPE OF WORK**

4. DATA COLLECTION

Grantees will be required to comply with all of the data collection and reporting requirements as described in Attachment 1: Proposition 47 Request for Proposal and Attachment 2: Grant Proposal/Application for Funding.

5. PROGRESS REPORTS AND EVALUATIONS

A. Grantee will submit quarterly progress reports in a format prescribed by the BSCC. These reports, which will describe progress made on program objectives and include required data, shall be submitted according to the following schedule:

Progress Report Periods

1. June 16, 2017 to September 30, 2017
2. October 1, 2017 to December 31, 2017
3. January 1, 2018 to March 31, 2018
4. April 1, 2018 to June 30, 2018
5. July 1, 2018 to September 30, 2018
6. October 1, 2018 to December 31, 2018
7. January 1, 2019 to March 31, 2019
8. April 1, 2019 to June 30, 2019
9. July 1, 2019 to September 30, 2019
10. October 1, 2019 to December 31, 2019
11. January 1, 2020 to March 31, 2020
12. April 1, 2020 to June 30, 2020
13. July 1, 2020 to August 15, 2020

Due no later than:

- November 15, 2017
February 15, 2018
May 15, 2018
August 15, 2018
November 15, 2018
February 15, 2019
May 15, 2019
August 15, 2019
November 15, 2019
February 15, 2020
May 15, 2020
August 15, 2020
September 30, 2020

B. Evaluations

- Local Evaluation Plan
Two-Year Preliminary Evaluation Report
Final Local Evaluation Report

Due no later than:

- November 15, 2017
August 15, 2019
September 30, 2020

C. Grantees shall submit all other reports and data as required by the BSCC.

6. PROJECT RECORDS

A. The Grantee shall establish an official file for the project. The file shall contain adequate documentation of all actions taken with respect to the project, including copies of this Grant Agreement, approved program/budget modifications, financial records and required reports.

B. The Grantee shall establish separate accounting records and maintain documents and other evidence sufficient to properly reflect the amount, receipt, and disposition of all project funds, including grant funds and any matching funds by the Grantee and the total cost of the project. Source documentation includes copies of all awards, applications, approved modifications, financial records and narrative reports.

C. Personnel and payroll records shall include the time and attendance reports for all individuals reimbursed under the grant, whether they are employed full-time or part-time. Time and effort reports are required for consultants (subcontractors).

D. The grantee shall maintain documentation of donated goods and/or services, including the basis for valuation.

EXHIBIT A
SCOPE OF WORK

- E. Grantee agrees to protect records adequately from fire or other damage. When records are stored away from the Grantee's principal office, a written index of the location of records stored must be on hand and ready access must be assured.
- F. All Grantee records relevant to the project must be preserved a minimum of three (3) years after closeout of the grant project and shall be subject at all reasonable times to inspection, examination, monitoring, copying, excerpting, transcribing, and auditing by the BSCC or designees. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records must be retained until the completion of the action and resolution of all issues which arise from it or until the end of the regular three-year period, whichever is later.

7. CONFLICT OF INTEREST

- A. Existing law prohibits any non-governmental sub-grantee, partner or like party who participated on the Proposition 47 Executive Steering Committee (ESC) from receiving funds from the Proposition 47 grants awarded under this RFP. Applicants who are awarded grants under this RFP are responsible for reviewing the Prop 47 ESC membership roster (see Appendix A) and ensuring that no grant dollars are passed through to any non-governmental entity represented by the members of the Proposition 47 ESC.
- B. These conflict of interest rules do not apply to public employees that served on the ESC tasked with developing the Requests for Proposals and scoring the proposals for Proposition 47 Grant funding. Employees of governmental entities are deemed not to have a financial interest in this program. (See Pen. Code, § 6025.1, subd. (a).)
- C. In cases of an actual conflict of interest with an ESC member, the Board may revoke the grant award and legal consequences could exist for the parties involved, including, but not limited to, repayment of the grant award.

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENTS

- A. The Grantee shall be paid monthly or quarterly, as designated by the grantee, in arrears by submitting an invoice (Form 201) to the BSCC that outlines actual expenditures claimed for the reporting period. Grantee must insert the term "Monthly" or "Quarterly" here: _____ and must then adhere to the applicable due dates.

Monthly Invoicing Periods

Due no later than:

- | | |
|---|--------------------|
| 1. June 16, 2017 to July 31, 2017 | September 15, 2017 |
| 2. August 1, 2017 to August 31, 2017 | October 15, 2017 |
| 3. September 1, 2017 to September 30, 2017 | November 15, 2017 |
| 4. October 1, 2017 to October 31, 2017 | December 15, 2017 |
| 5. November 1, 2017 to November 30, 2017 | January 15, 2018 |
| 6. December 1, 2017 to December 31, 2017 | February 15, 2018 |
| 7. January 1, 2018 to January 31, 2018 | March 15, 2018 |
| 8. February 1, 2018 to February 28, 2018 | April 15, 2018 |
| 9. March 1, 2018 to March 31, 2018 | May 15, 2018 |
| 10. April 1, 2018 to April 30, 2018 | June 15, 2018 |
| 11. May 1, 2018 to May 31, 2018 | July 15, 2018 |
| 12. June 1, 2018 to June 30, 2018 | August 15, 2018 |
| 13. July 1, 2018 to July 31, 2018 | September 15, 2018 |
| 14. August 1, 2018 to August 31, 2018 | October 15, 2018 |
| 15. September 1, 2018 to September 30, 2018 | November 15, 2018 |
| 16. October 1, 2018 to October 31, 2018 | December 15, 2018 |
| 17. November 1, 2018 to November 30, 2018 | January 15, 2019 |
| 18. December 1, 2018 to December 31, 2018 | February 15, 2019 |
| 19. January 1, 2019 to January 31, 2019 | March 15, 2019 |
| 20. February 1, 2019 to February 28, 2019 | April 15, 2019 |
| 21. March 1, 2019 to March 31, 2019 | May 15, 2019 |
| 22. April 1, 2019 to April 30, 2019 | June 15, 2019 |
| 23. May 1, 2019 to May 31, 2019 | July 15, 2019 |
| 24. June 1, 2019 to June 30, 2019 | August 15, 2019 |
| 25. July 1, 2019 to July 31, 2019 | September 15, 2019 |
| 26. August 1, 2019 to August 31, 2019 | October 15, 2019 |
| 27. September 1, 2019 to September 30, 2019 | November 15, 2019 |
| 28. October 1, 2019 to October 31, 2019 | December 15, 2019 |
| 29. November 1, 2019 to November 30, 2019 | January 15, 2020 |
| 30. December 1, 2019 to December 31, 2019 | February 15, 2020 |
| 31. January 1, 2020 to January 31, 2020 | March 15, 2020 |
| 32. February 1, 2020 to February 29, 2020 | April 15, 2020 |
| 33. March 1, 2020 to March 31, 2020 | May 15, 2020 |
| 34. April 1, 2020 to April 30, 2020 | June 15, 2020 |
| 35. May 1, 2020 to May 31, 2020 | July 15, 2020 |
| 36. June 1, 2020 to June 30, 2020 | August 15, 2020 |
| 37. July 1, 2020 to July 31, 2020 | September 15, 2020 |
| 38. August 1, 2020 to August 15, 2020 | September 30, 2020 |

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

Quarterly Invoicing Periods

Due no later than:

1. June 16, 2017 to September 30, 2017	November 15, 2017
2. October 1, 2017 to December 31, 2017	February 15, 2018
3. January 1, 2018 to March 31, 2018	May 15, 2018
4. April 1, 2018 to June 30, 2018	August 15, 2018
5. July 1, 2018 to September 30, 2018	November 15, 2018
6. October 1, 2018 to December 31, 2018	February 15, 2019
7. January 1, 2019 to March 31, 2019	May 15, 2019
8. April 1, 2019 to June 30, 2019	August 15, 2019
9. July 1, 2019 to September 30, 2019	November 15, 2019
10. October 1, 2019 to December 31, 2019	February 15, 2020
11. January 1, 2020 to March 31, 2020	May 15, 2020
12. April 1, 2020 to June 30, 2020	August 15, 2020
13. July 1, 2020 to August 15, 2020	September 30, 2020

- B. An invoice is due to the BSCC even if grant funds are not expended or requested during the reporting period. Supporting documentation must be submitted for expenditures upon BSCC's request. All supporting documentation must be maintained by the grantee on site and be readily available for review during BSCC site visits.

2. GRANT AMOUNT AND LIMITATION

- A. In no event shall the BSCC be obligated to pay any amount in excess of the grant award. Grantee waives any and all claims against the BSCC, and the State of California on account of project costs that may exceed the sum of the grant award.
- B. Under no circumstance will a budget item change be authorized that would cause the project to exceed the amount of the grant award identified in this Grant Agreement. In no event shall changes be authorized for the Indirect Costs/Administrative Overhead line item that would result in that item exceeding ten percent (10%) of the grant award.

3. BUDGET CONTINGENCY CLAUSE

- A. This grant agreement is valid and enforceable only if sufficient funds are made available through the annual transfer of savings generated by Proposition 47 from the General Fund to the Safe Neighborhoods and Schools Fund and subsequent transfer from the Safe Neighborhoods and Schools Fund to the Second Chance Fund. (Gov. Code, § 7599.1 & Pen. Code, § 6046.2.) On or before July 31st of each fiscal year the Department of Finance will calculate the state savings associated with Proposition 47 and certify the calculation to the State Controller who shall transfer those funds to the Safe Neighborhoods and Schools Fund. (Gov. Code, § 7599.1.) The grantee agrees that the BSCC's obligation to pay any sum to the grantee under any provision of this agreement is contingent upon the availability of sufficient funding transferred to the Safe Neighborhoods and Schools Fund and subsequent transfer to the Second Chance Fund.
- B. If Proposition 47 funding for any fiscal year is reduced or falls below estimates contained within the Proposition 47 Request for Proposals, the BSCC shall have the option to either cancel this Grant Agreement with no liability occurring to the BSCC or offer an amendment to this agreement to the Grantee to reflect a reduced amount.
- C. If BSCC cancels the agreement pursuant to Paragraph 3(B) or Grantee does not agree to an amendment in accordance with the option provided by Paragraph 3(B), it is mutually agreed that the Grant Agreement shall have no further force and effect. In this event, the BSCC shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

and Grantee shall not be obligated to perform any provisions of this Grant Agreement except that Grantee shall be required to maintain all project records required by Paragraph 6 of Exhibit A for a period of three (3) years following the termination of this agreement.

4. PROJECT COSTS

- A. Grantee is responsible for ensuring that actual expenditures are for eligible project costs. "Eligible" and "ineligible" project costs are set forth in the most current version of the July 2016 BSCC Grant Administration Guide, which can be found under Quick Links here:

http://www.bscc.ca.gov/s_correctionsplanningandprograms.php

The provisions of the BSCC Grant Administration Guide are incorporated by reference into this agreement and Grantee shall be responsible for adhering to the requirements set forth therein. To the extent any of the provisions of the BSCC Grant Administration Guide and this agreement conflict, the language in this agreement shall prevail.

- B. Grantee is responsible for ensuring that invoices submitted to the BSCC claim actual expenditures for eligible project costs.
- C. Grantee shall, upon demand, remit to the BSCC any grant funds not expended for eligible project costs or an amount equal to any grant funds expended by the Grantee in violation of the terms, provisions, conditions or commitments of this Grant Agreement.
- D. Grant funds must be used to support new program activities or to augment existing funds that expand current program activities. Grant funds shall not replace (supplant) any federal, state and/or local funds that have been appropriated for the same purpose. Violations can result in recoupment of monies provided under this grantor suspension of future program funding through BSCC grants..

5. PROMPT PAYMENT CLAUSE

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

6. WITHHOLDING OF GRANT DISBURSEMENTS

- A. The BSCC may withhold all or any portion of the grant funds provided by this Grant Agreement in the event the Grantee has materially and substantially breached the terms and conditions of this Grant Agreement.
- B. At such time as the balance of state funds allocated to the Grantee reaches five percent (5%), the BSCC may withhold that amount as security, to be released to the Grantee upon compliance with all grant provision, including:
- 1) submittal and approval of the final invoice;
 - 2) submittal and approval of the final progress report; and
 - 3) submittal and approval of any additional required reports.
- C. The BSCC will not reimburse Grantee for costs identified as ineligible for grant funding. If grant funds have been provided for costs subsequently deemed ineligible, the BSCC may either withhold an equal amount from future payments to the Grantee or require repayment of an equal amount to the State by the Grantee.
- D. In the event that grant funds are withheld from the Grantee, the BSCC's Executive Director or designee shall notify the Grantee of the reasons for withholding and advise the Grantee of the time within which the Grantee may remedy the failure or violation leading to the withholding.

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

7. PROJECT BUDGET

Budget Line Item	A. Grant Funds: Year 1	B. Grant Funds: Year 2	C. Grant Funds: Year 3	D. Total Grant Funds Requested (A+B+C)	E. Other Funds Leverage d	F. Total Project Value (D+E)
1. Salaries and Benefits <i>(Lead Agency only)</i>	\$0	\$0	\$0	\$0	\$5,949,113	\$5,949,113
2. Services and Supplies	\$0	\$0	\$0	\$0	\$0	\$0
3. Professional Services/Public Agency Subcontracts	\$73,848	\$73,848	\$73,848	\$221,544	\$0	\$221,544
4. Community-Based Organization Subcontracts <i>(minimum 50%)</i>	\$1,616,902	\$1,628,597	\$1,628,860	\$4,874,358	\$0	\$4,874,358
5. Indirect Costs <i>(not to exceed 10% of grant funds)</i>	\$199,124	\$200,423	\$200,452	\$599,999	\$0	\$599,999
6. Data Collection and Evaluation <i>(minimum 5% of requested grant funds or \$25,000, whichever is greater)</i>	\$100,000	\$100,000	\$100,000	\$300,000	\$78,444	\$378,444
7. Fixed Assets/Equipment	\$0	\$0	\$0	\$0	\$0	\$0
8. Other <i>(Travel, Training, etc.)</i>	\$1,364	\$1,364	\$1,3664	\$4,092	\$0	\$4,092
TOTALS	\$1,991,238	\$2,004,232	\$2,004,524	\$5,999,993	\$6,027,557	\$12,027,550

EXHIBIT C
GENERAL TERMS AND CONDITIONS (04/2017)

1. **APPROVAL:** This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Contractor may not commence performance until such approval has been obtained.
2. **AMENDMENT:** No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. **ASSIGNMENT:** This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. **AUDIT:** Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).
5. **INDEMNIFICATION:** Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.
6. **DISPUTES:** Contractor shall continue with the responsibilities under this Agreement during any dispute.
7. **TERMINATION FOR CAUSE:** The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.
8. **INDEPENDENT CONTRACTOR:** Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
9. **RECYCLING CERTIFICATION:** The Contractor shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).
10. **NON-DISCRIMINATION CLAUSE:** During the performance of this Agreement, Contractor and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information; marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of

EXHIBIT C
GENERAL TERMS AND CONDITIONS (04/2017)

the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.)

Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. **CERTIFICATION CLAUSES:** The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 04/2017 (<http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>) are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.
12. **TIMELINESS:** Time is of the essence in this Agreement.
13. **COMPENSATION:** The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.
14. **GOVERNING LAW:** This contract is governed by and shall be interpreted in accordance with the laws of the State of California.
15. **ANTITRUST CLAIMS:** The Contractor by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Contractor shall comply with the requirements of the Government Codes Sections set out below.
 - A. The Government Code Chapter on Antitrust claims contains the following definitions:
 - 1) "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.
 - 2) "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.
 - B. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.
 - C. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.
 - D. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

EXHIBIT C
GENERAL TERMS AND CONDITIONS (04/2017)

- 16. CHILD SUPPORT COMPLIANCE ACT:** For any Agreement in excess of \$100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:
- A. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
 - B. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.
- 17. UNENFORCEABLE PROVISION:** In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
- 18. PRIORITY HIRING CONSIDERATIONS:** If this Contract includes services in excess of \$200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.
- 19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS:**
- A. If for this Contract Contractor made a commitment to achieve small business participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)
 - B. If for this Contract Contractor made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Contractor received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)
- 20. LOSS LEADER:** If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

1. GRANTEE'S GENERAL RESPONSIBILITY

- A. Grantee agrees to comply with all terms and conditions of this Grant Agreement. Review and approval by the BSCC is solely for the purpose of proper administration of grant funds, and shall not be deemed to relieve or restrict the Grantee's responsibility.
- B. Grantee is responsible for the performance of all project activities identified in Attachment 1: Proposition 47 Request for Proposal and Attachment 2: Grant Proposal/Application for Funding.
- C. Grantee shall immediately advise the BSCC of any significant problems or changes that arise during the course of the project.

2. GRANTEE ASSURANCES AND COMMITMENTS

A. Compliance with Laws and Regulations

This Grant Agreement is governed by and shall be interpreted in accordance with the laws of the State of California. Grantee shall at all times comply with all applicable State laws, rules and regulations, and all applicable local ordinances.

B. Fulfillment of Assurances and Declarations

Grantee shall fulfill all assurances, declarations, representations, and statements made by the Grantee in Attachment 1: Proposition 47 Request for Proposal and Attachment 2: Grant Proposal/Application for Funding, documents, amendments, approved modifications, and communications filed in support of its request for grant funds.

C. Permits and Licenses

Grantee agrees to procure all permits and licenses necessary to complete the project, pay all charges and fees, and give all notices necessary or incidental to the due and lawful proceeding of the project work.

4. POTENTIAL SUBCONTRACTORS

- A. In accordance with the provisions of this Grant Agreement, the Grantee may subcontract with consultants for services needed to implement and/or support program activities. Grantee agrees that in the event of any inconsistency between this Grant Agreement and Grantee's agreement with a subcontractor, the language of this Grant Agreement will prevail.
- B. Nothing contained in this Grant Agreement or otherwise, shall create any contractual relation between the BSCC and any subcontractors, and no subcontract shall relieve the Grantee of his responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the BSCC for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from the BSCC's obligation to make payments to the Grantee. As a result, the BSCC shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.
- C. Grantee shall ensure that all subcontractors comply with all requirements of this Grant Agreement, including the eligibility requirements stated in the Proposition 47 RFP and described in Appendix B.
- D. Grantee assures that for any subcontract awarded by the Grantee, such insurance and fidelity bonds, as is customary and appropriate, will be obtained.
- E. Grantee agrees to place appropriate language in all subcontracts for work on the project requiring the Grantee's subcontractors to:
 - 1) Books and Records

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

Maintain adequate fiscal and project books, records, documents, and other evidence pertinent to the subcontractor's work on the project in accordance with generally accepted accounting principles. Adequate supporting documentation shall be maintained in such detail so as to permit tracing transactions from the invoices, to the accounting records, to the supporting documentation. These records shall be maintained for a minimum of three (3) years after the acceptance of the final grant project audit under the Grant Agreement, and shall be subject to examination and/or audit by the BSCC or designees, state government auditors or designees, or by federal government auditors or designees.

2) Access to Books and Records

Make such books, records, supporting documentations, and other evidence available to the BSCC or designee, the State Controller's Office, the Department of General Services, the Department of Finance, California State Auditor, and their designated representatives during the course of the project and for a minimum of three (3) years after acceptance of the final grant project audit. The Subcontractor shall provide suitable facilities for access, monitoring, inspection, and copying of books and records related to the grant-funded project.

5. PROJECT ACCESS

Grantee shall ensure that the BSCC, or any authorized representative, will have suitable access to project activities, sites, staff and documents at all reasonable times during the grant period including those maintained by subcontractors. Access to program records will be made available by both the grantee and the subcontractors for a period of three (3) years following the end of the project period.

6. ACCOUNTING AND AUDIT REQUIREMENTS

- A. Grantee agrees that accounting procedures for grant funds received pursuant to this Grant Agreement shall be in accordance with generally accepted government accounting principles and practices, and adequate supporting documentation shall be maintained in such detail as to provide an audit trail. Supporting documentation shall permit the tracing of transactions from such documents to relevant accounting records, financial reports and invoices.
- B. The BSCC reserves the right to call for a program or financial audit at any time between the execution of this Grant Agreement and 3 years following the end of the grant period. At any time, the BSCC may disallow all or part of the cost of the activity or action determined to not be in compliance with the terms and conditions of this Grant Agreement, or take other remedies legally available.
- C. Pursuant to Government Code Section 7599.2 (c), grantees are subject to audits by the State Controller's Office and must comply with requirements and instructions provided by that office.

7. MODIFICATIONS

No change or modification in the project will be permitted without prior written approval from the BSCC. Changes may include modification to project scope, changes to performance measures, compliance with collection of data elements, and other significant changes in the budget or program components contained in the Application for Funding. Changes shall not be implemented by the project until authorized by the BSCC.

8. TERMINATION

- A. This Grant Agreement may be terminated by the BSCC at any time after grant award and prior to completion of project upon action or inaction by the Grantee that constitutes a material and substantial breach of this Grant Agreement. Such action or inaction includes but is not limited to:
 - 1) substantial alteration of the scope of the grant project without prior written approval of the BSCC;

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

- 2) refusal or inability to complete the grant project in a manner consistent with Attachment 1: Proposition 47 Request for Proposal/Application for Funding, or approved modifications;
 - 3) failure to provide the required local match share of the total project costs; and
 - 4) failure to meet prescribed assurances, commitments, recording, accounting, auditing, and reporting requirements of the Grant Agreement.
- B. Prior to terminating the Grant Agreement under this provision, the BSCC shall provide the Grantee at least 30 calendar days written notice stating the reasons for termination and effective date thereof. The Grantee may appeal the termination decision in accordance with the instructions listed in Exhibit D: Special Terms and Conditions, Number 8. Settlement of Disputes.

