

File No. 160313

Committee Item No. 2

Board Item No. 7

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Government Audit and Oversight

Date April 21, 2016

Board of Supervisors Meeting

Date MAY 17, 2016

Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input checked="" 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 checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

OTHER (Use back side if additional space is needed)

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|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Appendix A                              |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Certification of Insurance - 09/09/2015 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Sheriff Memo - 04/04/2016               |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CSC Memo - 03/13/2014                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | SHERIFF POWERPOINT - 04/21/2016         |
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Completed by: Erica Major Date April 15, 2016  
 Completed by: JM Date 4/21/2016

1 [Home Detention Electronic Monitoring Program Rules and Regulations and Program  
2 Administrator's Evidence of Financial Responsibility - 2016]

3 **Resolution approving the Sheriff Department's home detention and electronic**  
4 **monitoring program rules and regulations and approving evidence of financial**  
5 **responsibility demonstrated by program administrator, Leaders in Community**  
6 **Alternatives, for the 2016 calendar year.**

7  
8 WHEREAS, The Sheriff's Department held a competitive bid process RFP  
9 SHF2014-01 Electronic Monitoring and Case Management Services and awarded a contract  
10 to Leaders in Community Alternatives ("LCA") to administer the Sheriff Department's home  
11 detention and electronic monitoring program (the "Program"); and

12 WHEREAS, The Civil Service Commission approved Professional Services  
13 Contract 48796-13/14 with LCA on March 3, 2014; and

14 WHEREAS, California Penal Code, Sections 1203.016 and 1203.018 authorize the  
15 Sheriff to expand the use of home detention with electronic monitoring for sentenced and  
16 unsentenced inmates to reduce jail operating expenditures; and

17 WHEREAS, California Penal Code, Sections 1203.016 and 1203.018 authorize the  
18 Sheriff to administer a home detention program with electronic monitoring pursuant to written  
19 contracts with private entities, subject to the requirement that the Board of Supervisors  
20 annually review and approve the rules and regulations of the Program and the requirement  
21 that such contract include a provision requiring that the contractor demonstrate and submit for  
22 approval by the Board of Supervisors evidence of financial responsibility that may include a  
23 current liability insurance policy in amounts and under conditions sufficient to fully indemnify  
24 the City and County of San Francisco for reasonably foreseeable public liability, including  
25

1 legal defense costs, that may arise from, or be proximately caused by, acts or omissions of  
2 the contractor; and

3 WHEREAS, The Sheriff Department's Program is administered by LCA pursuant to the  
4 rules and regulations set forth in Appendix A of the contract with LCA, which is on file with the  
5 Clerk of the Board of Supervisors in File No. 160313; and

6 WHEREAS, The Board of Supervisors reviewed and approved the rules and  
7 regulations of the Program set forth in Appendix A of the contract with Program Administrator  
8 LCA, which is on file with the Clerk of the Board of Supervisors in File No. 160313, and no  
9 changes to the rules and regulations have been made since that date; and

10 WHEREAS, The Sheriff's Department completed the annual review of the Program's  
11 scope of services and LCA's evidence of financial responsibility, which shall be the certificate  
12 of insurance required by the contract with LCA, and found that no change is required; and

13 WHEREAS, Program administrator LCA has provided to the Sheriff as evidence of  
14 financial responsibility a certificate of current liability insurance, which is on file with the Clerk  
15 of the Board of Supervisors in File No. 160313, and which is hereby declared to be a part of  
16 this resolution as if set forth fully herein; now, therefore, be it

17 RESOLVED, That the Board of Supervisors approves the rules and regulation of the  
18 Program set forth in Appendix A of the contract with Program administrator LCA; which is on  
19 file with the Clerk of the Board of Supervisors in File No. 160313, and, be it

20 FURTHER RESOLVED, That the Board of Supervisors approves the evidence of  
21 financial responsibility submitted by Program Administrator LCA and demonstrated by the  
22 certificate of current liability insurance, which is on file with the Clerk of the Board of  
23 Supervisors in File No. 160313; and, be it

24 FURTHER RESOLVED, the Sheriff shall submit annually the rules and regulations of  
25 the Program for review and approval by the Board of Supervisors; and, be it

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FURTHER RESOLVED, The Sheriff will perform an annual review of the evidence of financial responsibility, which for this Agreement shall be the certificate of insurance required by the Agreement, to ensure compliance with requirements set by the Board of Supervisors and for adjustment of the financial responsibility requirements if warranted by caseload changes or other factors.