8. SETTLEMENT OF DISPUTES

- A. The parties shall deal in good faith and attempt to resolve potential disputes informally. If the dispute persists, the Grantee shall submit to the BSCC Corrections Planning and Grant Programs Division Deputy Director a written demand for a final decision regarding the disposition of any dispute between the parties arising under, related to, or involving this Grant Agreement. Grantee's written demand shall be fully supported by factual information. The BSCC Corrections Planning and Grant Programs Division Deputy Director shall have 30 days after receipt of Grantee's written demand invoking this Section "Disputes" to render a written decision. If a written decision is not rendered within 30 days after receipt of the Grantee's demand, it shall be deemed a decision adverse to the Grantee's contention. If the Grantee is not satisfied with the decision of the BSCC Corrections Planning and Grant Programs Division Deputy Director, the Grantee may appeal the decision, in writing, within 15 days of its issuance (or the expiration of the 30 day period in the event no decision is rendered), to the BSCC Executive Director, who shall have 45 days to render a final decision. If the Grantee does not appeal the decision of the BSCC Corrections Planning and Grant Programs Division Deputy Director, the decision shall be conclusive and binding regarding the dispute and the Contractor shall be barred from commencing an action in court, or with the Victims Compensation Government Claims Board, for failure to exhaust Grantee's administrative remedies.
- B. Pending the final resolution of any dispute arising under, related to or involving this Grant Agreement, Grantee agrees to diligently proceed with the performance of this Grant Agreement, including the providing of services in accordance with the Grant Agreement. Grantee's failure to diligently proceed in accordance with the State's instructions regarding this Grant Agreement shall be considered a material breach of this Grant Agreement.
- C. Any final decision of the State shall be expressly identified as such, shall be in writing, and shall be signed by the Executive Director, if an appeal was made. If the Executive Director fails to render a final decision within 45 days after receipt of the Grantee's appeal for a final decision, it shall be deemed a final decision adverse to the Grantee's contentions. The State's final decision shall be conclusive and binding regarding the dispute unless the Grantee commences an action in a court of competent jurisdiction to contest such decision within 90 days following the date of the final decision or one (1) year following the accrual of the cause of action, whichever is later.
- D. The dates of decision and appeal in this section may be modified by mutual consent, as applicable, excepting the time to commence an action in a court of competent jurisdiction.

9. UNION ACTIVITIES

For all agreements, except fixed price contracts of \$50,000 or less, the Grantee acknowledges that applicability of Government Code §§16654 through 16649 to this Grant Agreement and agrees to the following:

- A. No State funds received under the Grant Agreement will be used to assist, promote or deter union organizing.

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

- B. Grantee will not, for any business conducted under the Grant Agreement, use any State property to hold meetings with employees or supervisors, if the purpose of such meetings is to assist, promote or deter union organizing, unless the State property is equally available to the general public for holding meetings.
- C. If Grantee incurs costs or makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no reimbursement from State funds has been sought for these costs, and that Grantee shall provide those records to the Attorney General upon request.

10. WAIVER

The parties hereto may waive any of their rights under this Grant Agreement unless such waiver is contrary to law, provided that any such waiver shall be in writing and signed by the party making such waiver.

APPENDIX A
PROPOSITION 47 EXECUTIVE STEERING COMMITTEE ROSTER

Proposition 47 Executive Steering Committee For Grant Cycle from June 16, 2016 to August 15, 2020

Scott Budnick, Co-Chair, BSCC Board Member, President, Anti-Recidivism Coalition, Los Angeles

Leticia Perez, Co-Chair, BSCC Board Member, Kern County Supervisor

John Bauters, Policy Director, Californians for Safety & Justice, Alameda County

Christine Brown-Taylor, Reentry Manager, San Diego County Sheriff's Department

Charity Chandler, Director of Contracts Administration, AIDS Healthcare Foundation, Los Angeles County

Isaiah Crompton, Founder and Executive Director, Isaiah's Sober Living, Kern County

Shelley Curran, Director of Criminal Justice Services, Judicial Council of California, San Francisco

George Eskin, Consultant/Retired Judge, Santa Barbara County

Dr. Mark Ghaly, Director, Community Health & Integrated Programs, L.A. County Dept. of Health Services

Frank Guzman, Staff Attorney, National Center for Youth Law, Alameda County

Stephanie James, Chief Probation Officer, San Joaquin County

John Jones, Life Coach, Communities United for Restorative Youth Justice, Alameda County

Richard Kuhns, Executive Director, Shasta, Modoc, Trinity and Siskiyou Counties Housing Authority

Ronald Lane, Deputy Chief Administrative Officer, San Diego County

Samuel Nuñez, Executive Director, Fathers & Families of San Joaquin, San Joaquin County

Vonya Quarles, Executive Director, Starting Over, Inc., San Bernardino County

Thomas Renfree, Executive Director, County Behavioral Health Directors Assoc. of California, Sacramento

Javier Stauring, Executive Director/Co-Founder, Healing Dialogue and Action, Los Angeles

APPENDIX B

CRITERIA FOR NON-GOVERNMENTAL ORGANIZATIONS RECEIVING PROPOSITION 47 FUNDS

Grantee Assurance for Third Party Non-Governmental Organizations

The 2017 Proposition 47 Request for Proposals (RFP) includes requirements that apply to non-governmental, community-based organizations. Grantees are responsible for ensuring that all contracted third parties continually meet these requirements as a condition of receiving any Proposition 47 funds. Page six of the RFP describes these requirements as follows:

Any non-governmental, community organization that receives Proposition 47 grant funds must:

- Have been duly organized, in existence, and in good standing as of October 17, 2016;
- Be registered with the California Secretary of State's Office, if applicable;
- Have a valid business license, Employer Identification Number (EIN), and/or Taxpayer ID (if sole proprietorship);
- Have any other state or local licenses or certifications necessary to provide the services requested (e.g., facility licensing by the Department of Health Care Services), if applicable.
- Have a physical address.

In addition to the administrative criteria listed above, any non-governmental, community-based organization that receives Proposition 47 grant funds must have a proven track record working with the target population and the capacity to support data collection and evaluation efforts.

1. In the table below, provide the name of the Lead Public Agency (the Grantee) and list all contracted parties.

Lead Public Agency:

Name of Contracted Party	Address	Email / Phone	Meets All Requirements
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

APPENDIX B

CRITERIA FOR NON-GOVERNMENTAL ORGANIZATIONS RECEIVING PROPOSITION 47 FUNDS

Grantees are required to update this list and submit it to BSCC any time a new third party contract is executed after the initial assurance date. Grantees shall retain (on-site) applicable source documentation for each contracted party that verifies compliance with the requirements listed on page six of the RFP. These records will be subject to the records and retention language found in Appendices A and C of the Standard Agreement.

The BSCC will not reimburse for costs incurred by any third party that does not meet the requirements listed above and for which the BSCC does not have a signed grantee assurance on file.

A signature below is an assurance that all requirements listed on page six of the Proposition 47 RFP have been met.

AUTHORIZED SIGNATURE (This document must be signed by the person who is authorized to sign the Grant Agreement.)			
NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP CODE
APPLICANT'S SIGNATURE (Blue Ink Only)			DATE
X			



SFDPH

**Promoting Recovery & Services
for the Prevention of Recidivism**

PRSPR

Proposal Checklist

A complete Proposition 47 Proposal packet must contain the following (to be submitted in the order listed):

Required:	Check once Complete (√)
Proposal Checklist (signed by the applicant)	√
Section I. Applicant Information Form (with original signature in blue ink)	√
Section II. Proposal Narrative (up to and not exceeding 15 pages)	√
Section III. Budget Section (up to and not exceeding 6 pages) <ul style="list-style-type: none"> ▪ Budget Table ▪ Budget Narrative 	√
Required Attachments:	
▪ Proposition 47 Local Advisory Committee Member Roster (<i>Attachment D</i>)	√
▪ Proposition 47 Local Advisory Committee Letter(s) of Agreement (<i>Attachment E</i>)	√
▪ Letter(s) of Agreement for Impacted Local Government Agencies (<i>Attachment F</i>)	√
▪ Proposition 47 Project Work Plan (<i>Attachment I</i>)	√
▪ List of Partner Agencies/Organizations (<i>Attachment J</i>)	√
Optional:	
▪ Governing Board Resolution (<i>Attachment H</i>) <i>Note: The Governing Board Resolution is due prior to Grant Award Agreement, <u>not</u> at time of proposal submission.</i>	In Progress
Assurance:	
Proposition 47 Grant Funds will not be used for the acquisition of real property or for programs or services provided in a custodial setting.	√

I have reviewed this checklist and verified that all required items are included in this proposal packet.

X

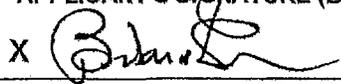


Public Agency Applicant Authorized Signature (see Applicant Information Form, next page)

Section I. Applicant Information Form

A. PUBLIC AGENCY APPLICANT		B. TAX IDENTIFICATION NUMBER	
NAME OF PUBLIC AGENCY San Francisco Department of Public Health		TAX IDENTIFICATION #: 946000417	
STREET ADDRESS 101 Grove St	CITY San Francisco	STATE CA	ZIP CODE 94102
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
IF A JOINT PROPOSAL, LIST OTHER (NON-LEAD) PUBLIC AGENCIES:			
C. PROJECT TITLE			
Promoting Recovery and Services for the Prevention of Recidivism (PRSPR)			
D. REQUIRED SERVICES (Check all that apply)		E. ADDITIONAL SERVICES (Check all that apply)	
<input checked="" type="checkbox"/> MENTAL HEALTH SERVICES <input checked="" type="checkbox"/> SUBSTANCE USE DISORDER TREATMENT <input type="checkbox"/> DIVERSION PROGRAMS		<input type="checkbox"/> HOUSING-RELATED SERVICES <input checked="" type="checkbox"/> OTHER COMMUNITY-BASED SUPPORTIVE SERVICES	
F. PROJECT SUMMARY			
<p>The SF Department of Public Health (DPH) proposes to interrupt the cycle of substance abuse, unaddressed mental health issues, homelessness, and incarceration by increasing the availability of residential SUD treatment for criminal justice system-involved adults who may also have co-occurring mental health issues. In addition, the project layers peer outreach and developmentally-appropriate TAY-specific programming on top of the residential treatment. Over the three year grant period, the project will serve 192 potentially duplicated participants.</p>			
G. GRANT FUNDS REQUESTED	H. Amount of Funds Sub-Contracted to Community Organizations		I. Total Amount of Other Funds to be Leveraged
\$6,000,000	\$4,874,364	81.24 percent	\$6,027,557
J. PROJECT DIRECTOR			
NAME Angelica Almeida, PhD	TITLE Director of Assisted Outpatient Treatment		TELEPHONE NUMBER (415) 225-3798
STREET ADDRESS 1380 Howard Street, Room 423			FAX NUMBER (415) 554-2710
CITY San Francisco	STATE CA	ZIP CODE 94103	EMAIL ADDRESS angelica.almeida@sfdph.org
K. FINANCIAL OFFICER			
NAME Greg Wagner	TITLE Chief Financial Officer		TELEPHONE NUMBER (415) 554-2610
STREET ADDRESS 101 Grove Street, Room 308			FAX NUMBER (415) 554-2710
CITY San Francisco	STATE CA	ZIP CODE 94102	EMAIL ADDRESS greg.wagner@sfdph.org
PAYMENT MAILING ADDRESS (if different)		CITY	STATE ZIP CODE
L. DAY-TO-DAY CONTACT PERSON			
NAME Angelica Almeida, PhD	TITLE Director of Assisted Outpatient Treatment		TELEPHONE NUMBER (415) 225-3798

STREET ADDRESS 1380 Howard Street, Room 423		FAX NUMBER (415) 554-2710	
CITY San Francisco	STATE CA	ZIP CODE 94103	EMAIL ADDRESS angelica.almeida@sfdph.org

M. AUTHORIZED SIGNATURE			
By signing this application, I hereby certify that I am vested by the Public Agency Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.			
NAME OF AUTHORIZED OFFICER Barbara Garcia	TITLE Director of Health	TELEPHONE NUMBER (415) 554-6227	EMAIL ADDRESS Barbara.garcia@sfdph.org
STREET ADDRESS 101 Grove Street, Room 310	CITY San Francisco	STATE CA	ZIP CODE 94102
APPLICANT'S SIGNATURE (Blue Ink Only) X 			DATE 2/14/17

CONFIDENTIALITY NOTICE:

All documents submitted as a part of the Proposition 47 proposal are considered to be public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal.
(Gov. Code, § § 6250 et seq.)

Section II. Proposal Narrative

1. PROJECT NEED

Faced with two seismically unsound jails and a three-month jail recidivism rate of 63%,¹ the San Francisco (SF) Director of Health and the SF Sheriff convened a workgroup in 2016 to plan for permanent closure of the unsafe jails and identify investments in services or facilities that uphold public safety and better serve at-risk individuals. The 37-member Workgroup to Re-envision the Jail Replacement Project (Jail Workgroup), which included 51% community representation, engaged in an extensive 7-month community engagement and research effort from which prioritized strategies were developed. One of the most highly prioritized strategies was the need for additional residential treatment beds for system-involved adults struggling with substance use disorder (SUD) and serious mental health (MH) needs.

Substance Use and Mental Health Issues. Alcohol and drug use is a serious public health issue in SF. Alcohol use disorder is the most problematic addictive disorder in the city. In 2015, 11% of residents reported an alcohol use disorder, and 2,378 people were admitted for treatment. In 2014, there were 127 fatal opioid overdoses, 72% of them from prescription opioids.² Approximately 15,000-22,000 people inject drugs in SF,³ and admissions for methamphetamine SUD treatment have been consistently rising, as have hospitalizations and deaths involving meth. SF's Behavioral Health Services (BHS) serves almost 30,000 residents for MH services and over 22,000 people for SUD services each year; 31% of clients receiving MH treatment have dual diagnoses.⁴

A significant number of the city's system-involved individuals are in need of SUD and/or MH treatment, including approximately 75% of the 3,854 adults on probation.⁵ Of the

13,544 people incarcerated in SF County Jail in 2015, 36% had contact with Jail Behavioral Health Services; 24% had more than one contact; and 7-14% were diagnosed with a serious mental illness (SMI). A study of jail inmates who spent at least 30 days in an SUD, violence prevention, or veteran's service program found that only 43% had recidivated within 12 months after release.⁶ Due to the impact of substance use on MH symptoms, many individuals with dual diagnoses would best be served by comprehensive residential SUD treatment and outpatient MH services to address SUD needs prior to completing a MH residential program. However, due to the shortage of SUD beds, this best practice frequently does not occur and can impact the overall effectiveness of MH treatment. Currently, there is a 6-week wait for residential SUD treatment, a 5-day wait for detox, and a 2-4-week wait for residential MH treatment. Individuals in custody can wait up to four months for MH treatment.⁷ On June 27, 2016, 21 collaborative court participants were in custody awaiting a SUD treatment bed and 20 were awaiting a MH treatment bed.⁸ Lack of timely access to treatment often leads to SUD relapse, MH decline, homelessness, criminal behavior and repeated incarceration.

Transitional age youth (TAY) (ages 18-25) face additional challenges accessing treatment due to extensive histories of trauma, inadequate support systems and housing, and minimal educational and employment histories. TAY comprise 8% of SF's population, but accounted for 22% of arrests⁹ and 14% of County jail inmates accessing BHS in 2015.¹⁰ That same year, 36% of SF TAY reported psychiatric or emotional conditions; 23% reported drug or alcohol abuse; and 26% reported PTSD.¹¹ While the system of MH and SUD care is available to all TAY in need of services, tailored curricula to meet TAY developmental needs is lacking.

Target Population: The Promoting Recovery and Services for the Prevention of Recidivism (PRSPR) program will expand the city's residential treatment capacity for adults who have been arrested, charged with, or convicted of a criminal offense, and who are assessed and authorized for residential treatment for SUD. Based on BHS' current utilization of SUD residential treatment, we expect the population to be largely people of color (an estimated 33% African American, 10% Latino, and 17% other non White) and two-thirds male. The project will support 5 social detox slots and 32 residential slots for individuals with SUD who may also have co-occurring MH needs. In addition, the project layers TAY-specific programming onto residential treatment. Over the three-year grant period, PRSPR will provide at least 192 episodes of residential treatment, which may include duplicated participants.

2. COMMUNITY ENGAGEMENT

The Jail Workgroup was carefully designed to ensure a 51+% representation of communities overrepresented and/or underserved by the system, including people of color (particularly African Americans), transgender individuals, and homeless and formerly incarcerated men and women. The group also included representatives of SF's criminal justice, health, and social services systems. Members from advocacy groups and CBOs solicited input from their constituents, and significant time was devoted to public comment. Focused meetings were held on topics such as housing, women in jail, and interventions to address racial disparities in the criminal justice system.

The SF Reentry Council will serve as the Prop 47 **Local Advisory Committee**. The Council's membership overlaps substantially with the Jail Workgroup, which ensures that the Jail Workgroup's strategies are implemented based on the extensive research and planning from which they were developed. The Council, created in 2009 to coordinate

efforts to support adults leaving incarceration, is comprised of senior leadership of all public agency stakeholders in this grant (Mayor's Office, Public Defender, Sheriff, Adult Probation, District Attorney, Police, Juvenile Probation, Children, Youth and Families, Public Health, Human Services Agency, Economic and Workforce Development, and Homelessness and Supportive Housing), and representatives of other city and state criminal justice and social service agencies. The Council includes three mayoral and four Board of Supervisors community appointees who are formerly incarcerated, a survivor of violence or crime, a transitional age youth, and an individual with expertise serving the reentry population. Community appointees must submit an application, which is reviewed during a public meeting by the Board of Supervisors or the Mayor's Office. (See Attachment D: Membership Roster and Attachment E: Letter of Agreement).

The community members serving on the Council are deeply rooted in the issues and cultures of the target population and include those with personal experience with the criminal justice system, SUD and MH issues. Most of the community members work in nonprofit community- and faith-based organizations that directly inform their work on the Council. The group size was determined to ensure that stakeholder agencies are well represented and to allow significant representation of formerly incarcerated individuals. Membership, powers, and duties of the Council were determined by ordinance.

The Reentry Council meets quarterly and is facilitated by one of five co-chairs, following Roberts Rules. Meetings are governed by the Brown Act and SF's sunshine laws, which require all agendas and materials to be posted 72 hours in advance and minutes to be posted within two weeks on the council's website and at the SF Main Library. The Council has a deep commitment to public engagement; all meetings are open to the public and public comment is invited before every vote. The Council maintains an email address for

public input which is forwarded to meetings. To ensure ongoing oversight of the grant, PRSPR will become a standing agenda item at Council meetings.

3. PROJECT DESCRIPTION

The proposed PRSPR program will interrupt the cycle of substance abuse, unaddressed mental health needs, homelessness, and incarceration by increasing residential SUD treatment for system-involved adults who may also have co-occurring MH needs. DPH will serve as lead agency and will be responsible for project coordination, grant administration and facilitating connections to the DPH system of care. In-kind staff will include a Transitions and Placement Director (.05 FTE) to oversee utilization management, client placements, and staff supervision; a Clinical Supervisor (.05 FTE) to oversee intakes, assessments, and staff supervision, finalize CBO contracts, and convene the PRSPR workgroup; a Registered Nurse (.15 FTE) to provide care coordination; and a Data Analyst (.20 FTE) to gather data for the external evaluator. Treatment Access Program staff (18.0 FTE, in-kind) will conduct intakes and assessments to determine treatment needs, severity of substance use, and level of care needed, and provide care coordination and short term case management.

DPH will contract with Salvation Army's (SA) Harbor Light facility to provide 5 social detox and 32 residential SUD treatment beds for eligible participants. The average stay in detox is 4-10 days and includes 21 hours of treatment/week. Participants in SA's residential treatment program, which typically lasts up to 6 months, will receive individual and group counseling and therapy, case management, SUD and MH classes, and physical wellness. Their client-centered social model program emphasizes accountability, mutual self-help, and relearning responses to challenges to build positive coping behaviors and social support systems. Participants are part of a healing community based on restorative

justice principles; if individuals cause harm or relapse, they are supported to get back on track. SA utilizes two evidence-based curricula, including *Living in Balance*, which addresses dependency issues via units specifically for formerly incarcerated, and *Change Company*, which incorporates principles of restorative justice to help participants break the cycle of offender behavior and take corrective action.

A Masters-level **Clinician** (1.0 FTE) from **Felton Institute (FI)** will provide TAY-specific clinical case management, developmentally appropriate treatment groups based in wellness recovery, evidence-based SUD treatment, outreach and linkage to care. FI is a social services organization that delivers evidence-based social/mental health services, including intensive clinical case management, outpatient services, and home visits. A **Clinical Supervisor** (.15 FTE) will oversee service provision and supervise the Clinician.

Upon completion of residential treatment, each participant will have a community care plan that connects them to needed resources including housing, employment, benefit programs (e.g. medical care, food, AIDS Drug Assistance Program, SSI), and long term behavioral health treatment. Three **Peer Navigators** (2.5 FTE) from **Richmond Area Multi-Services (RAMS)**, a non-profit mental health agency committed to advocating for and providing community-based, culturally-competent services, will work with identified participants for 60 days following completion of residential treatment to help them navigate the system, take them to appointments, and stay on course with their plan. One of the Peer Navigators (.5 FTE) will be dedicated to working with TAY participants. Case managers through BHS will continue to provide mental health services for as long as they are clinically indicated. All participants, under the guidance of case managers or Peer Navigators, will have access to the city's system of care including behavioral health services (SUD and MH treatment), physical health services, employment, and the newly

formed Department of Homelessness and Supportive Housing, which coordinates all of the city's housing resources (bridge housing, support hotels, sober living environments, co-ops) through one agency.

A PRSPR working group--comprised of the DPH Clinical Supervisor and staff from SA, FI, and RAMS--will meet at least quarterly to review and evaluate project implementation and service delivery, ensure that the referral process is serving the target population, track participants' progress, monitor treatment capacity, and ensure a coordinated system of care.