**Appendix A**  
**Services to be provided by Contractor**

**Description of Services**

Contractor will provide electronic home detention monitoring and case management services for inmates who qualify for home detention as an alternative to incarceration. Services include adjunct case management to monitor inmate's outpatient participation in substance abuse or mental health programs and urinalysis to monitor sobriety.

**Case Management Requirements**

As per California Penal Code section 1203.018, LCA will "operate in compliance with any available standards and all state and county laws applicable to the operation of electronic monitoring programs and the supervision of offenders in an electronic monitoring program."

As per California Penal Code section 1203.016, LCA will "operate in compliance with any available standards promulgated by state correctional agencies and bodies, including the Corrections Standards Authority, and all statutory provisions and mandates, state and county, as appropriate and applicable to the operation of home detention programs and the supervision of sentenced offenders in a home detention program."

**a. Referrals**

- All referrals to the Electronic Monitoring and Case Management Program will be made by the San Francisco Sheriff's Department, the Courts, or the detainee's attorney. The SFSD will screen all referrals and determine which detainees can be safely supervised via electronic monitoring. The SFSD may allow out-of-county participants to be monitored, provided they meet the SFSD criteria and SFUSD approves their participation. All San Francisco County Adult offenders shall be approved and placed on the SFSD Electronic Monitoring program authorized by and subject to the terms and conditions of this contract only. LCA may only place individuals referred by the Sheriff's Department or Adult Probation on Electronic Monitoring.
- LCA will accept all referrals from SFSD.

**b. Orientation and Equipment Installations**

- The SFSD will notify the Contractor regarding a detainee's impending participation in the City's Electronic Monitoring (EM) program.
- Contractor will install, orient, and activate the EM equipment on the same day SFSD schedules installation. This will occur at the SFSD's facilities at 70 Oak Grove, or at an alternate SFSD pre-determined location. As part of this process, Contractor will provide participants with a program schedule for the first seven (7) days of their Electronic Monitoring during the EM equipment installation.

- Following installation, the Contractor will confirm that the EM equipment is activated and operational on the Omnilink or equivalent system, and will email SFSD immediately following the successful installation and initial download of the bracelet.
- The Contractor will ensure that all EM equipment is activated and operational the same day it is installed.

c. **Initial Assessment and Case File**

- Contractor will complete an initial assessment of each participant, which will identify list and schedule of approved activities and locations and most appropriate equipment and equipment settings, prior to equipment installation. Pending SFSD provision of Compass, the Department's Electronic Needs Assessment software, and associated training, SFSD will reimburse the Contractor for additional labor cost required to perform Compass Assessment. Contractor will propose 24/7 schedules for each participant corresponding to the requirements of the SFSD program and their needs assessment, as defined and measured by Compass Electronic Needs Assessment software, and in line with evidence-based practices. This includes recommendations for education, vocational support, and other pro-social activities. The proposed schedules must be approved by SFSD in advance of their start date. All out of range activities must to be approved in advance ONLY by SFSD sworn supervisors). Contractor will have face to face meetings with participants two times per month and will verify documentation of work, school, and any approved community activities bi-weekly.
- Based on the initial assessment, defined above, the Contractor will provide to SFSD an Electronic Monitoring Participant Assessment File that will form the basis for the Participant Case File, once the client is accepted into the program. Collectively, these documents will be referred to as the "Participant File."

The Participant Assessment File will contain, at minimum, the following:

1. Program Application
2. List and schedule of approved activities
3. Verification of employment and/or proof of education class enrollment and school schedule, as appropriate
4. List of all verified sources of income
5. Program goals to include treatment plans with specified benchmark participation
6. All special needs
7. Approved payment plan and payment schedule. A document verifying that the participant is aware of and will comply with all SFSD rules and policies
8. Result of initial drug test performed by LCA within the first week of enrollment.)

Once the participant is enrolled, the following information will be added to the file:

1. Ongoing program participation activities
2. Ongoing employment and/or job search activities
3. Restriction imposed, such as exclusion zones, curfews, travel restrictions, as approved by SFSD
4. Participant schedule
5. All related addresses (home, work, etc.) and contact phone numbers (cell, home, work, etc.)
6. Program violations and sanctions imposed, as identified by SFSD

Upon completion, the following information will be added to the file:

1. Close out notes
2. Award of completion if applicable
3. Termination reason
4. Eligibility for re-enrollment
5. Return of equipment in working order is required for successful completion

In addition, as part of ongoing data management,

- Contractor will utilize a database as the basis of an electronic case file management system used to case manage each participant in the program, beginning with enrollment, throughout the program, and until release and will keep an updated hard copy (paper copy) on file. The database shall allow electronic access and storage of the initial assessment and all documents described above.
- Contractor will give SFSD direct access to the Case Management Database and Omnilink Database including all case notes.
- Contractor will note all updates to participants' schedules and contact information in the electronic master list within 24 hours of the schedule or contact information change.
- Contractor using Workflow Management Software to manage work flow related to client's activity, including alerts and incidents, with access available upon demand by SFSD sworn staff. Contractor will review to determine any deviations from the approved schedule, equipment problems or tamper attempts
- Contractor will provide all files as determined by SFSD upon request

d. **Client Monitoring**

- Contractor will provide a minimum of one staff onsite at SFSD office Monday through Friday for eight (8) hours per day to perform equipment installations and removals, meet

with program participants, troubleshoot equipment problems and provide program assistance to SFSD. SFSD will provide two workstations at 70 Oak Grove for Contractor.

- Local Contractor management will be available 24/7, 365 days a year, to monitor all electronic monitoring participants and to handle any issues or discuss any concerns.
- Contractor will provide a full time Site Manager to supervise Contractor employees and coordinate efforts with SFSD employees. The Site Manager may supervise up to 10 participants when the participant numbers are below 70. The Site Manager will provide technical expertise during violation hearings and enforcement actions, attend monthly staff meetings, and liaison between SFSD and The District Attorney, the Public Defender, the Courts, the Adult Probation Department, and other criminal justice agencies. The Contractor is required to communicate with these entities in order to ensure efficient implementation of the program.
- The Site Manager will be dedicated solely to supervising Contractor employees, and not manage any clients, when the program exceeds 70 participants
- The Site Manager will provide continuous training for all SFSD Community Programs Staff and Contractor staff on all participant tracking software and electronic monitoring devices.
- The Site Manager will be the point of communication between the Contractor and the SFSD for billing purposes, and will collect payments and resolve any discrepancies that may occur.
  - The Site Manager will work at an SFSD site, such as 70 Oak Grove or an SFSD-approved designated site.
  - The Contractor will provide Case Manager(s) at a ratio one (1) Case Manager to every thirty-five (35) clients enrolled in electronic monitoring, and will provide the following case management services for each participant:
    - **Office Meetings:** Case Manager will meet with each program participant at an SFSD site, such as 70 Oak Grove or an SFSD-approved site at the minimum of two times per month. At the meetings the Case Manager will review and verify the participant's activities during the previous period and will inspect the electronic monitoring equipment and verify it is operational and securely attached to the participant. The Contractor will submit a complete report of all office meetings by the deadline specified, if requested by the SFSD or the Courts.
    - **Employment/School Verification:** Every 30 days Contractor will collect a copy of the program participant's latest paycheck stub to confirm their employment status, and will be submitted to the participant's case file. Contractor will collect a copy of the program participant's most recent school registration form, class schedule, and upon completion of the school term, will collect a copy of their report card, and will submit this information to the participant's case file.
    - **Employment Search:** For unemployed participants, the case manager will assist the participant in developing tangible strategies to obtain suitable employment. Referrals will be made to employment agencies and other community resources in an effort to ensure the participant's success in the community. The Case Manager will require participants to participate in a scheduled job search plan and to submit verifying documentation.