San Francisco Public Health Foundation will serve as fiscal sponsor and will manage payment for project-related expenses such as office supplies, travel vouchers, document support, and "flex" funds for participants, under the direction of DPH.

Hatchuel Tabernik and Associates (HTA) will serve as the evaluation partner for PRSPR and will work with the DPH Data Analyst to collect, clean and align multi-jurisdictional data; they will also gather qualitative data from participant surveys, focus groups, observations and so forth. HTA will gather and analyze both quantitative and qualitative data and will report to the Reentry Council (and the BSCC evaluators) on a quarterly and annual basis regarding fidelity of implementation and program outcomes. HTA has extensive experience evaluating reentry, diversion, jail reform, inmate education programs, and community oriented support for behavioral health care.

Dr. Joseph Gurdish, Director of the NIDA P50 San Francisco Treatment Research Center at University of California, San Francisco (UCSF), will serve as a key advisor on addiction research and best practices for the PRSPR program. Dr. Gurdish has published extensively on addiction and substance abuse treatment and prevention and has served on the faculty at UCSF since 1992.

See Attachment J: List of Partner Agencies/Organizations.

Leveraged Funds. PRSPR partners have committed over \$6 million in in-kind staff resources that will be dedicated to PRSPR governance and participants' treatment. Based on BHS' current caseload of individuals with dual diagnoses, we anticipate that approximately 30% of participants will continue to access DPH MH services, funded through Mental Health Services Act (MHSA) (case management, peer support, employment services, vocational programs, supportive housing), Medi-Cal, and local general fund resources, which is a sizable contribution of leveraged funds.

Rationale. DPH-funded services are trauma informed, client centered, and rooted in principles of harm reduction, recovery and wellness. All treatment providers are required to use treatments that are appropriate, evidence-based or promising practices that have been demonstrated to improve outcomes for individuals with SUD, MH, co-occurring treatment needs and criminal justice involvement.

Table 1: Rationale for Treatment

Evidence	Strategy
Harm reduction strategies are widely accepted as an effective approach for assisting individuals with SUD, especially those who use illicit drugs. ¹²	Harm Reduction
We anticipate that most participants will have been exposed to trauma and will require specific, trauma-informed services to promote recovery. There is a growing recognition of the link between exposure to violence and trauma and substance use. ^{13 14 15} The majority of people with behavioral health issues and justice system contact have significant histories of trauma and exposure to extreme poverty and personal and community violence. Justice system involvement further exacerbates their trauma. Local TAY experience a range of physical and mental health needs, often related to severe trauma in their lives. In fact, most homeless youth have experienced traumatic events before they left home, and the streets are a source of ongoing trauma. ¹⁶ Individuals with criminal justice involvement and PTSD are nearly 1.5 times more likely to reoffend than those without PTSD. ¹⁷ They are also at much greater risk of dropping out of SUD treatment. ¹⁸ All service providers are trained in trauma-informed treatment.	Trauma-informed SUD and MH Treatment

Evidence	Strategy
<p>Participants will be placed initially in residential treatment and then stepped down gradually to day treatment or intensive outpatient treatment and eventually to outpatient. The length of treatment (6 months residential, 2 months of case management/peer follow-up and ongoing outpatient care) aligns with current research findings, which indicate that SUD treatment for a period of 8-12 months is most effective at reducing recidivism.^{19 20}</p>	<p>Length of Treatment</p>
<p>Studies of drug court participants engaged in residential SUD treatment demonstrated outcomes that were significantly better when participants were offered a continuum of care that included recovery oriented residential treatment, follow on clinical services, housing, and outpatient treatment.^{21 22}</p>	<p>Continuum of Care</p>
<p>TAY participants will receive developmentally appropriate curricula and group counseling. The service needs of TAY are unique, different from the needs of adolescents and adults,²³ and they respond to treatment more effectively when services are designed specifically for their age group.²⁴ TAY are considered to be part of the developmental stage of "emerging adulthood", a period of life that is "theoretically and empirically distinct" from adolescence and adulthood.²⁵ To ensure successful transition to adulthood, there is a critical need for developmentally appropriate interventions that take into account factors that differentiate this age group from both adolescents and adults, including individualized support to prepare them for transition out of or among service systems.²⁶</p>	<p>Developmentally Appropriate Services for TAY</p>
<p>According to SAMHSA, peer support is described as "a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery."²⁷ Peer navigators will utilize evidence-based practices to encourage, support, and foster participants' treatment success and recidivism reduction. Peer mentoring is acknowledged and utilized as an effective approach to augment or support recovery services for persons with SUD²⁸ and co-occurring disorders.²⁹</p>	<p>Peer Support</p>

Provider Selection Process. All PRSPR service providers have extensive experience working with the target population. Salvation Army has been providing residential SUD treatment since 1903, and many of their clients have criminal justice histories or are referred directly from incarceration. An extremely diverse staff reflects the racial/ ethnic, gender, sexual orientation, economic, and educational diversity of the target population. Most of the staff have successfully completed SA's treatment program and been in

recovery for at least 5 years; many have worked with currently or formerly incarcerated individuals; and many have been incarcerated. All counselors are Certified Addiction Treatment Counselors at Level 1 or higher. Felton Institute has been providing clinical case management and mental health services to TAY through the SF Young Adult Court since 2015, as well as having a dedicated intensive clinical case management team to serve TAY with SMI. They are ideally qualified to provide clinical case management to PRSPR's TAY participants. RAMS currently trains and deploys Peer Navigators at DPH clinics throughout the city. Their Peer Navigators have personal experience with the criminal justice system and/or SUD and MH recovery.

Assessment and Referral. Participants will be referred by staff at DPH's Treatment Access Program (TAP), SF county jail, and community treatment providers. Referral sources will be trained to identify individuals who would qualify for services. Initial eligibility for treatment will be determined by licensed/credentialed MH staff and/or certified SUD counselors and referrals will be submitted to TAP for review and authorization. Referral decisions will be based on a comprehensive assessment of the individual's MH and SUD treatment needs, including a structured clinical interview. In order to determine medical necessity, a modified version of the Addiction Severity Index (ASI) and the American Society of Addiction Medication-Patient Placement Criteria Version 2 (ASAM-PPCv2) will be administered to determine severity of substance use and clinically indicated level of care. The ASI is a widely used semi-structured interview for SUD assessment and treatment planning based on a client's level of stability across 10 domains: cultural (e.g., language capacity), educational, housing, medical, employment and income, SUD, legal, family/social, and psychiatric needs. DPH will maintain authorizing responsibilities, which is consistent with services offered throughout the system of care, and monitor the waitlist to

ensure appropriate and equitable access to services.

Systems Change: The Jail Workgroup's comprehensive community engagement and planning process laid the foundation for a more holistic approach to addressing the needs of system involved residents who struggle with SUD and MH needs, and thereby reduce recidivism and incarceration. PRSPR is an integral part of realizing this goal, filling critical gaps in the service delivery network that will support individuals on their path to recovery. More eligible adults will have access to much needed residential treatment. Incarcerated individuals will spend less time in jail waiting for treatment. TAY participants will have access to SUD and MH treatment with clinical case management and curricula specific to their needs, increasing their chances of breaking the cycle of substance use and its associated harms. PRSPR will increase collaboration between city agencies and CBO providers to strengthen the network of care. SA will build its capacity to bill Drug Medi-Cal, enhancing sustainability beyond this grant for future participants.

Project Start-up. The first two months of PRSPR will be a ramp-up period to finalize contracts with service providers and ensure that FI and RAMS have staff hired and trained. SA has committed to providing treatment for participants as soon as grant funds are available. Treatment slots at SA will be procured as needed until reaching full capacity within the first six months of the grant.

Government Impact. The anticipated impact of the PRSPR program among public agency stakeholders is increased collaboration and information sharing. Should unforeseen issues arise, the Reentry Council will ensure they are addressed to mutual agreement. All public agency stakeholders have committed to the goals of the project and to ongoing participation in the Reentry Council. See Attachment E: Local Advisory Committee Letter of Agreement and Attachment F: Local Government Impact Letter.

4. PROJECT EVALUATION PLAN

Hatchuel Tabernik and Associates (HTA), a private consulting firm, will conduct the evaluation led by Dr. Danielle Toussaint, Director of Research and Evaluation. Dr. Toussaint has extensive experience in evaluating criminal justice and reentry programs in California. Dr. Joseph Guydish, Director of the NIDA P50 San Francisco Treatment Research Center at UCSF, will be a key advisor on addiction research and best practices. The primary goals and objectives of the project include:

Goal 1: Engage the target number of adults with substance use disorder (SUD) or co-occurring disorders who have a history of involvement with the criminal justice system.

Objective 1.1 The program will engage at least 64 individuals with SUD who may also have co-occurring MH issues (who meet the target criteria) annually in residential SUD treatment. **Objective 1.2:** The residential program will maintain at least a 90% occupancy rate.

Goal 2: Participants completing treatment will have a community care plan that connects them to community-based resources that support their ongoing stabilization and recovery.

Objective 2.1: 100% of participants who complete the residential program will leave with a community care plan. **Objective 2.2:** 100% of community care plans will be individually tailored for each participant and will connect to housing, employment, medical care, mental health treatment, vocational services, and/or other resources, as needed. **Objective 2.3:** 90% of participants who successfully complete the residential program will be enrolled in the public benefit programs for which they are eligible (e.g., SSI, GA, CalFresh, Medi-Cal, etc.).

Goal 3: Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.

Objective 3.1: At least 50% of participants will complete 3-6 months of residential treatment. **Objective 3.2:** As a cohort, 40% of participants will demonstrate lower recidivism rates than in a comparable period prior to admission. **Objective 3.3:** As a cohort, participants will utilize 50% fewer jail bed days per year than they did prior to program participation.

The mixed methods evaluation will include **process** and **outcome** measures. The **process evaluation** includes a continuous improvement model to program implementation by addressing fidelity to the program plan and monitoring specific program goals (i.e., number engaged, program occupancy, length of stay). Process data will include: 1) Service utilization records (e.g., intake forms, case notes, assessments, treatment plans, services, referrals, exits); 2) Minutes from check-in calls with project staff; 3) Annual interviews/focus groups with key staff (e.g., SA, FI, RAMS) and other partners such as Adult Probation. Service utilization data will be entered into **Avatar**, DPH's Electronic Health Records system, to store clinical, service and billing information. DPH has full access to Avatar and will retrieve information for each client quarterly. This data will allow us to monitor the amount/types of service, engagement, and retention. Data sharing will be conducted with informed consent from participants and data MOUs as needed.

To monitor fidelity to the program plan, HTA will conduct regular check-ins with project staff and interviews/focus groups with staff and partners to discuss program developments. Topics will include successes/challenges in recruitment and engagement, client progress, areas for improvement, and evidence-based best practices utilized.

The **outcome evaluation**, utilizing a pre-post design, will study whether the program achieved its stated outcomes (i.e., lower recidivism rates, completion of treatment, enrollment in public benefits, etc.). Data sources will include staff administered assessments of: 1) Client well-being (e.g., housing, income and employment status); 2) Recidivism data for three years prior to participation and up to three years after (dates, arrests, convictions, re-incarceration, prior or new offenses); 3) ASI and supplemental survey questions, administered by staff at intake and completion of residential program stays. Most baseline and outcome data will be pulled from Avatar including demographics

(e.g., age, gender, race/ethnicity, sexual orientation) and criminogenic factors known to impact recidivism (e.g., age at first finding/conviction, number of findings/convictions). Baseline data will allow us to explore differences in outcomes by population (e.g., TAY, African American, LGBTQ). Residential staff will administer the ASI and additional questions to participants at admission and at the completion of residential program stays to explore changes in mental health, substance use, housing, income, and sense of well-being, as well as perceived program impact and satisfaction.

To inform continuous program improvement, analyses will be conducted quarterly and findings folded into quarterly progress reports presented to administrative leadership and in clinical team meetings. Annual reports, including the required Two-Year and Final Local Evaluation Reports, will be presented to the Reentry Council to ensure the involvement of all stakeholders. These presentations will provide a forum to discuss interpretation of findings and direction for additional data collection and analysis.

5. GUIDING PRINCIPLES

San Francisco has long been a leader in compassionate public health policy and criminal justice reform. This grant, based on the Prop 47 guiding principles, will fill a critical gap in SF's comprehensive plan to address serious public health issues and reduce recidivism among repeat offenders with SUD and MH needs. Community representation and engagement is at its core, beginning with the Jail Workgroup and the Reentry Council. These public bodies gathered extensive community input and put people of color and formerly incarcerated community members at the center of identifying the issues and creating the solutions to deeply entrenched problems.

PRSPR builds on strong relationships with CBOs that are committed to providing client-centered, culturally competent care that results in long term behavioral change. These

CBOs meet DPH's high standards for providing gender responsive, trauma-informed services to ensure that all participants, regardless of race, ethnicity, gender, sexual orientation, or immigration status, receive effective treatment in a safe therapeutic environment. CBO staff reflect the diversity and life experiences of the target population, including African Americans and Latinos, formerly incarcerated, and people in recovery. Staff will receive training on Prop 47 eligibility requirements, implicit bias and microaggressions to ensure that effective services are provided to the target population, and that individuals who may be reluctant to access services, due to stigma, are supported to participate. Furthermore, PRSPR will continue our efforts to address the disproportionate representation of African Americans and Latinos in the criminal justice system by providing them with life changing treatment as an alternative to incarceration.

The SA's supportive residential environment is based on harm reduction and restorative justice principles, which hold participants accountable to themselves and each other while recognizing that recovery is difficult and setbacks may occur along the way. Counselors emphasize wellness as a key component of recovery, incorporating mindfulness, yoga, exercise and optional spiritual development. TAY will receive additional support that recognizes their social and developmental needs. While all classes and groups are co-ed, housing will be gender specific so that female participants feel safe in the residential environment. Peer navigators will provide non-judgmental support as individuals transition into the community. Upon completion of PRSPR, participants will be on their path to recovery with a long term community care plan that connects them to the city's extensive network of services such as ongoing behavioral health treatment, physical health services, transitional housing, employment, public benefits, and other services.

Section III. Budget Section

Rating Factor 6a: Budget Table

Proposition 47 Budget Table

Budget Line Item	A. Grant Funds: Year 1 (14 months)	B. Grant Funds: Year 2 (12 months)	C. Grant Funds: Year 3 (12 months)	D. Total Grant Funds Requested (A+B+C)	E. Other Funds Leveraged	F. Total Project Value (D+E)
1. Salaries and Benefits (<i>Lead Agency only</i>)	\$0	\$0	\$0	\$0	\$6,027,557	\$6,027,557
2. Services and Supplies	\$0	\$0	\$0	\$0	\$0	\$0
3. Professional Services/Public Agency Subcontracts	\$75,212	\$75,212	\$75,212	\$225,636	\$0	\$225,636
4. Community-Based Organization Subcontracts*	\$1,616,473	\$1,628,798	\$1,629,093	\$4,874,364	\$0	\$4,874,364
5. Indirect Costs**	\$199,076	\$200,446	\$200,478	\$600,000	\$0	\$600,000
6. Data Collection and Evaluation***	\$100,000	\$100,000	\$100,000	\$300,000	\$0	\$300,000
7. Fixed Assets/Equipment	\$0	\$0	\$0	\$0	\$0	\$0
8. Other (Travel, Training, etc.)	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$1,990,761	\$2,004,456	\$2,004,783	\$6,000,000	\$6,027,557	\$12,027,557

*minimum 50 percent of grant funds requested

**not to exceed 10 percent of grant funds requested

***minimum 5 percent [or \$25,000, whichever is greater] not to exceed 10 percent of grant funds requested

Rating Factor 6b: Budget Narrative

1. Salaries and Benefits:

a. Total Grant Funds Requested: \$0

b. Other Funds Leveraged: \$6,027,557

Narrative Detail:

Transitions & Placement Director — Oversee utilization management, client placements, and staff supervision. <i>0.05 FTE x \$167,986 annual salary x 5% annual COLA</i>	Year 1:	\$8,399
	Year 2:	\$8,819
	Year 3:	\$9,260
Clinical Supervisor — Oversee intakes, assessments, and staff supervision. <i>0.05 FTE x \$114,332 annual salary x 5% annual COLA</i>	Year 1:	\$5,717
	Year 2:	\$6,002
	Year 3:	\$6,303
Registered Nurse — Care coordination. <i>0.15 FTE x \$120,250 annual salary x 5% annual COLA</i>	Year 1:	\$18,038
	Year 2:	\$18,939
	Year 3:	\$19,886
Data Analyst — Data analysis to evaluate success indicators from multiple databases used to track client touches with healthcare and forensics systems. <i>0.20 FTE x \$88,868 annual salary x 5% annual COLA</i>	Year 1:	\$17,774
	Year 2:	\$18,662
	Year 3:	\$19,595
DPH Staff @ Treatment Access Program (TAP)		
2328 - Nurse Practitioner — Program oversight and staff supervision. Clinical care, level of care assessment. <i>2 FTE x \$148,954 annual salary x 5% annual COLA</i>	Year 1:	\$297,908
	Year 2:	\$312,803
	Year 3:	\$328,444

2930 - Behavioral Health Clinician — Client intake and assessment, care coordination, and case management. <i>4 FTE x \$81,276 annual salary x 5% annual COLA</i>	Year 1: \$325,104 Year 2: \$341,359 Year 3: \$358,427
1402 - Clerk — Administrative support. <i>1 FTE x \$43,316 annual salary x 5% annual COLA</i>	Year 1: \$43,316 Year 2: \$45,482 Year 3: \$47,756
2903 - Eligibility Workers — Client enrollment into Medi-Cal, SF Health Network, and eligible services. <i>3 FTE x \$58,552 annual salary x 5% annual COLA</i>	Year 1: \$175,656 Year 2: \$184,439 Year 3: \$193,661
2591 - Health Program Coordinator II — Utilization Management for SUD residential programs. <i>1 FTE x \$79,066 annual salary x 5% annual COLA</i>	Year 1: \$79,066 Year 2: \$83,019 Year 3: \$87,170
2586 - Health Worker II — Assessment and level of care determination for SUD residential. <i>3 FTE x \$53,508 annual salary x 5% annual COLA</i>	Year 1: \$160,524 Year 2: \$168,550 Year 3: \$176,978
2587 - Health Worker III — Assessment, level of care determination for SUD residential, care coordination, and follow-up. <i>4 FTE x \$58,552 annual salary x 5% COLA</i>	Year 1: \$234,208 Year 2: \$245,918 Year 3: \$258,214
Benefits Rate — Including medical, retirement, worker's comp, etc.. <i>40%</i>	Year 1: \$546,284 Year 2: \$573,598 Year 3: \$602,278

2. Services and Supplies: \$0

3. Professional Services/Public Agency Subcontracts:

a. Total Grant Funds Requested: \$225,636

Narrative Detail:

SF Public Health Foundation			
Office supplies— office supplies. \$100/mo.		Years 1-3:	\$1,200
Travel vouchers— client transportation. \$981.21/mo.		Years 1-3:	\$11,775
Food and beverages— at service sites. \$200/mo.		Years 1-3:	\$2,400
Client support— bills, clothing, meals, document support, other necessitites. \$3,916.67/mo.		Years 1-3:	\$47,000
Trainings— 2 grantee meetings in Sac (travel, per diem), staff trainings, room reservation, food and bev.			
Training:	Annual Cost	Total Cost	Years 1-3: \$6,000
Transportation - gas, tolls, car rental, parking	\$600	\$1,800	
Space reservation	\$600	\$1,800	
Supplies + Printing	\$1,500	\$4,500	
Technology + Equipment	\$3,000	\$9,000	
Food and bev	\$300	\$900	
Overhead @ 10%— administrative costs related to processing payroll, benefits, documentation associated contracts; building maintenance			
		Years 1-3:	\$6,837

b. Other Funds Leveraged: \$0

4. Community-Based Organization Subcontracts:

a. Total Grant Funds Requested: \$4,874,364

Narrative Detail:

Salvation Army

Harbor Light - detox spots— administration, utilities, food, housing, clinical services, residential care and safety related matters. \$100/day x 5 beds with a 5 month ramp up: Month 1 , 1 bed; Month 2 , 2 beds; Month 3 , 3 beds; Month 4 , 4 beds; Month 5-14 , 5 beds	Years 1-3:	\$182,500
Harbor Light - residential treatment services— administration, utilities, food, housing, clinical services, residential care and safety related matters. \$90/day x 32 beds with a 5 month ramp up: Month 1 , 6 beds; Month 2 , 12 beds; Month 3 , 18 beds; Month 4 , 24 beds; Month 5-14 , 32 beds	Year 1:	\$1,040,250
	Year 2:	\$1,051,200
	Year 3:	\$1,051,200
Overhead @ 10%	Year 1:	\$122,275
	Year 2:	\$123,370
	Year 3:	\$123,370
Felton Institute		
Clinical Supervisor— clinical supervision (2 month ramp up). \$80,000 annual salary x 15% FTE	Years 1-3:	\$12,000
Masters-level clinician— case management targeted for TAY (2 month ramp up). \$65,000 salary x 100% FTE	Years 1-3:	\$65,000
Benefits @ 30%— Including medical, retirement, worker's comp, etc.. \$23,100 annual salary x 30% FTE	Years 1-3:	\$23,100
Program supplies— office supplies, communication supplies, staff travel. \$416.67 per month	Years 1-3:	\$5,000

Transportation— (1) Staff Muni monthly pass	Year 1:	\$1,274
\$91/month for Yr1 + 5% increase annually thereafter.	Year 2:	\$1,338
	Year 3:	\$1,405
Overhead @ 10%	Year 1:	\$10,637
	Year 2:	\$10,644
	Year 3:	\$10,650
RAMS		
Outreach worker / peer navigator— 2.0 FTE peer		
outreach/navigators working with adults. A 0.5 FTE peer		
outreach/navigator will target TAY (18-25yrs old) (2	Years 1-3:	\$95,000
month ramp up/hiring time). \$38,000 salary x 2.50 FTE		
Benefits @ 38.5%—	Years 1-3:	\$36,575
Program supplies— office supplies, communication		
supplies, staff travel. \$119.05 per month	Years 1-3:	\$5,000
Transportation— (1) Staff Muni monthly pass	Year 1:	\$3,822
\$91/month for Yr1 + 5% increase annually thereafter.	Year 2:	\$4,013
	Year 3:	\$4,214
Overhead @ 10%	Year 1:	\$14,040
	Year 2:	\$14,059
	Year 3:	\$14,079

b. Other Funds Leveraged: \$0

5. Indirect Costs:

a. Total Grant Funds Requested: \$600,000

Narrative Detail:

Indirect Costs— 10%.	Year 1:	\$199,076
	Year 2:	\$200,446
	Year 3:	\$200,478

INDIRECT COSTS	Yr1	Yr2	Yr3	Total
Labor + Administration (salaries, wages, benefits)	\$ 139,722	\$ 140,139	\$ 140,139	\$ 420,000
Occupancy	\$ 29,941	\$ 30,030	\$ 30,030	\$ 90,000
Insurance	\$ 9,980	\$ 10,010	\$ 10,010	\$ 30,000
Communication equipment	\$ 9,980	\$ 10,010	\$ 10,010	\$ 30,000
Postage	\$ 5,988	\$ 6,006	\$ 6,006	\$ 18,000
Printing	\$ 3,992	\$ 4,004	\$ 4,004	\$ 12,000

b. Other Funds Leveraged: \$0

6. Data Collection and Evaluation:

a. Total Grant Funds Requested: \$300,000

Narrative Detail:

HTA - Research Partner— Program evaluation.

<i>Annual Evaluation Planning</i>	\$3,950	Years 1-3:	\$100,000
<i>Annual Evaluation Implementation</i>	\$9,900		
<i>Annual Evaluation Reporting</i>	\$75,100		
<i>Annual Additional Costs</i>	\$11,050		

b. Other Funds Leveraged: \$0

7. Equipment/Fixed Assets: \$0

8. Other (Travel, Training, etc.): \$0

Proposition 47 Local Advisory Committee Membership Roster

Lead Public Agency: San Francisco Department of Public Health

Individual Name	Job Title	Agency/Organization
Allen Nance	Chief Juvenile Probation Officer	SF Juvenile Probation Department
Angela Coleman	Board Appointee*	Glide Church
Barbara Garcia	Director	SF Department of Public Health
Craig Murdock	Director, Treatment Access Program	SF Department of Public Health
Edwin M. Lee	Mayor	SF Mayor's Office
George Gascon	District Attorney	SF Office of the District Attorney
James Lowden	Board Appointee*	Community Representative
Jeff Adachi	Public Defender	SF Office of the Public Defender
Jeff Kositsky	Director	SF Department of Homelessness & Supportive Housing
Jose Bernal	Board Appointee*	Community Representative
Karen Fletcher	Chief Adult Probation Officer	SF Adult Probation Department
Karen Roye	Director	SF Department of Child Support Services
Kimberli Courtney	Board Appointee*	Five Keys Charter School
Leslie Levitas	Mayoral Appointee*	SF Sheriff's Department
Maria Su	Director	SF Department of Children, Youth, & Families
Michael Carr	Director of Workforce Development	SF Office of Economic & Workforce Development
Omoredede Rico Hamilton	Mayoral Appointee*	Community Representative
Steven Lin	District Administrator	Division of Parole Operations, California Department of Corrections & Rehabilitation
Trent Rhorer	Executive Director	SF Human Services Agency
Vicki Hennessy	Sheriff	SF Sheriff's Department
William Scott	Chief of Police	SF Police Department
Pending	Mayoral Appointee*	Community Representative

*All Mayoral and Board appointees are formerly incarcerated.

Proposition 47 Local Advisory Committee Letter of Agreement

1. Barbara Garcia, Director, Department of Public Health
2. Edwin M. Lee, Mayor, Mayor's Office
3. Vicky Hennessey, Sheriff, San Francisco Sheriff's Office
4. George Gascon, District Attorney, SF Office of the District Attorney
5. William Scott, Chief of Police, San Francisco Police Department
6. Jeff Adachi, Public Defender, SF Office of the Public Defender
7. Karen Fletcher, Chief Adult Probation Officer, Adult Probation Department
8. Maria Su, Director, Department of Children, Youth, & Families
9. Michael Carr, Director of Workforce Development, Office of Economic & Workforce Development
10. Craig Murdock, Director, Treatment Access Program, Department of Public Health
11. Steven Lin, District Administrator, Division of Parole Operations, California Department of Corrections & Rehabilitation?
12. Allen Nance, Chief Juvenile Probation Officer, Juvenile Probation Department?
13. Trent Rhorer, Executive Director, Human Services Agency
14. Karen Roye, Director, Department of Child Support Services
15. Jose Bernal, Board Appointee*, Community Representative
16. Angela Coleman, Board Appointee*, Glide Church
17. Kimberli Courtney, Board Appointee*, Five Keys Charter School
18. Omorede Rico Hamilton, Mayoral Appointee*, Community Representative
19. Leslie Levitas, Mayoral Appointee*, SF Sheriff's Department
20. James Lowden, Board Appointee*, Community Representative
21. Jeff Kositsky, Director, Department of Homelessness & Supportive Housing

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



This is a letter of agreement between San Francisco Department of Public Health and all organizations listed herein for the purposes of applying for the Proposition 47 Grant. All individuals listed below are members of the San Francisco Reentry Council, which has agreed to serve as the Local Advisory Committee to the Proposition 47 grant application submitted by the San Francisco Department of Public Health. This advisory body will, at a minimum:

- Advise the San Francisco Department of Public Health during the ongoing implementation of the grant project; and
- Provide a public forum for implementation review and troubleshooting.

In subsequent planning and application years, this advisory body will advise on:

- How to identify and prioritize the most pressing needs to be addressed, including the target population, target area, and other elements as appropriate;
- How to identify the strategies, programs and/or services to be undertaken to address those needs; and
- The development of the grant project.

Signed in mutual agreement,



Barbara Garcia, Director
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

2/14/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Edwin M. Lee".

Edwin M. Lee, Mayor
City & County of San Francisco
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102

February 14, 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

A handwritten signature in cursive script, reading "Vicki L. Hennessy".

*Vicki Hennessy, Sheriff
San Francisco Sheriff's Department
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102*

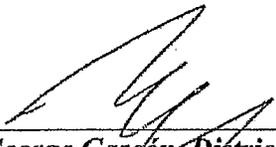
13 February 2017

Date

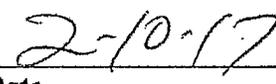
**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,



*George Gascon, District Attorney
San Francisco District Attorney's Office
850 Bryant Street
San Francisco, CA 94103*



Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

William Scott

William Scott, Chief of Police
San Francisco Police Department
1245 3rd Street
San Francisco, CA 94158

2/13/2017

Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

A handwritten signature in black ink, appearing to read "Jeff Adachi".

Jeff Adachi, Public Defender
San Francisco Public Defender's Office
555 7th Street
San Francisco, CA 94103

2/14/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

Karen Fletcher

Karen Fletcher
Chief Adult Probation Officer
Adult Probation Department
880 Bryant Street
San Francisco, CA 94103

2/13/17

Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Maria Sit", written over a horizontal line.

*Maria Sit, Director
Department of Children, Youth and Their Families
1390 Market Street #900
San Francisco, CA 94102*

2/14/2017
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

A handwritten signature in black ink that reads "Michael Carr".

Michael Carr, Director
Office of Workforce Development
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102

10 FEB 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,



Craig Murgock, Director
Treatment Access Program
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

2/14/17

Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

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

*Steven Lin, District Administrator
Division of Parole Operations
California Department of Corrections & Rehabilitation
1727 Mission Street
San Francisco, CA 94102*

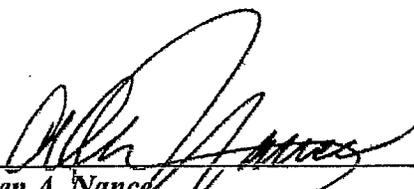
A handwritten date "2/9/17" written in black ink, positioned above a horizontal line.

Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,



Allen A. Nance
Chief Juvenile Probation Officer
San Francisco Juvenile Probation Department
375 Woodside Avenue
San Francisco, CA 94127

2-10-17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

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

*Trent Rorer, Executive Director
San Francisco Human Services Agency
170 Otis Street
San Francisco, CA 94103*

2/14/17
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Karen Roye".

*Karen Roye, Director
San Francisco Department of Child Support Services
617 Mission Street
San Francisco, CA 94105*

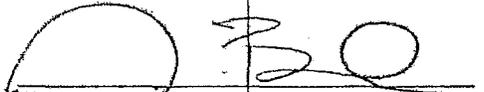
February 9, 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,


Jose Bernal
Board Appointee.

2/10/17
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

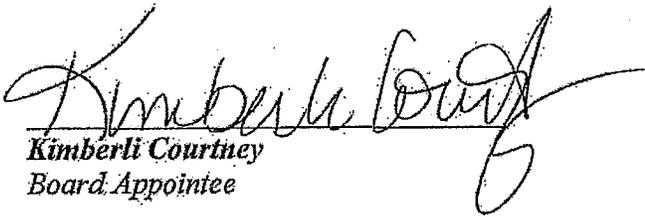
Angela Coleman
Angela Coleman
Board Appointee

02-10-17
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,


Kimberli Courtney
Board Appointee

2/10/17
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,



Omorede Rich Hamilton
Mayoral Appointee

2-13-2017
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

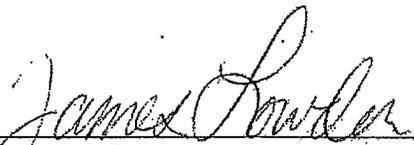
Leslie Levitas
Leslie Levitas
Mayoral Appointee

2/15/17
Date

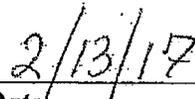
San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,



James Lowden
Board Appointee



Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement.

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

*Jeff Kositsky, Director
Department of Homelessness & Supportive Housing
101 Grove Street
San Francisco, CA 94102*

2/14/2017

Date

Local Government Impact Letters

1. Barbara Garcia, Director, Department of Public Health
2. Vicky Hennessey, Sheriff, San Francisco Sheriff's Office
3. George Gascon, District Attorney, SF Office of the District Attorney
4. William Scott, Chief of Police, San Francisco Police Department
5. Jeff Adachi, Public Defender, SF Office of the Public Defender
6. Karen Fletcher, Chief Adult Probation Officer, Adult Probation Department



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Board of State and Community Corrections
Corrections Planning and Programs Division
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833

To Whom It May Concern,

This is a letter of agreement between the San Francisco Department of Public Health (SFDPH) and all agencies listed herein in for the purposes of applying for the Proposition 47 grant. Aligned with the city's goal of reducing the jail population, this grant seeks to increase residential substance use disorder treatment services for criminal justice-involved adults, including dedicated resources for adult transitional aged youth (TAY).

In addition to residential treatment, eligible individuals will also receive case management and/or peer navigation to support their transition out of residential treatment and connect them to the city's extensive network of wraparound services, including housing support, job skills, education, and legal services. The listed agencies will work collaboratively to implement, refine, collect and share data, and evaluate the program.

In this effort, the listed agencies do not anticipate any negative impact that will prevent this program or any other programs or services from operating as intended. In fact, all parties anticipate improved collaboration and communication across all partner agencies included in this application. However, if there are any unforeseen impacts on any listed agency, the party will work directly with SFDPH and partner agencies to address and resolve any issues causing this impact.

Signed in mutual agreement,

*Barbara Garcia, Director
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102*

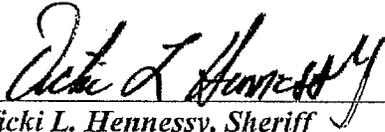
2/14/17

Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,



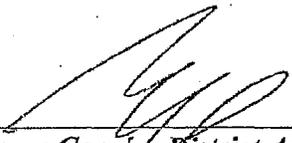
*Vicki L. Hennessy, Sheriff
San Francisco Sheriff's Department
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102*

13 February 2017
Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,



George Gascon, District Attorney
San Francisco District Attorney's Office
850 Bryant Street
San Francisco, CA 94103

2-10-17

Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,

William Scott

*William Scott, Chief of Police
San Francisco Police Department
1245 3rd Street
San Francisco, CA 94158*

2/13/2017

Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,

A handwritten signature in black ink, appearing to read "Jeff Adachi".

Jeff Adachi, Public Defender
San Francisco Public Defender's Office
555 7th Street
San Francisco, CA 94103

2/14/17

Date



San Francisco Proposition 47
Local Government Impact
Letter of Agreement

Signed in mutual agreement,

Karen Fletcher

Karen Fletcher

Karen Fletcher
Chief Adult Probation Officer
Adult Probation Department
880 Bryant Street
San Francisco, CA 94103

2/13/17

Date

Proposition 47 Project Work Plan

FI=Felton Institute, RC=Reentry Council, SA=Salvation Army

(1) Goal:	Engage the target number of adults with substance use disorder (SUD) and a history of involvement with the criminal justice system.		
Objectives:	1.1 The program will engage at least 64 individuals with SUD who may also have co-occurring MH issues (who meet the target criteria) annually in residential SUD treatment. 1.2 The residential program will maintain at least a 90% occupancy rate.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
Finalize contracts with CBOs	Clinical Sup.	June 2017	August 2017
Hire or assign case manager and peer navigators	FI, RAMS	June 2017	August 2017
Train referral providers on Prop 47 eligibility	Clinical Sup.	June 2017	August 2017
Convene Reentry Council and workgroup meetings	RC, Clinical Sup.	June 2017	August 2020
Provide residential SUD and MH tx, case mgt and peer navigation for 64 participants/year	SA, FI, RAMS	June 2017	August 2020
(2) Goal:	Participants completing treatment will have a community care plan that connects them to community-based resources that support their ongoing stabilization and recovery.		
Objectives:	2.1 100% of participants who complete the residential program will leave with a community care plan. 2.2 100% of community care plans will be individually tailored for each participant and will connect to housing, employment, medical care, mental health treatment, vocational services, and/or other resources, as needed. 2.3 90% of participants who successfully complete the residential program will be enrolled in the public benefits for which they are eligible (SSI, GA, Medi-Cal, etc.).		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
Assign Peer Navigators	Clinical Sup., RAMS	August 2017	August 2020
Assign TAY Clinician	Clinical Sup., FI	August 2017	August 2020
(3) Goal:	Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.		
Objectives:	3.1 At least 50% of participants will complete 3-6 months of residential treatment. 3.2 As a cohort, 40% of participants will demonstrate lower recidivism rates than in a comparable period prior to admission. 3.3 As a cohort, participants will utilize 50% fewer jail bed days per year than they did prior to program participation.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
Complete Local Evaluation Plan	Data analyst, HTA	June 2017	Sept 2017
Prepare and submit Progress Reports	Data analyst, HTA	Quarterly	June 2020
Complete 2-Year Prelim. Evaluation Rpt.	Data analyst, HTA	August 2019	August 2019
Complete Final Evaluation Report	Data analyst, HTA	August 2020	August 2020

List of Partner Agencies/Organizations

Lead Public Agency: San Francisco Department of Public Health

Other Public Agency Partners

	Name of Agency	2-3 sentence description of services to be provided
1	SF Mayor's Office	Will serve on the Prop 47 Local Advisory Committee.
2	SF Juvenile Probation Department	Will serve on the Prop 47 Local Advisory Committee.
3	SF Office of the District Attorney	Will serve on the Prop 47 Local Advisory Committee.
4	SF Office of the Public Defender	Will serve on the Prop 47 Local Advisory Committee.
5	SF Department of Homelessness & Supportive Housing	Will serve on the Prop 47 Local Advisory Committee.
6	SF Adult Probation Department	Will serve on the Prop 47 Local Advisory Committee.
7	SF Department of Child Support Services	Will serve on the Prop 47 Local Advisory Committee.
8	SF Sheriff's Department	Will serve on the Prop 47 Local Advisory Committee.
9	SF Department of Children, Youth, & Families	Will serve on the Prop 47 Local Advisory Committee.
10	SF Office of Economic & Workforce Development	Will serve on the Prop 47 Local Advisory Committee.
11	SF Human Services Agency	Will serve on the Prop 47 Local Advisory Committee.
12	SF Police Department	Will serve on the Prop 47 Local Advisory Committee.

Non-Governmental, Community-Based Partners (if known)

	Name of Organization	2-3 sentence description of services to be provided
1	Salvation Army	Salvation Army's Harbor Light facility will provide 5 social detox and 32 residential SUD treatment beds for eligible participants. The program includes individual and group counseling and therapy, case management, substance abuse and mental health classes, and physical wellness.
2	Felton Institute	Felton Institute will provide transitional age youth (TAY) participants with clinical case management, developmentally appropriate treatment groups in wellness recovery and SUD treatment, and outreach.
3	Richmond Area Multi-Services, Inc. (RAMS)	RAMS will provide Peer Navigators to support clients transitioning out of residential treatment at Salvation Army and help them navigate the system, find housing and jobs, take them to appointments, and connect them to existing services to help them achieve stability. One Peer Navigator will be dedicated to working with TAY participants.
4	San Francisco Public Health Foundation	SFPHF will serve as fiscal agent for the Prop 47 grant and manage payment for project-related expenses such as staff trainings, food, office supplies, travel vouchers, clothing, document support, and other incidentals for PRSPR clients.
5	Hatchuel Tabernik and Associates (HTA)	HTA will serve as the local evaluation partner for the PRSPR project and will be responsible for data collection and analysis.
6	Dr. Joseph Gurdish, UC San Francisco	Dr. Gurdish will serve as a key advisor on addiction research and best practices for the PRSPR program.

Bibliography

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9. BSCC data set. (2015).
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21. Koob, J., Brocato, J., & Kleinpeter, C. (2011). Enhancing residential treatment for drug court participants. *Journal of Offender Rehabilitation*, 50(5), 252–271.
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29. Lucksted A, et al. (2009). Initial evaluation of the peer-to-peer program. *Psychiatric Services*, 60(2).

Proposition 47 Grant Project Budget

Applicant Name:

San Francisco Department of Public Health

PART 1: BUDGET TABLE

Budget Table Instructions: Complete the Budget Table using whole numbers. If you are not requesting or reporting funds in a certain category, please list "\$0."

Budget Line Item	A. Grant Funds: Year 1 (14 months)	B. Grant Funds: Year 2 (12 months)	C. Grant Funds: Year 3 (12 months)	D. Total Grant Funds Requested (A+B+C)	E. Other Funds Leveraged	F. Total Project Value (D+E)	Percentage of Funds
1. Salaries and Benefits (for Lead Agency only)	\$ -	\$ -	\$ -	\$ -	\$ 5,949,113	\$ 5,949,113	
2. Services and Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
3. Professional Services & Public Agency Subcontracts	\$ 73,848	\$ 73,848	\$ 73,848	\$ 221,544	\$ -	\$ 221,544	
4. Community-Based Organization Subcontracts**	\$ 1,616,902	\$ 1,628,597	\$ 1,628,860	\$ 4,874,358	\$ -	\$ 4,874,358	81%
5. Indirect Costs**	\$ 199,124	\$ 200,423	\$ 200,452	\$ 599,999	\$ -	\$ 599,999	10%
6. Data Collection and Evaluation***	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	\$ 78,444	\$ 378,444	5%
7. Fixed Assets/Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
8. Other (Travel, Training, etc.)	\$ 1,364	\$ 1,364	\$ 1,364	\$ 4,092	\$ -	\$ 4,092	
TOTALS	\$ 1,991,238	\$ 2,004,232	\$ 2,004,524	\$ 5,999,993	\$ 6,027,557	\$ 12,027,550	

*minimum 50 percent of grant funds requested

**not to exceed 10 percent of grant funds requested

***minimum 5 percent [or \$25,000, whichever is greater] not to exceed 10 percent of grant funds requested

PART 2. BUDGET NARRATIVE

Budget Narrative Instructions: The purpose of the Budget Narrative is to support the amounts listed in the Budget Table. Provide detailed narrative under each dollar amount listed below to explain how the grant funds and outside leveraged funds will be used to achieve project goals. Within the narrative, provide detailed, itemized breakdowns for the dollar amounts requested. Page limits have been lifted, so please provide as much detail as possible. Responses that are vague or unclear will be rejected. Insert additional lines as needed.

1. Salaries and Benefits: List each Lead Agency staff to be funded by the grant AND/OR those staff whose positions will be leveraged against the grant funds. For each, provide the classification/title, percentage of time, salary or hourly rates and benefits. List benefits separate from salaries. Note: salaries and benefits of all other sub-contracted staff go under the appropriate line item, either Professional Services or Community-Based Organization Subcontracts.

a. Total Grant Funds Requested: \$ -

Narrative Detail:

Not Applicable

b. Other Funds Leveraged: \$ 5,949,113

Narrative Detail:

Transitions & Placement Director—Oversee placement of clients into treatment, oversee flow of patients into and out of treatment services, as appropriate, conduct utilization management, and supervise transitions staff and operations. 0.05FTE x \$167,986 annual salary x 5% annual COLA + 40% benefits rate. \$11,759 Y1, \$12,347 Y2, \$12,964 Y3.

Clinical Supervisor— Oversee intake and assessments, authorize placement into treatment, supervise clinical staff, finalize and manage CBO contracts. 0.05 FTE x \$114,332 annual salary x 5% annual COLA + 40% benefits rate. \$8,003 Y1, \$8,403 Y2, \$8,824 Y3.

Registered Nurse— Under the direction of the clinical supervisor; observes and records clients' symptoms; contacts providers for the purpose of furnishing and obtaining information on medical and nursing care matters; keeps related charts and records in accordance with standard practices. 0.15 FTE x \$120,250 annual salary x 5% annual COLA + 40% benefits rate. \$25,253 Y1, \$26,515 Y2, \$27,841 Y3.