- Contractor will utilize Omnilink's latest state-of-the-art GPS equipment, with twenty-four hour technical support provided by Omnilink. Staff will monitor all participant activity 24/7. The Contractor will have a 24/7 technical support center that can be accessed by the SFSD 24 hours a day, seven (7) days a week, 365 days a year to provide a safety net of technical support during exigent circumstances.
- LCA will provide SFSD two iPads which will have cellular internet access to provide real time access for GPS monitoring. LCA will disable all non-work related applications prior to distribution of iPad to SFSD. Additionally, Contractor will activate a special web portal specific to SFSD that will allow access to the complete GPS, continuous and mobile alcohol monitoring, and electronic case files with the touch of a button and one password. This will ensure easy access and a comprehensive 24/7 monitoring solution.
- **Meetings and Access** - The Contractor will participate in meetings with the SFSD Community Programs Staff and Command staff as required. Contractor will provide a minimum of one staff onsite at SFSD office Monday through Friday for eight (8) hours per day, a schedule determined by SFSD, to meet with SFSD supervisor for daily case conference.
- **Training** – The Contractor will provide continuous ongoing comprehensive training for all SFSD Supervisory and Community Programs staff in the use of equipment and monitoring techniques. Training will be provided at no cost. Contractor will provide online training modules that can be accessed anytime. Contractor will provide complimentary registration for SFSD staff to attend manufacturer user conferences, for public agencies using EM equipment, including but not limited to two day training events located in San Francisco.
- **Reports** - The Contractor will submit written reports, as requested, and in the format determined by the SFSD Community Programs staff. On a monthly basis, the Contractor will report, in MS Excel or Comma Delimited format, a list of people who participated in electronic monitoring 12-months prior to the reporting date and participant's status.

e. **General Requirements**

- **Invoicing** – Contractor will submit invoices in the format required by SFSD for the previous month's service, by the 15<sup>th</sup> day of the current month, and must contain all necessary documentation to verify validity. Invoices must state, but may not be limited to the following:
  - Client's Name

- Individual services provided with the corresponding charge per service
- Number of days client participated, per service
- Client's name, services, and amount collected from participants in which credit amount is applied against invoiced amount
  
- **Program Fees.** The Contractor will collect program fees from participants and report fee collection to the SFSD when the Contractor submits the monthly invoice. The Contractor will net all collected program fees from the amount billed to the SFSD. The SFSD will pay for all program costs defined in the contract, at the rates defined in the contract, less the amount of fees collected by the Contractor. The SFSD will determine the program fees and may determine, at the sole discretion of the SFSD, the clients' ability to pay and may reduce the program fee proportionate to the clients' ability to pay.
  
- **Contractor and Contractor Employee Requirements -** All Contractor employees working in the jail will maintain current jail clearance (the Contractor is responsible for all clearance costs) and must attend a two hour Jail Clearance Orientation Training administered by SFSD at no cost to the Contractor. Such costs do not include travel or lodging associated with attending any training. Contractors working in the field may wear bullet resistant vests provided by the Contractor at no cost to the SFSD. Industry standard bulletproof vests are estimated to cost \$700-\$900 each.
  
- **Lost Units –** Contractor will incorporate inventory shrinkage due to lost or damaged devices into total contract pricing. There will be no cost to SFSD for any lost or damaged devices. Participants who lose, damage or steal equipment will be violated from the program by SFSD and will be barred from participating in SFSD programs until participant reimburse Contractor for the equipment. Participants who fail to surrender and/or lose equipment will be violated from the program and will be barred from participating in SFSD programs until participant reimburse Contractor for the equipment.

f. **Contractors Electronic Devices GPS (Active, Passive, Optional HMU via Landline or Cellular) will be capable of:**

- Producing mapping displays and reports that include participant location, zone violations, tampering and battery status.
- Determining if a participant has violated a zone/schedule that is associated with an area on a map. System must allow for unlimited number of zones and schedules.
- Allowing to program buffer zones around each exclusion zone for high risk cases to enable staff time to act before the participant enters an exclusion zone.
- Allowing for easy changes in scheduling software program.
- Determining geographical areas to be designated as a) allowable, b) unallowable, c) optional, but can be temporarily SFSD allowed for a specific time period, on a case-by-case basis.