2328 - Nurse Practitioner— Manages patient care in collaboration with the clinical supervisor; provides health education and counseling to patients and/or caregivers; maintains medical records; participates in quality improvement/control activities; may supervise/review the work of medical staff and clinical auxiliary personnel. 2FTE x \$148,954 annual salary x 5% annual COLA + 40% benefits rate. \$417,071 Y1, \$437,925 Y2, \$459,821 Y3.

2930 - Behavioral Health Clinician— Assesses prospective clients for psychiatric services; analyzes client data by obtaining information through interviews, psychological/ medical reports and previous psychiatric history; compiles and maintains client records; establishes and maintains relationships with other providers; develops and implements comprehensive treatment plans; provides psychotherapy, crisis intervention, case management and rehabilitation to clients; refers clients to appropriate community resources services; advocates for accessibility and improved services for individual clients; participates and contributes to Quality Improvement activities. 4FTE x \$81,276 annual salary x 5% annual COLA + 40% benefits rate. \$455,146 Y1, \$477,903 Y2, \$501,798 Y3.

1402 - Clerk— Administrative support, including maintaining routine office records; opening, sorting and distributing incoming mail; processing outgoing mail; maintaining routine inventory records; checking accuracy of simple computations; copying; entering information into a computer database; answering phones. (These are duties directly related to the program in question, which are different from more general functions included in the indirect section, such as portions of functions like human resources, payroll, information technology support, etc.) 1 FTE x \$43,316 annual salary x 5% annual COLA \$60,642 Y1, \$63,675 Y2, \$66,858 Y3.

2903 - Eligibility Workers— Assists clients with the completion of applications and forms; answers a variety of questions regarding information requested on applications; helps clients gather needed and required information and documentation; interprets and enforces federal, state, and local laws and regulations pertaining to eligibility determination; explains regulations and procedures to clients and others as necessary; completes and organizes a large number of forms; makes referrals for client services to other social services programs and community agencies. 3 FTE x \$58,552 annual salary x 5% annual COLA \$245,918 Y1, \$258,214 Y2, \$271,125 Y3.

2591 - Health Program Coordinator II— Plans, implements, coordinates, and evaluates patient utilization of SUD residential programs; negotiates with service providers to insure targeted clients have access to program benefits and facilitates positive results; formulates, implements, and documents program guidance, policies, procedures, and quality assurance systems. 1 FTE x \$79,066 annual salary x 5% annual COLA \$110,692 Y1, \$116,227 Y2, \$122,038 Y3.

2586 - Health Worker II— Provides information and resources to patients and others regarding health care and other facilities available to them; assists patients in utilizing services; makes follow-up contacts when required; 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. 3 FTE x \$53,508 annual salary x 5% annual COLA \$224,734 Y1, \$235,970 Y2, \$247,769 Y3.

2587 - Health Worker III— Provides information and resources to patients and others regarding health care and other facilities available to them; assists patients in utilizing services; makes follow-up contacts when required; 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. 4 FTE x \$58,552 annual salary x 5% COLA \$327,891 Y1, \$344,286 Y2, \$361,500 Y3.

2. Services and Supplies: Itemize all services and supplies. Provide as much detail as possible.

a. Total Grant Funds Requested: \$ -

Narrative Detail:

Not Applicable

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

3. Professional Services and/or Public Agency Subcontracts: List the names of all professional service contracts (e.g., contracts with other governmental entities or business consultants). Itemize the services that will be provided by each and show funds allocated to each. Show hours and billing rates for all contracted staff.

a. Total Grant Funds Requested: \$ 221,544

Narrative Detail:

SF Public Health

Office supplies— office supplies (e.g., paper, printing supplies, pens, clipboards, other supplies as needed). \$100/mo. = \$1,200/year (We plan to use 12 months of all of these line items in the first year, rather than 14 months)

Travel vouchers— client transportation to attend appointments and outpatient treatment services and connect with employment, benefit programs, and other needed resources. \$981.21/mo. = \$11,775/year (We plan to use 12 months of all of these line items in the first year, rather than 14 months)

Food and beverages— To be provided to clients at service sites. \$200/mo. = \$2,400/year (We plan to use 12 months of all of these line items in the first year, rather than 14 months)

Client support— Provided to support clients with necessary costs, such as bills, clothing, meals, document support, other necessities. \$3,916.67/mo. = \$47,000/year (We plan to use 12 months of all of these line items in the first year, rather than 14 months)

Trainings— Staff will receive training on Prop 47 eligibility requirements, and other relevant topics, which may include implicit bias, trauma informed care, sexual orientation and gender identity sensitivity, and others, to ensure that culturally competent and effective services are provided to the target population, and that individuals who may be reluctant to access services, due to stigma, are supported to participate. \$4,760/year

Training Costs	Annual Cost
Space reservation	\$600
Supplies + Printing	\$1,500
Technology + Equipment	\$2,660

Overhead @ 10%— administrative costs related to processing payroll, benefits, documentation associated contracts; building maintenance = \$6,837/year (We plan to use 12 months of all of these line items in the first year, rather than 14 months)

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

4. Community-Based Organization Subcontracts: The Lead Agency must subcontract with one or more non-governmental, community organizations for a minimum of 50 percent of the total grant award. Additional points were added to the final score for applicants that pass through 60 percent or 70 percent, etc.

List the names of all non-governmental community-based organizations, itemize the services that will be provided by each and show funds allocated to each. Show hours and billing rates for all community organization staff.

If a community partner has not been selected as of the date of the submission of this budget, as a placeholder clearly identify the amount of grant funds that will be allocated. Grantees will be required to submit a revised budget narrative once subcontractors have been identified.

a. Total Grant Funds Requested: \$ 4,874,358

Narrative Detail:

Salvation Army

Harbor Light - detox spots— administration, utilities, food, housing, clinical services, residential care and safety related matters. \$100/day x 5 beds with a 5 month ramp up: Month 1, 1 bed; Month 2, 2 beds; Month 3, 3 beds; Month 4, 4 beds; Month 5-14, 5 beds = \$182,500 Y1, \$182,500 Y2, \$182,500 Y3

Harbor Light - residential treatment services— administration, utilities, food, housing, clinical services, residential care and safety related matters. \$90/day x 32 beds with a 5 month ramp up: Month 1, 6 beds; Month 2, 12 beds; Month 3, 18 beds; Month 4, 24 beds; Month 5-14, 32 beds = \$1,040,250 Y1, \$1,051,200 Y2, \$1,051,200 Y3

Overhead @ 10% = \$122,275 Y1, \$123,370 Y2, \$123,370 Y3

Felton Institute

Clinical Supervisor— Coordinates the day-to-day operations of clinic/program services; conducts regular case conferences with clinicians and interns for supervision and consultation; coordinates the assignment of cases, conducts staff meetings and provides training; hires, trains, and schedules staff; evaluates work performance; participates in the establishment or revision of policies, procedures, guidelines, goals and objectives. \$80,000 annual salary x 15% FTE + 30% benefits rate = \$15,600/year

Masters-level clinician— Provide TAY-specific clinical case management, developmentally appropriate treatment groups based in wellness recovery, evidence-based SUD treatment, outreach and linkage to care. . \$65,000 salary x 100% FTE + 30% benefits rate = \$84,500/year

Program supplies— office supplies (e.g., paper, printing supplies, pens, clipboards), communication supplies (phones). \$432.92 per month = \$5,195/year

Transportation— (1) Staff Muni monthly pass \$91 x 14 months for Yr1 + 5% increase annually thereafter. \$1,274 Y1, \$1,338 Y2, \$1,405 Y3. In addition to using the muni pass for staff to outreach we find that this supports modeling for clients how to get to appointments in the community (we will be purchasing travel vouchers on Muni through our contract with the SF Public Health Foundation), which would therefore support independence and recovery.

Overhead @ 10% = \$10,657 Y1, \$10,663 Y2, \$10,670 Y3

RAMS

Outreach worker / peer navigator— 2.0 FTE peer outreach/navigators working with adults. A 0.5 FTE peer outreach/navigator will target TAY (18-25yrs old) (2 month ramp up/hiring time). \$38,000 salary x 2.50 FTE + 38.5% benefits rate = \$131,575/year

Program supplies— office supplies (e.g., paper, printing supplies, pens, clipboards), communication supplies (phones). \$432.92 per month = \$5,195/year

Transportation— (1) Staff Muni monthly pass \$91 x 14 months x 3 staff (outreach workers/peer navigators) for Yr1 + 5% increase annually thereafter. \$3,822 Y1, \$3,440 Y2, \$3,612 Y3. In addition to using the muni pass for staff to outreach we find that this supports modeling for clients how to get to appointments in the community (we will be purchasing travel vouchers on Muni through our contract with the SF Public Health Foundation), which would therefore support independence and recovery.

Overhead @ 10% = \$14,059 Y1, \$14,021 Y2, \$14,038 Y3

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

5. Indirect Costs: Itemize all indirect costs. If you are using an approved Cost Allocation Formula, cite the approved rate and approving cognizant agency. For Proposition 47 grants, indirect costs may not exceed 10 percent of the grant funds requested. See "Detail for Indirect Costs" tab.

a. Total Grant Funds Requested: \$ 599,999

Narrative Detail:

Indirect Costs— @ 10% of the total grant amount. Costs are pro-rated portions of the total organization indirect costs, broken down below.

INDIRECT COSTS	Yr1	Yr2	Yr3	Total
Labor + Administration (salaries, wages, benefits)	\$139,722	\$140,139	\$140,139	\$420,000
Occupancy	\$29,941	\$30,030	\$30,030	\$90,001
Insurance	\$9,980	\$10,010	\$10,010	\$30,000
Communication equipment	\$9,980	\$10,010	\$10,010	\$30,000
Postage	\$5,988	\$6,006	\$6,006	\$18,000
Printing	\$3,513	\$4,228	\$4,257	\$11,998

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

6. Data Collection and Evaluation: Itemize all costs associated with data collection and evaluation efforts for this project. Applicants must dedicate a minimum of 5 percent (or \$25,000, whichever amount is greater) up to a maximum of 10 percent of total grant funds requested to this line item. Note: Even if Data Collection and Evaluation efforts will be performed by Lead Agency staff or Professional Service consultants they must be listed here. Applicants are strongly encouraged to use outside evaluators or otherwise address conflict of interest considerations.

a. Total Grant Funds Requested: \$ 300,000

Narrative Detail:

HTA - Research Partner— Program evaluation.

Phase	Annual Cost
Annual Evaluation Planning	\$3,950
Annual Evaluation Implementation	\$9,900
Annual Evaluation Reporting	\$75,100
Annual Additional Costs including meetings/facilitation & project mangement, monthly check-in meetings,	\$11,050

b. Other Funds Leveraged: \$ 78,444

Narrative Detail:

Data Analyst— Gather data for the external evaluator to evaluate success indicators from multiple databases used to track client touches with healthcare and forensics systems. 0.20 FTE x \$88,868 annual salary x 5% annual COLA + 40% benefits rate. \$24,883 Y1, \$26,127 Y2, \$27,434 Y3.

7. Equipment/Fixed Assets: Itemize all equipment and fixed assets. Equipment and fixed assets are defined in the *BSCC Grant Administration Guide* as any item with an individual value of \$3,500 or more.

a. Total Grant Funds Requested: \$ -

Narrative Detail:

Not Applicable

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

8. Other (Travel, Training, etc.): Itemize all costs associated with travel and training. Grantees should budget for two trips to Sacramento over the course of the grant. Budget for 4-6 individuals for each trip.

a. Total Grant Funds Requested: \$ 4,092

Narrative Detail:

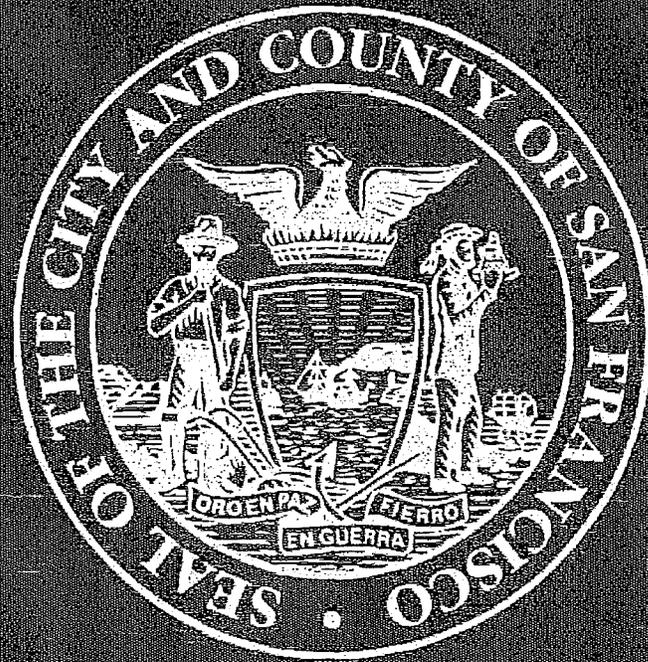
Trainings— 2 grantee meetings in Sac for staff trainings, including travel, room reservation, food and bev. (SF per diem rate for lodging is \$267/day and for meals/incidentals is \$74/day as of April 2017) x 2 staff x 2/year = \$1,364/year

b. Other Funds Leveraged: \$ -

Narrative Detail:

Not Applicable

Prop 47 grant Indirect cost breakdown					Year 2 - 3 (aprox. 1% annual COLA)		
	FTE	Base Salary	Salary	MFB	Total	Total	Total
<i>Administration - salaries & fringes</i>							
1654 Principle Accountant	0.2	107,068	21,414	8,566	29,980	30,210	30,215
1657 System Accountant	0.1	123,916	12,392	4,957	17,349	17,452	17,457
1823 Senior Admin. Analyst	0.096	111,280	10,683	4,285	14,968	15,048	15,058
1823 Senior Admin. Analyst	0.2	111,280	22,256	8,902	31,158	31,400	31,405
1825 Principle Admin. Analyst	0.05	141,102	7,055	2,822	9,877	9,906	9,911
2574 Program Manager	0.25	117,754	29,439	11,776	41,215	41,567	41,567
0955 Deputy Director	0.1	233,667	23,367	9,347	32,714	32,977	32,976
					177,261	178,560	178,589
Office Rental \$1.93/sq ft. X 944 sq ft. x 12 mths					21,863	21,863	21,863
Total DPH Indirect cost					199,124	200,423	200,452



SFDPH

**Promoting Recovery & Services
for the Prevention of Recidivism**

PRSPR

Proposal Checklist

A complete Proposition 47 Proposal packet must contain the following (to be submitted in the order listed):

Required:	Check once Complete (✓)
Proposal Checklist (signed by the applicant)	✓
Section I. Applicant Information Form (with original signature in blue ink)	✓
Section II. Proposal Narrative (up to and not exceeding 15 pages)	✓
Section III. Budget Section (up to and not exceeding 6 pages) <ul style="list-style-type: none"> • Budget Table • Budget Narrative 	✓
Required Attachments:	
▪ Proposition 47 Local Advisory Committee Member Roster (<i>Attachment D</i>)	✓
▪ Proposition 47 Local Advisory Committee Letter(s) of Agreement (<i>Attachment E</i>)	✓
▪ Letter(s) of Agreement for Impacted Local Government Agencies (<i>Attachment F</i>)	✓
▪ Proposition 47 Project Work Plan (<i>Attachment I</i>)	✓
▪ List of Partner Agencies/Organizations (<i>Attachment J</i>)	✓
Optional:	
▪ Governing Board Resolution (<i>Attachment H</i>) <i>Note: The Governing Board Resolution is due prior to Grant Award Agreement, <u>not</u> at time of proposal submission.</i>	In Progress
Assurance:	
Proposition 47 Grant Funds will not be used for the acquisition of real property or for programs or services provided in a custodial setting.	✓

I have reviewed this checklist and verified that all required items are included in this proposal packet.

X

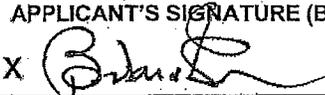


Public Agency Applicant Authorized Signatory (see Applicant Information Form, next page)

Section I. Applicant Information Form

A. PUBLIC AGENCY APPLICANT		B. TAX IDENTIFICATION NUMBER	
NAME OF PUBLIC AGENCY San Francisco Department of Public Health		TAX IDENTIFICATION #: 946000417	
STREET ADDRESS 101 Grove St	CITY San Francisco	STATE CA	ZIP CODE 94102
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
IF A JOINT PROPOSAL, LIST OTHER (NON-LEAD) PUBLIC AGENCIES:			
C. PROJECT TITLE			
Promoting Recovery and Services for the Prevention of Recidivism (PRSPR)			
D. REQUIRED SERVICES (Check all that apply)		E. ADDITIONAL SERVICES (Check all that apply)	
<input checked="" type="checkbox"/> MENTAL HEALTH SERVICES <input checked="" type="checkbox"/> SUBSTANCE USE DISORDER TREATMENT <input type="checkbox"/> DIVERSION PROGRAMS		<input type="checkbox"/> HOUSING-RELATED SERVICES <input checked="" type="checkbox"/> OTHER COMMUNITY-BASED SUPPORTIVE SERVICES	
F. PROJECT SUMMARY			
The SF Department of Public Health (DPH) proposes to interrupt the cycle of substance abuse, unaddressed mental health issues, homelessness, and incarceration by increasing the availability of residential SUD treatment for criminal justice system-involved adults who may also have co-occurring mental health issues. In addition, the project layers peer outreach and developmentally-appropriate TAY-specific programming on top of the residential treatment. Over the three year grant period, the project will serve 192 potentially duplicated participants.			
G. GRANT FUNDS REQUESTED	H. Amount of Funds Sub-Contracted to Community Organizations		I. Total Amount of Other Funds to be Leveraged
\$6,000,000	\$4,874,364	81.24 percent	\$6,027,557
J. PROJECT DIRECTOR			
NAME Angelica Almeida, PhD	TITLE Director of Assisted Outpatient Treatment	TELEPHONE NUMBER (415) 225-3798	
STREET ADDRESS 1380 Howard Street, Room 423	FAX NUMBER (415) 554-2710		EMAIL ADDRESS angelica.almeida@sfdph.org
CITY San Francisco	STATE CA	ZIP CODE 94103	
K. FINANCIAL OFFICER			
NAME Greg Wagner	TITLE Chief Financial Officer	TELEPHONE NUMBER (415) 554-2610	
STREET ADDRESS 101 Grove Street, Room 308	FAX NUMBER (415) 554-2710		EMAIL ADDRESS greg.wagner@sfdph.org
CITY San Francisco	STATE CA	ZIP CODE 94102	
PAYMENT MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
L. DAY-TO-DAY CONTACT PERSON			
NAME Angelica Almeida, PhD	TITLE Director of Assisted Outpatient Treatment	TELEPHONE NUMBER (415) 225-3798	

STREET ADDRESS 1380 Howard Street, Room 423		FAX NUMBER (415) 554-2710	
CITY San Francisco	STATE CA	ZIP CODE 94103	EMAIL ADDRESS angelica.almeida@sfdph.org

M: AUTHORIZED SIGNATURE By signing this application, I hereby certify that I am vested by the Public Agency Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.			
NAME OF AUTHORIZED OFFICER Barbara Garcia	TITLE Director of Health	TELEPHONE NUMBER (415) 554-6227	EMAIL ADDRESS Barbara.garcia@sfdph.org
STREET ADDRESS 101 Grove Street, Room 310	CITY San Francisco	STATE CA	ZIP CODE 94102
APPLICANT'S SIGNATURE (Blue Ink Only) X 			DATE 2/14/17

CONFIDENTIALITY NOTICE:

All documents submitted as a part of the Proposition 47 proposal are considered to be public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal.
(Gov. Code, § § 6250 et seq.)

Section II. Proposal Narrative

1. PROJECT NEED

Faced with two seismically unsound jails and a three-month jail recidivism rate of 63%,¹ the San Francisco (SF) Director of Health and the SF Sheriff convened a workgroup in 2016 to plan for permanent closure of the unsafe jails and identify investments in services or facilities that uphold public safety and better serve at-risk individuals. The 37-member Workgroup to Re-envision the Jail Replacement Project (Jail Workgroup), which included 51% community representation, engaged in an extensive 7-month community engagement and research effort from which prioritized strategies were developed. One of the most highly prioritized strategies was the need for additional residential treatment beds for system-involved adults struggling with substance use disorder (SUD) and serious mental health (MH) needs.

Substance Use and Mental Health Issues. Alcohol and drug use is a serious public health issue in SF. Alcohol use disorder is the most problematic addictive disorder in the city. In 2015, 11% of residents reported an alcohol use disorder, and 2,378 people were admitted for treatment. In 2014, there were 127 fatal opioid overdoses, 72% of them from prescription opioids.² Approximately 15,000-22,000 people inject drugs in SF,³ and admissions for methamphetamine SUD treatment have been consistently rising, as have hospitalizations and deaths involving meth. SF's Behavioral Health Services (BHS) serves almost 30,000 residents for MH services and over 22,000 people for SUD services each year; 31% of clients receiving MH treatment have dual diagnoses.⁴

A significant number of the city's system-involved individuals are in need of SUD and/or MH treatment, including approximately 75% of the 3,854 adults on probation.⁵ Of the

13,544 people incarcerated in SF County Jail in 2015, 36% had contact with Jail Behavioral Health Services; 24% had more than one contact; and 7-14% were diagnosed with a serious mental illness (SMI). A study of jail inmates who spent at least 30 days in an SUD, violence prevention, or veteran's service program found that only 43% had recidivated within 12 months after release.⁶ Due to the impact of substance use on MH symptoms, many individuals with dual diagnoses would best be served by comprehensive residential SUD treatment and outpatient MH services to address SUD needs prior to completing a MH residential program. However, due to the shortage of SUD beds, this best practice frequently does not occur and can impact the overall effectiveness of MH treatment. Currently, there is a 6-week wait for residential SUD treatment, a 5-day wait for detox, and a 2-4-week wait for residential MH treatment. Individuals in custody can wait up to four months for MH treatment.⁷ On June 27, 2016, 21 collaborative court participants were in custody awaiting a SUD treatment bed and 20 were awaiting a MH treatment bed.⁸ Lack of timely access to treatment often leads to SUD relapse, MH decline, homelessness, criminal behavior and repeated incarceration.

Transitional age youth (TAY) (ages 18-25) face additional challenges accessing treatment due to extensive histories of trauma, inadequate support systems and housing, and minimal educational and employment histories. TAY comprise 8% of SF's population, but accounted for 22% of arrests⁹ and 14% of County jail inmates accessing BHS in 2015.¹⁰ That same year, 36% of SF TAY reported psychiatric or emotional conditions; 23% reported drug or alcohol abuse; and 26% reported PTSD.¹¹ While the system of MH and SUD care is available to all TAY in need of services, tailored curricula to meet TAY developmental needs is lacking.

Target Population: The Promoting Recovery and Services for the Prevention of Recidivism (PRSPR) program will expand the city's residential treatment capacity for adults who have been arrested, charged with, or convicted of a criminal offense, and who are assessed and authorized for residential treatment for SUD. Based on BHS' current utilization of SUD residential treatment, we expect the population to be largely people of color (an estimated 33% African American, 10% Latino, and 17% other non White) and two-thirds male. The project will support 5 social detox slots and 32 residential slots for individuals with SUD who may also have co-occurring MH needs. In addition, the project layers TAY-specific programming onto residential treatment. Over the three-year grant period, PRSPR will provide at least 192 episodes of residential treatment, which may include duplicated participants.

2. COMMUNITY ENGAGEMENT

The Jail Workgroup was carefully designed to ensure a 51+% representation of communities overrepresented and/or underserved by the system, including people of color (particularly African Americans), transgender individuals, and homeless and formerly incarcerated men and women. The group also included representatives of SF's criminal justice, health, and social services systems. Members from advocacy groups and CBOs solicited input from their constituents, and significant time was devoted to public comment. Focused meetings were held on topics such as housing, women in jail, and interventions to address racial disparities in the criminal justice system.

The SF Reentry Council will serve as the Prop 47 **Local Advisory Committee**. The Council's membership overlaps substantially with the Jail Workgroup, which ensures that the Jail Workgroup's strategies are implemented based on the extensive research and planning from which they were developed. The Council, created in 2009 to coordinate

efforts to support adults leaving incarceration, is comprised of senior leadership of all public agency stakeholders in this grant (Mayor's Office, Public Defender, Sheriff, Adult Probation, District Attorney, Police, Juvenile Probation, Children, Youth and Families, Public Health, Human Services Agency, Economic and Workforce Development, and Homelessness and Supportive Housing), and representatives of other city and state criminal justice and social service agencies. The Council includes three mayoral and four Board of Supervisors community appointees who are formerly incarcerated, a survivor of violence or crime, a transitional age youth, and an individual with expertise serving the reentry population. Community appointees must submit an application, which is reviewed during a public meeting by the Board of Supervisors or the Mayor's Office. (See Attachment D: Membership Roster and Attachment E: Letter of Agreement).

The community members serving on the Council are deeply rooted in the issues and cultures of the target population and include those with personal experience with the criminal justice system, SUD and MH issues. Most of the community members work in nonprofit community- and faith-based organizations that directly inform their work on the Council. The group size was determined to ensure that stakeholder agencies are well represented and to allow significant representation of formerly incarcerated individuals. Membership, powers, and duties of the Council were determined by ordinance.

The Reentry Council meets quarterly and is facilitated by one of five co-chairs, following Roberts Rules. Meetings are governed by the Brown Act and SF's sunshine laws, which require all agendas and materials to be posted 72 hours in advance and minutes to be posted within two weeks on the council's website and at the SF Main Library. The Council has a deep commitment to public engagement; all meetings are open to the public and public comment is invited before every vote. The Council maintains an email address for

public input which is forwarded to meetings. To ensure ongoing oversight of the grant, PRSPR will become a standing agenda item at Council meetings.

3. PROJECT DESCRIPTION

The proposed PRSPR program will interrupt the cycle of substance abuse, unaddressed mental health needs, homelessness, and incarceration by increasing residential SUD treatment for system-involved adults who may also have co-occurring MH needs. **DPH** will serve as lead agency and will be responsible for project coordination, grant administration and facilitating connections to the DPH system of care. In-kind staff will include a Transitions and Placement Director (.05 FTE) to oversee utilization management, client placements, and staff supervision; a Clinical Supervisor (.05 FTE) to oversee intakes, assessments, and staff supervision, finalize CBO contracts, and convene the PRSPR workgroup; a Registered Nurse (.15 FTE) to provide care coordination; and a Data Analyst (.20 FTE) to gather data for the external evaluator. Treatment Access Program staff (18.0 FTE, in-kind) will conduct intakes and assessments to determine treatment needs, severity of substance use, and level of care needed, and provide care coordination and short term case management.

DPH will contract with **Salvation Army's (SA)** Harbor Light facility to provide 5 social detox and 32 residential SUD treatment beds for eligible participants. The average stay in detox is 4-10 days and includes 21 hours of treatment/week. Participants in SA's residential treatment program, which typically lasts up to 6 months, will receive individual and group counseling and therapy, case management, SUD and MH classes, and physical wellness. Their client-centered social model program emphasizes accountability, mutual self-help, and relearning responses to challenges to build positive coping behaviors and social support systems. Participants are part of a healing community based on restorative

justice principles; if individuals cause harm or relapse, they are supported to get back on track. SA utilizes two evidence-based curricula, including *Living in Balance*, which addresses dependency issues via units specifically for formerly incarcerated, and *Change Company*, which incorporates principles of restorative justice to help participants break the cycle of offender behavior and take corrective action.

A Masters-level **Clinician** (1.0 FTE) from **Felton Institute (FI)** will provide TAY-specific clinical case management, developmentally appropriate treatment groups based in wellness recovery, evidence-based SUD treatment, outreach and linkage to care. FI is a social services organization that delivers evidence-based social/mental health services, including intensive clinical case management, outpatient services, and home visits. A **Clinical Supervisor** (.15 FTE) will oversee service provision and supervise the Clinician.

Upon completion of residential treatment, each participant will have a community care plan that connects them to needed resources including housing, employment, benefit programs (e.g. medical care, food, AIDS Drug Assistance Program, SSI), and long term behavioral health treatment. Three **Peer Navigators** (2.5 FTE) from **Richmond Area Multi-Services (RAMS)**, a non-profit mental health agency committed to advocating for and providing community-based, culturally-competent services, will work with identified participants for 60 days following completion of residential treatment to help them navigate the system, take them to appointments, and stay on course with their plan. One of the Peer Navigators (.5 FTE) will be dedicated to working with TAY participants. Case managers through BHS will continue to provide mental health services for as long as they are clinically indicated. All participants, under the guidance of case managers or Peer Navigators, will have access to the city's system of care including behavioral health services (SUD and MH treatment), physical health services, employment, and the newly

formed Department of Homelessness and Supportive Housing, which coordinates all of the city's housing resources (bridge housing, support hotels, sober living environments, co-ops) through one agency.

A PRSPR working group--comprised of the DPH Clinical Supervisor and staff from SA, FI, and RAMS--will meet at least quarterly to review and evaluate project implementation and service delivery, ensure that the referral process is serving the target population, track participants' progress, monitor treatment capacity, and ensure a coordinated system of care.

San Francisco Public Health Foundation will serve as fiscal sponsor and will manage payment for project-related expenses such as office supplies, travel vouchers, document support, and "flex" funds for participants, under the direction of DPH.

Hatchuel Tabernik and Associates (HTA) will serve as the evaluation partner for PRSPR and will work with the DPH Data Analyst to collect, clean and align multi-jurisdictional data; they will also gather qualitative data from participant surveys, focus groups, observations and so forth. HTA will gather and analyze both quantitative and qualitative data and will report to the Reentry Council (and the BSCC evaluators) on a quarterly and annual basis regarding fidelity of implementation and program outcomes. HTA has extensive experience evaluating reentry, diversion, jail reform, inmate education programs, and community oriented support for behavioral health care.

Dr. Joseph Gydish, Director of the NIDA P50 San Francisco Treatment Research Center at University of California, San Francisco (UCSF), will serve as a key advisor on addiction research and best practices for the PRSPR program. Dr. Gydish has published extensively on addiction and substance abuse treatment and prevention and has served on the faculty at UCSF since 1992.

See Attachment J: List of Partner Agencies/Organizations.

Leveraged Funds. PRSPR partners have committed over \$6 million in in-kind staff resources that will be dedicated to PRSPR governance and participants' treatment. Based on BHS' current caseload of individuals with dual diagnoses, we anticipate that approximately 30% of participants will continue to access DPH MH services, funded through Mental Health Services Act (MHSA) (case management, peer support, employment services, vocational programs, supportive housing), Medi-Cal, and local general fund resources, which is a sizable contribution of leveraged funds.

Rationale. DPH-funded services are trauma informed, client centered, and rooted in principles of harm reduction, recovery and wellness. All treatment providers are required to use treatments that are appropriate, evidence-based or promising practices that have been demonstrated to improve outcomes for individuals with SUD, MH, co-occurring treatment needs and criminal justice involvement.

Table 1: Rationale for Treatment

Evidence	Strategy
Harm reduction strategies are widely accepted as an effective approach for assisting individuals with SUD, especially those who use illicit drugs. ¹²	Harm Reduction
We anticipate that most participants will have been exposed to trauma and will require specific, trauma-informed services to promote recovery. There is a growing recognition of the link between exposure to violence and trauma and substance use. ^{13 14 15} The majority of people with behavioral health issues and justice system contact have significant histories of trauma and exposure to extreme poverty and personal and community violence. Justice system involvement further exacerbates their trauma. Local TAY experience a range of physical and mental health needs, often related to severe trauma in their lives. In fact, most homeless youth have experienced traumatic events before they left home, and the streets are a source of ongoing trauma. ¹⁶ Individuals with criminal justice involvement and PTSD are nearly 1.5 times more likely to reoffend than those without PTSD. ¹⁷ They are also at much greater risk of dropping out of SUD treatment. ¹⁸ All service providers are trained in trauma-informed treatment.	Trauma-informed SUD and MH Treatment

Evidence	Strategy
<p>Participants will be placed initially in residential treatment and then stepped down gradually to day treatment or intensive outpatient treatment and eventually to outpatient. The length of treatment (6 months residential, 2 months of case management/peer follow-up and ongoing outpatient care) aligns with current research findings, which indicate that SUD treatment for a period of 8-12 months is most effective at reducing recidivism.^{19 20}</p>	<p>Length of Treatment</p>
<p>Studies of drug court participants engaged in residential SUD treatment demonstrated outcomes that were significantly better when participants were offered a continuum of care that included recovery oriented residential treatment, follow on clinical services, housing, and outpatient treatment.^{21 22}</p>	<p>Continuum of Care</p>
<p>TAY participants will receive developmentally appropriate curricula and group counseling. The service needs of TAY are unique, different from the needs of adolescents and adults,²³ and they respond to treatment more effectively when services are designed specifically for their age group.²⁴ TAY are considered to be part of the developmental stage of “emerging adulthood”, a period of life that is “theoretically and empirically distinct” from adolescence and adulthood.²⁵ To ensure successful transition to adulthood, there is a critical need for developmentally appropriate interventions that take into account factors that differentiate this age group from both adolescents and adults, including individualized support to prepare them for transition out of or among service systems.²⁶</p>	<p>Developmentally Appropriate Services for TAY</p>
<p>According to SAMHSA, peer support is described as “a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.”²⁷ Peer navigators will utilize evidence-based practices to encourage, support, and foster participants’ treatment success and recidivism reduction. Peer mentoring is acknowledged and utilized as an effective approach to augment or support recovery services for persons with SUD²⁸ and co-occurring disorders.²⁹</p>	<p>Peer Support</p>

Provider Selection Process. All PRSPR service providers have extensive experience working with the target population. Salvation Army has been providing residential SUD treatment since 1903, and many of their clients have criminal justice histories or are referred directly from incarceration. An extremely diverse staff reflects the racial/ ethnic, gender, sexual orientation, economic, and educational diversity of the target population. Most of the staff have successfully completed SA’s treatment program and been in

recovery for at least 5 years; many have worked with currently or formerly incarcerated individuals; and many have been incarcerated. All counselors are Certified Addiction Treatment Counselors at Level 1 or higher. Felton Institute has been providing clinical case management and mental health services to TAY through the SF Young Adult Court since 2015, as well as having a dedicated intensive clinical case management team to serve TAY with SMI. They are ideally qualified to provide clinical case management to PRSPR's TAY participants. RAMS currently trains and deploys Peer Navigators at DPH clinics throughout the city. Their Peer Navigators have personal experience with the criminal justice system and/or SUD and MH recovery.

Assessment and Referral. Participants will be referred by staff at DPH's Treatment Access Program (TAP), SF county jail, and community treatment providers. Referral sources will be trained to identify individuals who would qualify for services. Initial eligibility for treatment will be determined by licensed/credentialed MH staff and/or certified SUD counselors and referrals will be submitted to TAP for review and authorization. Referral decisions will be based on a comprehensive assessment of the individual's MH and SUD treatment needs, including a structured clinical interview. In order to determine medical necessity, a modified version of the Addiction Severity Index (ASI) and the American Society of Addiction Medication-Patient Placement Criteria Version 2 (ASAM-PPCv2) will be administered to determine severity of substance use and clinically indicated level of care. The ASI is a widely used semi-structured interview for SUD assessment and treatment planning based on a client's level of stability across 10 domains: cultural (e.g., language capacity), educational, housing, medical, employment and income, SUD, legal, family/social, and psychiatric needs. DPH will maintain authorizing responsibilities, which is consistent with services offered throughout the system of care, and monitor the waitlist to

ensure appropriate and equitable access to services.

Systems Change: The Jail Workgroup's comprehensive community engagement and planning process laid the foundation for a more holistic approach to addressing the needs of system involved residents who struggle with SUD and MH needs, and thereby reduce recidivism and incarceration. PRSPR is an integral part of realizing this goal, filling critical gaps in the service delivery network that will support individuals on their path to recovery. More eligible adults will have access to much needed residential treatment. Incarcerated individuals will spend less time in jail waiting for treatment. TAY participants will have access to SUD and MH treatment with clinical case management and curricula specific to their needs, increasing their chances of breaking the cycle of substance use and its associated harms. PRSPR will increase collaboration between city agencies and CBO providers to strengthen the network of care. SA will build its capacity to bill Drug Medi-Cal, enhancing sustainability beyond this grant for future participants.

Project Start-up. The first two months of PRSPR will be a ramp-up period to finalize contracts with service providers and ensure that FI and RAMS have staff hired and trained. SA has committed to providing treatment for participants as soon as grant funds are available. Treatment slots at SA will be procured as needed until reaching full capacity within the first six months of the grant.

Government Impact. The anticipated impact of the PRSPR program among public agency stakeholders is increased collaboration and information sharing. Should unforeseen issues arise, the Reentry Council will ensure they are addressed to mutual agreement. All public agency stakeholders have committed to the goals of the project and to ongoing participation in the Reentry Council. See Attachment E: Local Advisory Committee Letter of Agreement and Attachment F: Local Government Impact Letter.

4. PROJECT EVALUATION PLAN

Hatchuel Tabernik and Associates (HTA), a private consulting firm, will conduct the evaluation led by Dr. Danielle Toussaint, Director of Research and Evaluation. Dr. Toussaint has extensive experience in evaluating criminal justice and reentry programs in California. Dr. Joseph Gudysh, Director of the NIDA P50 San Francisco Treatment Research Center at UCSF, will be a key advisor on addiction research and best practices. The primary goals and objectives of the project include:

Goal 1: Engage the target number of adults with substance use disorder (SUD) or co-occurring disorders who have a history of involvement with the criminal justice system

Objective 1.1 The program will engage at least 64 individuals with SUD who may also have co-occurring MH issues (who meet the target criteria) annually in residential SUD treatment. **Objective 1.2:** The residential program will maintain at least a 90% occupancy rate.

Goal 2: Participants completing treatment will have a community care plan that connects them to community-based resources that support their ongoing stabilization and recovery.

Objective 2.1: 100% of participants who complete the residential program will leave with a community care plan. **Objective 2.2:** 100% of community care plans will be individually tailored for each participant and will connect to housing, employment, medical care, mental health treatment, vocational services, and/or other resources, as needed. **Objective 2.3:** 90% of participants who successfully complete the residential program will be enrolled in the public benefit programs for which they are eligible (e.g., SSI, GA, CalFresh, Medi-Cal, etc.).

Goal 3: Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.

Objective 3.1: At least 50% of participants will complete 3-6 months of residential treatment. **Objective 3.2:** As a cohort, 40% of participants will demonstrate lower recidivism rates than in a comparable period prior to admission. **Objective 3.3:** As a cohort, participants will utilize 50% fewer jail bed days per year than they did prior to program participation.

The mixed methods evaluation will include **process** and **outcome** measures. The **process evaluation** includes a continuous improvement model to program implementation by addressing fidelity to the program plan and monitoring specific program goals (i.e., number engaged, program occupancy, length of stay). Process data will include: 1) Service utilization records (e.g., intake forms, case notes, assessments, treatment plans, services, referrals, exits); 2) Minutes from check-in calls with project staff; 3) Annual interviews/focus groups with key staff (e.g., SA, FI, RAMS) and other partners such as Adult Probation. Service utilization data will be entered into **Avatar**, DPH's Electronic Health Records system, to store clinical, service and billing information. DPH has full access to Avatar and will retrieve information for each client quarterly. This data will allow us to monitor the amount/types of service, engagement, and retention. Data sharing will be conducted with informed consent from participants and data MOUs as needed.

To monitor fidelity to the program plan, HTA will conduct regular check-ins with project staff and interviews/focus groups with staff and partners to discuss program developments. Topics will include successes/challenges in recruitment and engagement, client progress, areas for improvement, and evidence-based best practices utilized.

The **outcome evaluation**, utilizing a pre-post design, will study whether the program achieved its stated outcomes (i.e., lower recidivism rates, completion of treatment, enrollment in public benefits, etc.). Data sources will include staff administered assessments of: 1) Client well-being (e.g., housing, income and employment status); 2) Recidivism data for three years prior to participation and up to three years after (dates, arrests, convictions, re-incarceration, prior or new offenses); 3) ASI and supplemental survey questions, administered by staff at intake and completion of residential program stays. Most baseline and outcome data will be pulled from Avatar including demographics

(e.g., age, gender, race/ethnicity, sexual orientation) and criminogenic factors known to impact recidivism (e.g., age at first finding/conviction, number of findings/convictions). Baseline data will allow us to explore differences in outcomes by population (e.g., TAY, African American, LGBTQ). Residential staff will administer the ASI and additional questions to participants at admission and at the completion of residential program stays to explore changes in mental health, substance use, housing, income, and sense of well-being, as well as perceived program impact and satisfaction.

To inform continuous program improvement, analyses will be conducted quarterly and findings folded into quarterly progress reports presented to administrative leadership and in clinical team meetings. Annual reports, including the required Two-Year and Final Local Evaluation Reports, will be presented to the Reentry Council to ensure the involvement of all stakeholders. These presentations will provide a forum to discuss interpretation of findings and direction for additional data collection and analysis.

5. GUIDING PRINCIPLES

San Francisco has long been a leader in compassionate public health policy and criminal justice reform. This grant, based on the Prop 47 guiding principles, will fill a critical gap in SF's comprehensive plan to address serious public health issues and reduce recidivism among repeat offenders with SUD and MH needs. Community representation and engagement is at its core, beginning with the Jail Workgroup and the Reentry Council. These public bodies gathered extensive community input and put people of color and formerly incarcerated community members at the center of identifying the issues and creating the solutions to deeply entrenched problems.

PRSPR builds on strong relationships with CBOs that are committed to providing client-centered, culturally competent care that results in long term behavioral change. These

CBOs meet DPH's high standards for providing gender responsive, trauma-informed services to ensure that all participants, regardless of race, ethnicity, gender, sexual orientation, or immigration status, receive effective treatment in a safe therapeutic environment. CBO staff reflect the diversity and life experiences of the target population, including African Americans and Latinos, formerly incarcerated, and people in recovery. Staff will receive training on Prop 47 eligibility requirements, implicit bias and microaggressions to ensure that effective services are provided to the target population, and that individuals who may be reluctant to access services, due to stigma, are supported to participate. Furthermore, PRSPR will continue our efforts to address the disproportionate representation of African Americans and Latinos in the criminal justice system by providing them with life changing treatment as an alternative to incarceration.

The SA's supportive residential environment is based on harm reduction and restorative justice principles, which hold participants accountable to themselves and each other while recognizing that recovery is difficult and setbacks may occur along the way. Counselors emphasize wellness as a key component of recovery, incorporating mindfulness, yoga, exercise and optional spiritual development. TAY will receive additional support that recognizes their social and developmental needs. While all classes and groups are co-ed, housing will be gender specific so that female participants feel safe in the residential environment. Peer navigators will provide non-judgmental support as individuals transition into the community. Upon completion of PRSPR, participants will be on their path to recovery with a long term community care plan that connects them to the city's extensive network of services such as ongoing behavioral health treatment, physical health services, transitional housing, employment, public benefits, and other services.