- Allowing an agency to break out caseloads by branch and case manager.
- Allowing caseworker to include notes related to and capable of attaching to system generated alerts.
- Allowing caseworker to determine reporting intervals. Reporting intervals are 10 minutes or less.
- Providing alternative location tracking using the cellular network in the absence of GPS at no additional cost.
- Having a, FCC certified, one-piece/ single-body-attached GPS device housing the receiver and transmitter into a single unit. All participant equipment (except a charging cable) must be included in a 1-piece, ankle attached device and must report all information exclusively through the cellular network. Must be as small and inconspicuous as possible – Dimensions shall be no larger than approximately 3.5” (L) x 2.4” (W) x 1.6” (D) eight and four tenths (8.4) ounces or must be consistent in size and weight with the latest industry standards.
- Attaching to participant with either a reusable or field replaceable strap that is adjustable to fit the participant and attaches at the ankle. Contractor will replace reusable straps once every year at no additional cost or will provide six (6) disposable straps per unit, per year at no additional cost.
- Attaching to participant with the fewest pieces possible; no screws or tools are required.
- Attaching to the participant so that efforts to tamper with or remove the bracelet are obvious upon visual inspection and will provide immediate tampering detection and alert reporting.
- Remaining in “tamper” mode until a Case Worker has inspected the device and cleared the alert. In the event a tamper does occur, the device will not terminate the signal, shut down, or “reset” itself in any way.
- Functioning reliably under normal atmospheric and environmental conditions, and will be shock resistant and water proof up to 30 feet.
- Allowing participant to engage in activities without posing safety hazards or undue restrictions and is FCC Specific Absorption Rate (SAR) compliant.
- Tracking indoors and outdoors. In GPS-impaired environment, device will track utilizing AFLT, which uses the cellular network triangulation to track participants.
- Permitting secondary tracking in 30 minute intervals.
- Displaying secondary and GPS tracking on a single, integrated map.
- Eliminating drift and ensuring participant’s points on the map are accurate.
- Providing internal, rechargeable, non-removable battery power, with a minimum battery life of 24 to 32 hours on a single charge
- Equipping GPS device with a wall charge cord for easy recharging.
- Providing fully recharging GPS device within 90 minutes.
- Providing a low power signal, visual indicator and vibrating alarm to indicate a device should be recharged. All notifications can be disabled remotely without the participant’s knowledge.

- Providing any replacement power sources for use with GPS device that fails under normal use.
- Providing multiple, multicolor indicators that can be disabled, and that communicate the following to participant
  1. Six (6) hours of battery life remaining
  2. Two (2) hours of battery life remaining
  3. Charging
  4. Tamper Mode
- Providing a vibrating and audible alarm for participant communication that can be changed remotely.
- Providing a remotely controlled (web based) system to perform at multiple status levels including but not limited to a) Passive, b) Active, c) Others, and will enable Case Worker to increase or decrease the status intensity without needing to change equipment, come in contact with the equipment or the participant, and without alerting the participant to such a change in supervision.
- Pinging the device at any time to receive a current location and status.
- Collecting a tracking point at least once every 30 seconds on Active GPS, and must report information via the cellular network, at least once every three (3) minutes and must report tampering and zone violations immediately.
- Collecting a tracking point at least once every minute on Passive GPS, and must report information via a cellular or landline telephone at least once every thirty (30) minutes. The passive settings can be modified.
- Automatically going into passive mode where cellular service is not feasible.
- Allowing for up to 10,080 points to be stored (7 days with 1 minute reporting) in the internal memory of the bracelet.
- Having one (1) piece body attached GPS devices incorporating a transceiver capable of two-way communication with an optional full feature home monitoring unit (HMU) capable of RF based presence/absence residential tracking within multi-dwelling buildings in/around San Francisco. A full feature HMU will have the following requirements:
  - Dimensions no larger than 3.75" x 7" x 7.75" and will weigh no more than four (4) pounds.
  - Will incorporate non-volatile memory capability of storing 2,500 events with date and time stamp.
  - Will operate from 110VAC commercial electricity and have internal rechargeable batteries backup capable of performing all functions in excess of 50 hours of continuous operation.
  - Will support landline and cellular communications.
  - Will incorporate a transceiver capable of two-way communication with the 1-piece body attached GPS device.
  - Will detect and report tampering and motion, as well as, disconnect/reconnect of electrical power and telephone line.