Section III. Budget Section

Rating Factor 6a: Budget Table

Proposition 47 Budget Table

Budget Line Item	A. Grant Funds: Year 1 (14 months)	B. Grant Funds: Year 2 (12 months)	C. Grant Funds: Year 3 (12 months)	D. Total Grant Funds Requested (A+B+C)	E. Other Funds Leveraged	F. Total Project Value (D+E)
1. Salaries and Benefits (<i>Lead Agency only</i>)	\$0	\$0	\$0	\$0	\$6,027,557	\$6,027,557
2. Services and Supplies	\$0	\$0	\$0	\$0	\$0	\$0
3. Professional Services/Public Agency Subcontracts	\$75,212	\$75,212	\$75,212	\$225,636	\$0	\$225,636
4. Community-Based Organization Subcontracts*	\$1,616,473	\$1,628,798	\$1,629,093	\$4,874,364	\$0	\$4,874,364
5. Indirect Costs**	\$199,076	\$200,446	\$200,478	\$600,000	\$0	\$600,000
6. Data Collection and Evaluation***	\$100,000	\$100,000	\$100,000	\$300,000	\$0	\$300,000
7. Fixed Assets/Equipment	\$0	\$0	\$0	\$0	\$0	\$0
8. Other (Travel, Training, etc.)	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$1,990,761	\$2,004,456	\$2,004,783	\$6,000,000	\$6,027,557	\$12,027,557

*minimum 50 percent of grant funds requested

**not to exceed 10 percent of grant funds requested

***minimum 5 percent [or \$25,000, whichever is greater] not to exceed 10 percent of grant funds requested

Rating Factor 6b: Budget Narrative

1. Salaries and Benefits:

a. Total Grant Funds Requested: \$0

b. Other Funds Leveraged: \$6,027,557

Narrative Detail:

Transitions & Placement Director — Oversee utilization management, client placements, and staff supervision. <i>0.05 FTE x \$167,986 annual salary x 5% annual COLA</i>	Year 1:	\$8,399
	Year 2:	\$8,819
	Year 3:	\$9,260
Clinical Supervisor — Oversee intakes, assessments, and staff supervision. <i>0.05 FTE x \$114,332 annual salary x 5% annual COLA</i>	Year 1:	\$5,717
	Year 2:	\$6,002
	Year 3:	\$6,303
Registered Nurse — Care coordination. <i>0.15 FTE x \$120,250 annual salary x 5% annual COLA</i>	Year 1:	\$18,038
	Year 2:	\$18,939
	Year 3:	\$19,886
Data Analyst — Data analysis to evaluate success indicators from multiple databases used to track client touches with healthcare and forensics systems. <i>0.20 FTE x \$88,868 annual salary x 5% annual COLA</i>	Year 1:	\$17,774
	Year 2:	\$18,662
	Year 3:	\$19,595
DPH Staff @ Treatment Access Program (TAP)		
2328 - Nurse Practitioner — Program oversight and staff supervision. Clinical care, level of care assessment. <i>2 FTE x \$148,954 annual salary x 5% annual COLA</i>	Year 1:	\$297,908
	Year 2:	\$312,803
	Year 3:	\$328,444

2930 - Behavioral Health Clinician — Client intake and assessment, care coordination, and case management. <i>4 FTE x \$81,276 annual salary x 5% annual COLA</i>	Year 1: \$325,104 Year 2: \$341,359 Year 3: \$358,427
1402 - Clerk — Administrative support. <i>1 FTE x \$43,316 annual salary x 5% annual COLA</i>	Year 1: \$43,316 Year 2: \$45,482 Year 3: \$47,756
2903 - Eligibility Workers — Client enrollment into Medi-Cal, SF Health Network, and eligible services. <i>3 FTE x \$58,552 annual salary x 5% annual COLA</i>	Year 1: \$175,656 Year 2: \$184,439 Year 3: \$193,661
2591 - Health Program Coordinator II — Utilization Management for SUD residential programs. <i>1 FTE x \$79,066 annual salary x 5% annual COLA</i>	Year 1: \$79,066 Year 2: \$83,019 Year 3: \$87,170
2586 - Health Worker II — Assessment and level of care determination for SUD residential. <i>3 FTE x \$53,508 annual salary x 5% annual COLA</i>	Year 1: \$160,524 Year 2: \$168,550 Year 3: \$176,978
2587 - Health Worker III — Assessment, level of care determination for SUD residential, care coordination, and follow-up. <i>4 FTE x \$58,552 annual salary x 5% COLA</i>	Year 1: \$234,208 Year 2: \$245,918 Year 3: \$258,214
Benefits Rate — Including medical, retirement, worker's comp, etc.. <i>40%</i>	Year 1: \$546,284 Year 2: \$573,598 Year 3: \$602,278

2. Services and Supplies: \$0

3. Professional Services/Public Agency Subcontracts:

a. Total Grant Funds Requested: \$225,636

Narrative Detail:

SF Public Health Foundation			
Office supplies — office supplies. \$100/mo.	Years 1-3:		\$1,200
Travel vouchers — client transportation. \$981.21/mo.	Years 1-3:		\$11,775
Food and beverages — at service sites. \$200/mo.	Years 1-3:		\$2,400
Client support — bills, clothing, meals, document support, other necessities. \$3,916.67/mo.	Years 1-3:		\$47,000
Trainings — 2 grantee meetings in Sac (travel, per diem), staff trainings, room reservation, food and bev.			
Training	Annual Cost	Total Cost	Years 1-3: \$6,000
Transportation - gas, tolls, car rental, parking	\$600	\$1,800	
Space reservation	\$600	\$1,800	
Supplies + Printing	\$1,500	\$4,500	
Technology + Equipment	\$3,000	\$9,000	
Food and bev	\$300	\$900	
Overhead @ 10% — administrative costs related to processing payroll, benefits, documentation associated contracts; building maintenance			
	Years 1-3:		\$6,837

b. Other Funds Leveraged: \$0

4. Community-Based Organization Subcontracts:

a. Total Grant Funds Requested: \$4,874,364

Narrative Detail:

Salvation Army

Harbor Light - detox spots — administration, utilities, food, housing, clinical services, residential care and safety related matters. \$100/day x 5 beds with a 5 month ramp up: Month 1 , 1 bed; Month 2 , 2 beds; Month 3 , 3 beds; Month 4 , 4 beds; Month 5-14 , 5 beds	Years 1-3:	\$182,500
Harbor Light - residential treatment services — administration, utilities, food, housing, clinical services, residential care and safety related matters. \$90/day x 32 beds with a 5 month ramp up: Month 1 , 6 beds; Month 2 , 12 beds; Month 3 , 18 beds; Month 4 , 24 beds; Month 5-14 , 32 beds	Year 1:	\$1,040,250
	Year 2:	\$1,051,200
	Year 3:	\$1,051,200
Overhead @ 10%	Year 1:	\$122,275
	Year 2:	\$123,370
	Year 3:	\$123,370
Felton Institute		
Clinical Supervisor — clinical supervision (2 month ramp up). \$80,000 annual salary x 15% FTE	Years 1-3:	\$12,000
Masters-level clinician — case management targeted for TAY (2 month ramp up). \$65,000 salary x 100% FTE	Years 1-3:	\$65,000
Benefits @ 30% — Including medical, retirement, worker's comp, etc.. \$23,100 annual salary x 30% FTE	Years 1-3:	\$23,100
Program supplies — office supplies, communication supplies, staff travel. \$416.67 per month	Years 1-3:	\$5,000

Transportation— (1) Staff Muni monthly pass \$91/month for Yr1 + 5% increase annually thereafter.	Year 1:	\$1,274
	Year 2:	\$1,338
	Year 3:	\$1,405
Overhead @ 10%	Year 1:	\$10,637
	Year 2:	\$10,644
	Year 3:	\$10,650
RAMS		
Outreach worker / peer navigator— 2.0 FTE peer outreach/navigators working with adults. A 0.5 FTE peer outreach/navigator will target TAY (18-25yrs old) (2 month ramp up/hiring time). \$38,000 salary x 2.50 FTE	Years 1-3:	\$95,000
Benefits @ 38.5%—	Years 1-3:	\$36,575
Program supplies— office supplies, communication supplies, staff travel. \$119.05 per month	Years 1-3:	\$5,000
Transportation— (1) Staff Muni monthly pass \$91/month for Yr1 + 5% increase annually thereafter.	Year 1:	\$3,822
	Year 2:	\$4,013
	Year 3:	\$4,214
Overhead @ 10%	Year 1:	\$14,040
	Year 2:	\$14,059
	Year 3:	\$14,079

b. Other Funds Leveraged: \$0

5. Indirect Costs:

a. Total Grant Funds Requested: \$600,000

Narrative Detail:

Indirect Costs— 10%.	Year 1:	\$199,076
	Year 2:	\$200,446
	Year 3:	\$200,478

INDIRECT COSTS	Yr1	Yr2	Yr3	Total
Labor + Administration (salaries, wages, benefits)	\$ 139,722	\$ 140,139	\$ 140,139	\$ 420,000
Occupancy	\$ 29,941	\$ 30,030	\$ 30,030	\$ 90,000
Insurance	\$ 9,980	\$ 10,010	\$ 10,010	\$ 30,000
Communication equipment	\$ 9,980	\$ 10,010	\$ 10,010	\$ 30,000
Postage	\$ 5,988	\$ 6,006	\$ 6,006	\$ 18,000
Printing	\$ 3,992	\$ 4,004	\$ 4,004	\$ 12,000

b. Other Funds Leveraged: \$0

6. Data Collection and Evaluation:

a. Total Grant Funds Requested: \$300,000

Narrative Detail:

HTA - Research Partner— Program evaluation.			
<i>Annual Evaluation Planning</i>	<i>\$3,950</i>	Years 1-3:	\$100,000
<i>Annual Evaluation Implementation</i>	<i>\$9,900</i>		
<i>Annual Evaluation Reporting</i>	<i>\$75,100</i>		
<i>Annual Additional Costs</i>	<i>\$11,050</i>		

b. Other Funds Leveraged: \$0

7. Equipment/Fixed Assets: \$0

8. Other (Travel, Training, etc.): \$0

Proposition 47 Local Advisory Committee Membership Roster

Lead Public Agency: San Francisco Department of Public Health

Individual Name	Job Title	Agency/Organization
Allen Nance	Chief Juvenile Probation Officer	SF Juvenile Probation Department
Angela Coleman	Board Appointee*	Glidè Church
Barbara Garcia	Director	SF Department of Public Health
Craig Murdock	Director, Treatment Access Program	SF Department of Public Health
Edwin M. Lee	Mayor	SF Mayor's Office
George Gascon	District Attorney	SF Office of the District Attorney
James Lowden	Board Appointee*	Community Representative
Jeff Adachi	Public Defender	SF Office of the Public Defender
Jeff Kositsky	Director	SF Department of Homelessness & Supportive Housing
Jose Bernal	Board Appointee*	Community Representative
Karen Fletcher	Chief Adult Probation Officer	SF Adult Probation Department
Karen Roye	Director	SF Department of Child Support Services
Kimberli Courtney	Board Appointee*	Five Keys Charter School
Leslie Levitas	Mayoral Appointee*	SF Sheriff's Department
Maria Su	Director	SF Department of Children, Youth, & Families
Michael Carr	Director of Workforce Development	SF Office of Economic & Workforce Development
Omoredede Rico Hamilton	Mayoral Appointee*	Community Representative
Steven Lin	District Administrator	Division of Parole Operations, California Department of Corrections & Rehabilitation
Trent Rhorer	Executive Director	SF Human Services Agency
Vicki Hennessy	Sheriff	SF Sheriff's Department
William Scott	Chief of Police	SF Police Department
Pending	Mayoral Appointee*	Community Representative

*All Mayoral and Board appointees are formerly incarcerated.

Proposition 47 Local Advisory Committee Letter of Agreement

1. Barbara Garcia, Director, Department of Public Health
2. Edwin M. Lee, Mayor, Mayor's Office
3. Vicky Hennessey, Sheriff, San Francisco Sheriff's Office
4. George Gascon, District Attorney, SF Office of the District Attorney
5. William Scott, Chief of Police, San Francisco Police Department
6. Jeff Adachi, Public Defender, SF Office of the Public Defender
7. Karen Fletcher, Chief Adult Probation Officer, Adult Probation Department
8. Maria Su, Director, Department of Children, Youth, & Families
9. Michael Carr, Director of Workforce Development, Office of Economic & Workforce Development
10. Craig Murdock, Director, Treatment Access Program, Department of Public Health
11. Steven Lin, District Administrator, Division of Parole Operations, California Department of Corrections & Rehabilitation?
12. Allen Nance, Chief Juvenile Probation Officer, Juvenile Probation Department?
13. Trent Rhorer, Executive Director, Human Services Agency
14. Karen Roye, Director, Department of Child Support Services
15. Jose Bernal, Board Appointee*, Community Representative
16. Angela Coleman, Board Appointee*, Glide Church
17. Kimberli Courtney, Board Appointee*, Five Keys Charter School
18. Omorede Rico Hamilton, Mayoral Appointee*, Community Representative
19. Leslie Levitas, Mayoral Appointee*, SF Sheriff's Department
20. James Lowden, Board Appointee*, Community Representative
21. Jeff Kositsky, Director, Department of Homelessness & Supportive Housing

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



This is a letter of agreement between San Francisco Department of Public Health and all organizations listed herein for the purposes of applying for the Proposition 47 Grant. All individuals listed below are members of the San Francisco Reentry Council, which has agreed to serve as the Local Advisory Committee to the Proposition 47 grant application submitted by the San Francisco Department of Public Health. This advisory body will, at a minimum:

- Advise the San Francisco Department of Public Health during the ongoing implementation of the grant project; and
- Provide a public forum for implementation review and troubleshooting.

In subsequent planning and application years, this advisory body will advise on:

- How to identify and prioritize the most pressing needs to be addressed, including the target population, target area, and other elements as appropriate;
- How to identify the strategies, programs and/or services to be undertaken to address those needs; and
- The development of the grant project.

Signed in mutual agreement,

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

*Barbara Garcia, Director
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102*

2/14/17

Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Edwin M. Lee".

*Edwin M. Lee, Mayor
City & County of San Francisco
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102*

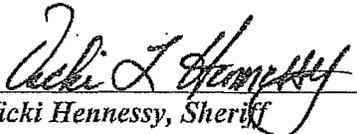
February 14, 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

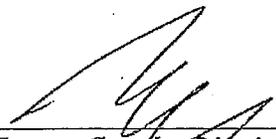

Vicki Hennessy, Sheriff
San Francisco Sheriff's Department
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102

13 February 2017
Date

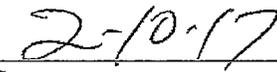
**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,



*George Gascon, District Attorney
San Francisco District Attorney's Office
850 Bryant Street
San Francisco, CA 94103*



Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

William Scott
William Scott, Chief of Police
San Francisco Police Department
1245 3rd Street
San Francisco, CA 94158

2/13/2017
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

A handwritten signature in black ink, appearing to read "Jeff Adachi".

*Jeff Adachi, Public Defender
San Francisco Public Defender's Office
555 7th Street
San Francisco, CA 94103*

2/14/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

Karen Fletcher

Karen Fletcher
Chief Adult Probation Officer
Adult Probation Department
880 Bryant Street
San Francisco, CA 94103

2/13/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Maria Sullivan", written over a horizontal line.

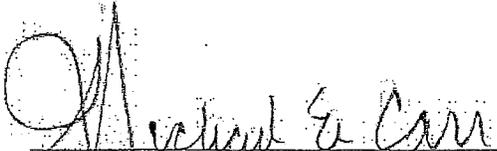
Maria Sullivan, Director
Department of Children, Youth and Their Families
1390 Market Street #900
San Francisco, CA 94102

2/14/2017
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,


Michael Carr, Director
Office of Workforce Development
1 Dr. Carlton B. Goodlett Pl
San Francisco, CA 94102


Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement.



Craig Murdock, Director
Treatment Access Program
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103

2/14/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

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

*Steven Liu, District Administrator
Division of Parole Operations
California Department of Corrections & Rehabilitation
1727 Mission Street
San Francisco, CA 94102*

2/9/17
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,



Allen A. Nance
Chief Juvenile Probation Officer
San Francisco Juvenile Probation Department
375 Woodside Avenue
San Francisco, CA 94127

2-10-17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

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

*Trent Rhorer, Executive Director
San Francisco Human Services Agency
170 Otis Street
San Francisco, CA 94103*

2/14/17
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

A handwritten signature in cursive script, appearing to read "Karen Roye".

Karen Roye, Director
San Francisco Department of Child Support Services
617 Mission Street
San Francisco, CA 94105

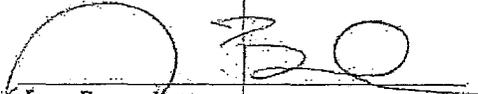
February 9, 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,


Jose Bernal
Board Appointee

2/10/17
Date

**San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement**



Signed in mutual agreement,

Angela Coleman

Angela Coleman
Board Appointee

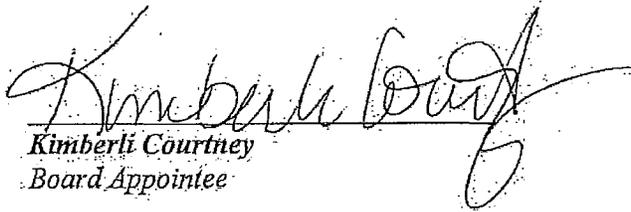
05.10.17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement:


Kimberli Courtney
Board Appointee

2/10/17
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,



Omoredé Ricó Hamilton
Mayoral Appointee

2-13-2017
Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,

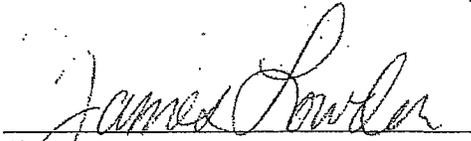
Leslie Levitas
Leslie Levitas
Mayoral Appointee

2/15/17
Date

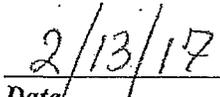
San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement,



James Lowden
Board Appointee



Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement



Signed in mutual agreement.

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

Jeff Kositsky, Director
Department of Homelessness & Supportive Housing
101 Grove Street
San Francisco, CA 94102

2/14/2017
Date

Local Government Impact Letters

1. Barbara Garcia, Director, Department of Public Health
2. Vicky Hennessey, Sheriff, San Francisco Sheriff's Office
3. George Gascon, District Attorney, SF Office of the District Attorney
4. William Scott, Chief of Police, San Francisco Police Department
5. Jeff Adachi, Public Defender, SF Office of the Public Defender
6. Karen Fletcher, Chief Adult Probation Officer, Adult Probation Department



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Board of State and Community Corrections
Corrections Planning and Programs Division
2590 Venture Oaks Way, Suite 200
Sacramento, CA 95833

To Whom It May Concern,

This is a letter of agreement between the San Francisco Department of Public Health (SFDPH) and all agencies listed herein in for the purposes of applying for the Proposition 47 grant. Aligned with the city's goal of reducing the jail population, this grant seeks to increase residential substance use disorder treatment services for criminal justice-involved adults, including dedicated resources for adult transitional aged youth (TAY).

In addition to residential treatment, eligible individuals will also receive case management and/or peer navigation to support their transition out of residential treatment and connect them to the city's extensive network of wraparound services, including housing support, job skills, education, and legal services. The listed agencies will work collaboratively to implement, refine, collect and share data, and evaluate the program.

In this effort, the listed agencies do not anticipate any negative impact that will prevent this program or any other programs or services from operating as intended. In fact, all parties anticipate improved collaboration and communication across all partner agencies included in this application. However, if there are any unforeseen impacts on any listed agency, the party will work directly with SFDPH and partner agencies to address and resolve any issues causing this impact.

Signed in mutual agreement,

*Barbara Garcia, Director
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102*

2/14/17

Date



San Francisco Proposition 47
Local Government Impact
Letter of Agreement

Signed in mutual agreement,

A handwritten signature in cursive script, reading "Vicki L. Hennessy", is written over a horizontal line.

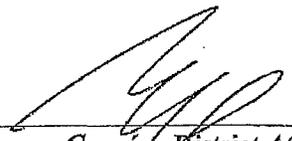
Vicki L. Hennessy, Sheriff
San Francisco Sheriff's Department
1 Dr. Carlton B Goodlett Pl
San Francisco, CA 94102

13 February 2017
Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,



*George Gascon, District Attorney
San Francisco District Attorney's Office
850 Bryant Street
San Francisco, CA 94103*

2-10-17

Date



San Francisco Proposition 47
Local Government Impact
Letter of Agreement

Signed in mutual agreement,

William Scott

*William Scott, Chief of Police
San Francisco Police Department
1245 3rd Street
San Francisco, CA 94158*

2/13/2017

Date



**San Francisco Proposition 47
Local Government Impact
Letter of Agreement**

Signed in mutual agreement,

A handwritten signature in black ink, appearing to read "Jeff Adachi".