- Will detect if a participant relocates the device after it is initially placed and notifies the case manager.
- Will communicate with participants through the bracelet. All programming and monitoring performed by case manager and SFSD is accomplished through a web based program.
- Will enable Contractor and SFSD through a web based program to remotely and discretely perform the following:
  - Variable range testing
  - Variable range settings (low, medium, high)
  - Variable reporting interval in one (1) hour increments with a default of four (4) hours
  - Pairing with 1-piece body attached GPS device
  - Diagnostic Testing
- Optional - Automatically increasing tracking and reporting intervals on Active GPS at times when in zone breach violation mode and return to the primary Active intervals when leaving zone breach/violation mode.

**g. Mobile Breath Alcohol Testing capable of:**

- Collecting and reporting a color participant image at time of test for participant verification against a "Master Photo" via an embedded high resolution camera.
- Capable of being lightweight, handheld and mobile with the participant, and to test in all locations; dimensions no larger than approximately 5" x 2.8" x 1.4" weighing no more than 8.4 ounces.
- Utilizing an evidentiary-grade Deep Lung, Dart fuel cell sensor specific to alcohol to perform and measure the exact Breath Alcohol Content (BAC) from participant being tested.
- Confirming the BAC level to the central computer once testing has concluded
- Providing immediate test reporting of participant photo, BAC, and corresponding GPS coordinates via cellular communication. All communication costs are included within the proposed price.
- Continuing to test and store results, along with the date and time of such testing, while in a cellular disadvantaged areas; storing up to 99 tests, enough to test every 4 hours, 24/7 over a 16 day period.

- Continued attempts to report to the Monitoring Center until successful.
- Sending reminder emails or text messages continuously to the participant's phone when testing is required in a cellular disadvantaged area.
- Operating without body attached equipment, home equipment, or home phone line.
- Performing random, scheduled and on-demand testing. Changes can be made by staff remotely without participant interaction.
- Performing tracking of participant location at time of each test via built-in GPS or Cell Tower data, displayed with Google Maps.
- Recharging of re-chargeable Lithium-ion battery within 60 minutes will provide a 25% charge to perform all functions for a 24 to 30 hour period and a 3-hour recharging will provide a full 100% charge.
- Providing capability for Contractor and SFSD staff to communicate to participant via text or email, plus participant acknowledgement of request when test is taken and uploaded.
- Providing multiple methods of guidance and functionality to the participant during the testing process, including the following:
  - Audible prompts for time to test
  - Multiple instructional alpha-numeric display prompts to guide participant through testing.
  - Multi-colored LED indicators
  - Test button
  - Acknowledgement button
  - Front panel lights to ensure quality image
- Providing, at a minimum, the following:
  - Email alerts with numeric BAC reading
  - Device utilizes a cellular system for testing
  - Color facial participant image taken at the time of test
  - Web-based geo-map of participant location at the time of test

**h. Continuous Alcohol Monitoring (CAM) via Landline or Cellular capable of:**

- Measuring the ethanol concentration in a discrete sample of the ethanol vapor as insensitive perspiration or the unnoticed perspiration that occurs continuously and shall be obtained via body attached device without the need for active participation by the participant, and will be capable of distinguishing between environmental factors and actual consumption.
- Detecting and reporting tampering/removal and be tamper evident via temperature, infra-red, or other methods and tamper capabilities.
- Providing a range of reports and graphs, from a snapshot of a single event to a comprehensive view of an offender's behavior over time.