*Jeff Adachi, Public Defender
San Francisco Public Defender's Office
555 7th Street
San Francisco, CA 94103*

2/14/17

Date



San Francisco Proposition 47
Local Government Impact
Letter of Agreement

Signed in mutual agreement,

Karen Fletcher

Karen Fletcher
Chief Adult Probation Officer
Adult Probation Department
880 Bryant Street
San Francisco, CA 94103

2/13/17

Date

Proposition 47 Project Work Plan

FI=Felton Institute, RC=Reentry Council, SA=Salvation Army

(1) Goal:	Engage the target number of adults with substance use disorder (SUD) and a history of involvement with the criminal justice system		
Objectives:	1.1 The program will engage at least 64 individuals with SUD who may also have co-occurring MH issues (who meet the target criteria) annually in residential SUD treatment. 1.2 The residential program will maintain at least a 90% occupancy rate.		
Project activities that support the identified goal and objectives	Responsible staff/partners	Timeline	
		Start Date	End Date
Finalize contracts with CBOs	Clinical Sup.	June 2017	August 2017
Hire or assign case manager and peer navigators	FI, RAMS	June 2017	August 2017
Train referral providers on Prop 47 eligibility	Clinical Sup.	June 2017	August 2017
Convene Reentry Council and workgroup meetings	RC, Clinical Sup.	June 2017	August 2020
Provide residential SUD and MH tx, case mgt and peer navigation for 64 participants/year	SA, FI, RAMS	June 2017	August 2020
(2) Goal:	Participants completing treatment will have a community care plan that connects them to community-based resources that support their ongoing stabilization and recovery		
Objectives:	2.1 100% of participants who complete the residential program will leave with a community care plan. 2.2 100% of community care plans will be individually tailored for each participant and will connect to housing, employment, medical care, mental health treatment, vocational services, and/or other resources, as needed. 2.3 90% of participants who successfully complete the residential program will be enrolled in the public benefits for which they are eligible (SSI, GA, Medi-Cal, etc.).		
Project activities that support the identified goal and objectives	Responsible staff/partners	Timeline	
		Start Date	End Date
Assign Peer Navigators	Clinical Sup., RAMS	August 2017	August 2020
Assign TAY Clinician	Clinical Sup., FI	August 2017	August 2020
(3) Goal:	Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program.		
Objectives:	3.1 At least 50% of participants will complete 3-6 months of residential treatment. 3.2 As a cohort, 40% of participants will demonstrate lower recidivism rates than in a comparable period prior to admission. 3.3 As a cohort, participants will utilize 50% fewer jail bed days per year than they did prior to program participation.		
Project activities that support the identified goal and objectives	Responsible staff/partners	Timeline	
		Start Date	End Date
Complete Local Evaluation Plan	Data analyst, HTA	June 2017	Sept 2017
Prepare and submit Progress Reports	Data analyst, HTA	Quarterly	June 2020
Complete 2-Year Prelim. Evaluation Rpt.	Data analyst, HTA	August 2019	August 2019
Complete Final Evaluation Report	Data analyst, HTA	August 2020	August 2020

List of Partner Agencies/Organizations

Lead Public Agency: San Francisco Department of Public Health

Other Public Agency Partners

	Name of Agency	2-3 sentence description of services to be provided
1	SF Mayor's Office	Will serve on the Prop 47 Local Advisory Committee.
2	SF Juvenile Probation Department	Will serve on the Prop 47 Local Advisory Committee.
3	SF Office of the District Attorney	Will serve on the Prop 47 Local Advisory Committee.
4	SF Office of the Public Defender	Will serve on the Prop 47 Local Advisory Committee.
5	SF Department of Homelessness & Supportive Housing	Will serve on the Prop 47 Local Advisory Committee.
6	SF Adult Probation Department	Will serve on the Prop 47 Local Advisory Committee.
7	SF Department of Child Support Services	Will serve on the Prop 47 Local Advisory Committee.
8	SF Sheriff's Department	Will serve on the Prop 47 Local Advisory Committee.
9	SF Department of Children, Youth, & Families	Will serve on the Prop 47 Local Advisory Committee.
10	SF Office of Economic & Workforce Development	Will serve on the Prop 47 Local Advisory Committee.
11	SF Human Services Agency	Will serve on the Prop 47 Local Advisory Committee.
12	SF Police Department	Will serve on the Prop 47 Local Advisory Committee.

Non-Governmental, Community-Based Partners (if known)

	Name of Organization	2-3 sentence description of services to be provided
1	Salvation Army	Salvation Army's Harbor Light facility will provide 5 social detox and 32 residential SUD treatment beds for eligible participants. The program includes individual and group counseling and therapy, case management, substance abuse and mental health classes, and physical wellness.
2	Felton Institute	Felton Institute will provide transitional age youth (TAY) participants with clinical case management, developmentally appropriate treatment groups in wellness recovery and SUD treatment, and outreach.
3	Richmond Area Multi-Services, Inc. (RAMS)	RAMS will provide Peer Navigators to support clients transitioning out of residential treatment at Salvation Army and help them navigate the system, find housing and jobs, take them to appointments, and connect them to existing services to help them achieve stability. One Peer Navigator will be dedicated to working with TAY participants.
4	San Francisco Public Health Foundation	SFPHF will serve as fiscal agent for the Prop 47 grant and manage payment for project-related expenses such as staff trainings, food, office supplies, travel vouchers, clothing, document support, and other incidentals for PRSPR clients.
5	Hatchuel Tabernik and Associates (HTA)	HTA will serve as the local evaluation partner for the PRSPR project and will be responsible for data collection and analysis.
6	Dr. Joseph Guydish, UC San Francisco	Dr. Guydish will serve as a key advisor on addiction research and best practices for the PRSPR program.

Bibliography

1. Degeneffe, M. (2011). Knocking on the revolving door: analyzing recidivism in San Francisco. SF Fellows Report.
2. San Francisco Department of Public Health. (2016). San Francisco heroin opioid brief.
3. National Drug Early Warning System (NDEWS). (2016). San Francisco Sentinel community site (SCS) drug use Patterns and trends.
4. San Francisco Department of Public Health. (2016). Behavioral Health Services Presentation.
5. Community Corrections Partnership Executive Committee. (2015). Three years of realignment in San Francisco.
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10. San Francisco Department of Public Health. (2016).
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12. Ritter, A., and Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*, 25, 611–624.
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OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2017 JUN -1 AM 11:55

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *Ed* Mayor Edwin M. Lee *[Signature]*
RE: Mayor's Proposed FY 2017-2018 2018-2019 Budget Trailing Legislation
DATE: June 1, 2017

Attached for introduction to the Board of Supervisors is Mayor's FY 2017-2018 2018-2019 Proposed Budget Trailing legislation.

June 8, 2017 Budget & Finance Committee

- Resolution approving the Interim Budget of the Treasure Island Development Authority for FY2017-2018 and FY2018-2019.
- ✓ Resolution approving the Budget of the Treasure Island Development Authority for FY2017-2018 and FY2018-2019.
- Ordinance amending the Administrative Code to adjust existing surcharges on permit fees, license fees, permit review fees, and permit and license renewal fees for permits and licenses issued by the Planning Department, Department of Building Inspection, Department of Public Health and Police Department that may be appealed to the Board of Appeals.
- Resolution approving the Fiscal Year (FY) 2017-2018 Budget of the Office of Community Investment and Infrastructure (OCII), operating as the Successor Agency to the San Francisco Redevelopment Agency.

June 15, 2017 Budget & Finance Committee

- Ordinance amending the Administrative Code to establish an Office of Cannabis; to authorize the Director of the Office of Cannabis to issue permits to cannabis-related businesses; and to delegate to the Director of the Office of Cannabis the authority to establish permit application and annual license fees, subject to approval by the Controller.
- Ordinance adopting the Neighborhood Beautification and Graffiti Clean-up Fund Tax designation ceiling for tax year 2017.
- Resolution concurring with the Controller's establishment of the Consumer Price Index for 2017, and adjusting the Access Line Tax by the same rate.
- Resolution authorizing the Controller's Office and Office of the Treasurer and Tax Collector to examine the prepaid mobile telephony services surcharge and local charges collected by the State Board of Equalization.

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141

- Resolution concurring with the Controller's certification that services previously approved can be performed by private contractor for a lower cost than similar work performed by City and County employees, for the following services: budget analyst (Board of Supervisors); citywide custodial services (excluding City Hall), citywide security services, central shops security, convention facilities management (General Services Agency—City Administrator); mainframe system support (General Services Agency—Technology); security services (Human Services Agency); food services for jail inmates (Sheriff); assembly of vote-by-mail envelopes (Department of Elections)
- Resolution concurring with the Controller's certification that security services at the new Medical Examiner facility at 1 Newhall St. can be performed by a private contractor for a lower cost than similar work performed by City and County employees at the General Services Agency—City Administrator.
- Ordinance amending the Planning Code to establish a fee for the Mayor's Office of Housing and Community Development to monitor Student Housing, affirming the Planning Department's determination under the California Environmental Quality Act; and making findings of public convenience, necessity, and welfare under Planning Code Section 302.
- Ordinance amending Ordinance No. 112-16 to authorize an increase of the issuance and sale of tax-exempt or taxable Water Revenue Bonds and other forms of indebtedness (as described below) by the San Francisco Public Utilities Commission (Commission) in an aggregate principal amount not to exceed \$274,130,430 to finance the costs of various capital water projects benefitting the Water Enterprise, including in addition the Rollins Road Property (as described below) pursuant to amendments to the Charter of the City and County of San Francisco enacted by the voters on November 5, 2002 as Proposition E; authorizing the issuance of Water Revenue Refunding Bonds; declaring the Official Intent of the Commission to Reimburse Itself with one or more issues of tax-exempt or taxable bonds or other forms of indebtedness; and ratifying previous actions taken in connection therewith.
- Ordinance appropriating \$9,132,962 of proceeds from Water Enterprise Revenue Bonds to purchase the property located at 1657-1663 Rollins Road, Burlingame that has been served as the primary work location for SFPUC staff from the Water Quality Division, the Natural Resources & Land Management Division, and the Water Supply & Treatment Division in FY 2017-2018; and placing \$9,132,962 of proceeds on Controller's Reserve pending receipt of proceeds of indebtedness.
- Ordinance appropriating \$70,060,000, consisting of \$35,000,000 of proceeds from the sale of Airport Capital Plan Bonds and \$60,000 from fund balance, and \$35,000,000 of proceeds transfer from Hotel Special Facility Revenue Bonds to support San Francisco International Airport Hotel Project and placing \$70,000,000 on Controller's Reserve pending receipt of proceeds of indebtedness; de-appropriating and re-appropriating \$25,000,000 of Hotel Special Facility Revenue Bonds.

- Ordinance Re-appropriating \$26,200,000 of 2014 Transportation and Road Improvements General Obligation Bonds Series 2015B funded Better Market Street projects and Muni Forward and Pedestrian Safety Improvements Projects to Transit projects including Muni Facility Upgrades in FY2017-18. (8th or 15th?)

June 16, 2017 Budget & Finance Committee

- Ordinance amending the Administrative Code to authorize the Arts Commission to contract for the development, fabrication, maintenance, conservation, removal, or installation of art work.
- Ordinance amending the Business and Tax Regulations Code to require that payment of emergency medical services fees be made to the Department of Public Health rather than the Department of Emergency Management.
- Ordinance amending the Health Code to set patient rates and other services provided by the Department of Public Health for patient and other services rendered, starting July 1, 2017, and continuing through June 30, 2019.
- Resolution authorizing the acceptance and expenditure of State grant funds by the San Francisco Department of Public Health of FY2017-2018.
- Resolution authorizing the Director of Health to sign an agreement, on behalf of the City and County of San Francisco, with the California Board of State and Community Corrections for participation in the Law Enforcement Assisted Diversion Pilot Program for the period of July 1, 2017 to June 30, 2019.
- Ordinance amending the Fire Code to increase the fees for certain Fire Department services, and affirming the Planning Department's determination under the California Environmental Quality Act.
- Resolution approving the FYs 2017-2018 and 2018-2019 Expenditure Plans for the Department of Homelessness and Supportive Housing Fund.
- Resolution authorizing the San Francisco Public Library to accept and expend a grant in the amount of up to \$753,851 of in-kind gifts, services, and cash monies from the Friends of the San Francisco Public Library for direct support for a variety of public programs and services in FY2017-2018.
- Resolution authorizing the Director of Health to sign an agreement, on behalf of the City and County of San Francisco, with the California Board of State and Community Corrections for participation in the Proposition 47 Grant Program for the period of July 1, 2017 to August 15, 2020.

Should you have any questions, please contact Mawuli Tugbenyoh (415) 554-5168.

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Melissa Whitehouse, Mayor's Acting Budget Director
Date: June 1, 2017
Re: Mayor's FY 2017-18 and FY 2018-19 Budget Submission

Madam Clerk,

In accordance with City and County of San Francisco Charter, Article IX, Section 9.100, the Mayor's Office hereby submits the Mayor's proposed budget by June 1st, corresponding legislation, and related materials for Fiscal Year 2017-18 and Fiscal Year 2018-19.

In addition to the Annual Appropriation Ordinance, Annual Salary Ordinance, and Mayor's Proposed FY 2017-18 and FY 2018-19 Budget Book, the following items are included in the Mayor's submission:

- The budget for the Treasure Island Development Authority for FY 2017-18 and FY 2018-19
- The budget for the Office of Community Investment and Infrastructure for FY 2017-18
- 21 separate pieces of legislation (see list attached)
- A Transfer of Function letter detailing the transfer of 3.0 positions from the City Administrator's Office to the Public Utilities Commission
- An Interim Exception letter
- A letter addressing funding levels for consumer price index increases for nonprofit corporations or public entities for the coming two fiscal years

If you have any questions, please contact me at (415) 554-6253.

Best Regards,

A handwritten signature in black ink, appearing to read "Melissa Whitehouse".

Melissa Whitehouse
Mayor's Budget Director

cc: Members of the Board of Supervisors
Harvey Rose
Controller

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2017 JUN - 1 AM 11:56
BY

DEPT	Budget & Finance Committee Calendar Date	Description or Title of Local Legislation	Type of Legislation
PAB	June 8 - Thursday	Administrative Code - Board of Appeals Surcharges on Permit Fees	Ordinance
MTA	June 15 -Thursday	Re-Appropriation – 2014 Transportation and Road Improvements General Obligation Bonds Series 2015B Projects - \$26,200,000 - FY2017-18	Ordinance
ADM	June 15 -Thursday	Administrative Code - Cannabis Regulation	Ordinance
AIR	June 15 -Thursday	Appropriation - Airport Hotel Project of \$70,060,000 and Re-Appropriation - Hotel Special Facility Revenue Bond of \$25,000,000 - Airport Commission - FY2016-2017	Ordinance
CON	June 15 -Thursday	Neighborhood Beautification and Graffiti Clean-up Fund Tax Designation Ceiling	Ordinance
CON	June 15 -Thursday	Resolution Adjusting the Access Line Tax with the Consumer Price Index of 2017	Resolution
CON	June 15 -Thursday	Authorization the Examination of Prepaid Mobile Telephony Service Surcharge and Local Charge Records.	Resolution
CON	June 15 -Thursday	Proposition J Contract Certification— Security Guard Services	Resolution
CON	June 15 -Thursday	Proposition J Contract Certification Specified Contracted-Out Services Previously Approved	Resolution
MOHCD	June 15 -Thursday	Planning Code - Establish Fee for Monitoring of Student Housing by Mayor's Office of Housing and Community Development	Ordinance
PUC	June 15 -Thursday	Appropriation – Proceeds from Waster Enterprise Fund Balance Revenue Bonds - Property Purchase Located at Rollins Road - FY 2017-2018 - \$9,132,962	Ordinance
PUC	June 15 -Thursday	Amending Ordinance 112-16--Public Utilities Commission Water Revenue Bond Issuance—Not to Exceed \$274,130,430	Ordinance
ART	June 16 -Friday	Administrative Code - Arts Commission Contracting Authority	Ordinance
DPH	June 16 -Friday	Business and Tax Regulations Code - Emergency Medical Services Fees	Ordinance
DPH	June 16 -Friday	Health Code - Patient Rates 2017-2019	Ordinance
DPH	June 16 -Friday	Accept and Expend Grants- Recurring State Grant Funds - Department of Public Health- FY2017-2018	Resolution
DPH	June 16 -Friday	Agreement – Department of Public Health – Proposition 47 Grant Program	Resolution
DPH	June 16 -Friday	Agreement – Department of Public Health – LEAD SF Pilot Program	Resolution
FIR	June 16 -Friday	Fire Code - Fire Department Fees	Ordinance
HOM	June 16 -Friday	Homelessness and Supportive Housing Fund - FYs 2017-2018 and 2018-2019 Expenditure Plans	Resolution
LIB	June 16 -Friday	Accept and Expend Grant - Friends of San Francisco Public Library - Annual Grant Award, FY2017-2018 - Up to \$753,851 of In-Kind Gifts, Services, and Cash Monies	Resolution

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

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

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Public Health Foundation	
<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) Board – See Attachment 1 2) Penny Eardley, Executive Director 3) N/A 4) N/A 5) N/A	
Contractor address: 375 Laguna Honda Blvd. B303, San Francisco, CA 94116	
Date that contract was approved:	Amount of contract: \$225,636
Describe the nature of the contract that was approved: SF Public Health Foundation will serve as the fiscal sponsor and will manage payment for project-related expenses under the direction of DPH.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- 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

Filer Information <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 Place	E-mail: Board.of.Supervisors@sfgov.gov

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

Board Members – San Francisco Public Health Foundation

Name	Title
Robyn Frye	President
Rachel Golick Fernandez	Vice President
Tim McDowell	Treasurer
Colleen Chawla	Secretary
Elizabeth Ferber	
Sonia Melara	
Amanda Schmutzler	
Gayle Uchida	

**FORM SFEC-126:
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City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: The Salvation Army (Western Territory)	
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.	
1) Board – See Attachment 1 2) Commissioner James M. Knaggs, Territorial Commander; Commissioner Carolyn R. Knaggs; Colonel David E. Hudson, Chief Secretary 3) N/A 4) N/A 5) N/A	
Contractor address: 375 Laguna Honda Blvd. B303, San Francisco, CA 94116	
Date that contract was approved:	Amount of contract: \$4,059,165
Describe the nature of the contract that was approved: Salvation Army (SA) will provide 5 social detox spots and 32 residential SUD treatment beds for eligible participants. Participants in SA's residential treatment program will receive individual and group counseling and therapy, case management, SUD and MH classes, and physical wellness.	
Comments:	

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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

Board Members – Salvation Army National Advisory Board**Name**

Allen Chan

Bill Burke

Bobby Lyle

Bruce A. Williamson

C. Scott Hartz

David R. Frauensuh

David W. Bower

Deborah C. Brittain

Donald W. Strang

Elizabeth B. Koch

Eric Holm

Frank Vizcarra

Gary D. Brown

Gene Jones

J.C. Huizenga

James A. Nordstrom

James F. Goodman, Jr.

Jason R. Howard

Joe Robson

Joel Manby

John Latella

Kay Coles James

Laura W. Bush

Marcia Larson Peiffer

Marlene Klotz Collins

Mary L.G. Theroux

Michael Ducker

Micheal Flaherty

Mike Cassling

Philip Russell

Robert W. Alspaugh

Rodney Bullard

Tony Thompson

William Burke

William Flinn

William Gammon, Iii

William J. Raduchel

Y. Marc Belton

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
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City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors

Contractor Information (Please print clearly.)	
Name of contractor: Richmond Area Multi-Services, Inc.	
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.	
<ol style="list-style-type: none"> 1. Board of Directors – See Attachment A 2. Christina Shea, Interim President & CEO 3. Ken Choi, CFO 	
Contractor address: 639 14th Avenue, San Francisco, CA 94118	
Date that contract was approved:	Amount of contract: \$463,951
Describe the nature of the contract that was approved: RAMS will work with identified participants for 60 days following completion of residential treatment to help them navigate the system, take them to appointments, and stay on course with their plan. One of the Peer Navigators will be dedicated to working with TAY participants.	
Comments:	

This contract was approved by (check applicable):

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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

Filer Information (Please print clearly.)	
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 Place	E-mail: Board.of.Supervisors@sfgov.gov

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

Attachment A: Richmond Area Multi-Services, Inc. (RAMS) Board of Directors

Name	Title	Description
Cynthia Huie	Chair	Fundraising & Development Committee
Loren Krane	Vice Chair	Strategic Planning and Personnel Committees
Ed Obuchowski	Treasurer	Finance Committee
Walter M. Stella	Secretary	Personnel Committee
Alvin N. Alvarez		Strategic Planning Committee
Anoshua Chaudhuri		Finance Committee
Irina Mandelboym		Fundraising & Development Personnel Committee
William Wong		Fundraising & Development Committee
C. Kitty Wu, PhD		Finance Committee

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

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Hatchuel, Tabernik & Associates	
<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) N/A 2) Tim Tabernik, President and Chief Executive Officer; Chandreve Clay, Chief Operating Officer and Associate; Russ Lobar, Chief Financial Officer 3) N/A 4) N/A 5) N/A	
Contractor address: 2560 9th St., Suite 211, Berkeley, CA 94710	
Date that contract was approved:	Amount of contract: \$300,000
Describe the nature of the contract that was approved: HTA will serve as the local evaluation partner for PRSPR and will work with the DPH Data Analyst to collect, clean and align multijurisdictional data; they will also gather qualitative data from participant surveys, focus groups, observations and so forth. HTA will gather and analyze both quantitative and qualitative data and will report to the Reentry Council (and the BSCC evaluators) on a quarterly and annual basis regarding fidelity of implementation and program outcomes.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
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<small>Print Name of Board</small>	
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Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

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

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Felton Institute	
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. 1) Board – See Attachment 1 2) Al Gilbert, President and Chief Executive Officer; Marvin Davis, Chief Finance & Operating Officer 3) N/A 4) N/A 5) N/A	
Contractor address: 1500 Franklin St, San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$351,248
Describe the nature of the contract that was approved: Felton Institute (FI) will provide TAY-specific clinical case management, developmentally appropriate treatment groups based in wellness recovery, evidence-based SUD treatment, outreach and linkage to care.	
Comments:	

This contract was approved by (check applicable):

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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

Board of Directors – Felton Institute

Name	Title	Description
Michael Hofman	Chair	Member, Development Committee
Amy Solliday	Vice Chair	Member, Human Resources Committee
Elisabeth Madden	Secretary	Member, Human Resources Committee
Terry Limpert	Chairperson Emeritus	Member, Development Committee
Paul Adams		Chair, Ad-Hoc Program Committee Chair, Governance Committee
Dale Butler		Member, Human Resources Committee
Dr. Michelle Clark		Member, Ad-Hoc Program Committee
Dr. H. Westley Clark		Member, Ad-Hoc Program Committee
Veronica Garcia		Member
Lisa Loughney		Member, Finance Committee
Amelia Morris		Member, Finance Committee
Grace Nadolny		Member, Ad-Hoc Program Committee
Eric Severson		Member, Governance Committee
Will Smiley		Member, Governance Committee
Matt Snyder		Co-Chair, Finance Committee
Chris Thiele		Chair, Human Resources Committee