- Reporting data via landline through a base station that plugs into an analog telephone. There is no additional charge for communication costs.
- Reporting data via cellular through a plug into an electrical outlet, downloading data daily at scheduled time. There is no additional charge for cellular communication.
- Providing for testing to be automatically conducted at fixed intervals set by the Contractor or SFSD staff, as frequently as once every 30 minutes.
- Incorporating ankle worn unit batteries with a minimum 90 days life duration
- Replacing batteries and/or ankle unit small parts (screws, clips, rails, etc.)
- Providing HMUs capable of reporting data via landline phone line.
- Offering an optional companion cellular transceiver (for CAM participants without landline phone lines.)
- Providing CAM device integrating RF presence/absence residential tracking and web-based information system.
- Offering CAM device that can be Peer reviewed, able to withstand judicial scrutiny and meet the 33 Frye Daubert Rulings and Federal Rules of Evidence (FRE) 702 and 703 admissibility standards.
- Providing comprehensive court support, including manufacturer testimony when needed.
- Providing Apple iPads for field enforcement and compliance activities so as not to interfere with the ability of SFSD staff to actively engage participants during enforcement actions, at no cost to SFSD
- Providing tablet app for real time access to GPS monitoring system.
- Remaining current with industry standards and practices for tracking equipment purposes or applications.

## **Reporting**

Contractor shall submit written reports as requested by the San Francisco Sheriff's SFSD. Format for the content of such reports shall be determined by the SFSD. The timely submission of all reports is a necessary and material term and condition of this Agreement. The reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

## **SFSD Liaison**

In performing the services provided for in this Agreement, Contractor's liaison with the San Francisco Sheriff's Department will be Capt. Kevin Paulson during normal operational hours as defined by SFSD and rotating supervisory staff on off-hours as defined by SFSD.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/9/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |                        |
|--|--|---|------------------------|
| <b>PRODUCER</b><br>OnePoint Business & Insurance Services<br>950 S. Bascom Ave., Suite 2118<br><br>San Jose CA 95128 |  | <b>CONTACT NAME:</b> Jeff Tatro<br><b>PHONE (A/C, No, Ext):</b> 408-280-2100<br><b>FAX (A/C, No):</b> (408) 280-2110<br><b>E-MAIL ADDRESS:</b> jeff.tatro@onepointbusinessinsurance.com |                        |
| <b>INSURED</b><br>Leaders in Community Alternatives, Inc<br>160 Franklin St. Suite 310<br><br>Oakland CA 94607       |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Lloyd's<br>INSURER B: United Financial Casualty Company<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:                      | <b>NAIC #</b><br>11770 |

**COVERAGES**      **CERTIFICATE NUMBER:** CL159906296      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Primary Non Contributory</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CJ10017415    | 9/23/2015               | 9/23/2016               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>Professional Liability \$ 1,000,000 |
| B        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |          | 02396595-2    | 9/11/2015               | 9/11/2016               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Medical payments \$ 5,000  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | CJ10017415    | 9/23/2015               | 09/23/2016              | OCCUR CLAIMS-MADE<br>EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | <b>Professional Liability</b>   |           |          | CJ10017415    | 9/23/2015               | 9/23/2016               | Per Occurrence \$1,000,000<br>Aggregate \$3,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate of Insurance naming City and County of San Francisco, its Officers, Agents, and Employees as an Additional Insured as required by written contract with respect to work performed by insured.

Project: All California Operations  
\*30 Day Notice of Cancellation for Non-Payment of Premium

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>San Francisco Sheriff's Dept<br>City Hall<br>1 Dr. Carlton B. Goodlett Pl<br>Room 456<br>San Francisco, CA 94102 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Jeff Tatro/IO |
|---|---|

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ACORD 25 (2014/01)  
INS025 (201401)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |
|---|--|
| PRODUCER<br>Professional Insurance Associates<br>P.O Box 1266<br>San Carlos CA 94070                | CONTACT NAME: Jeff Tatro<br>PHONE (A/C, No, Ext): (408) 280-2100 FAX (A/C, No): (480) 280-2110<br>E-MAIL ADDRESS: jeff.tatro@onepointbusinessinsurance.com |
| INSURED<br>Leaders in Community Alternatives, Inc<br>160 Franklin St. Suite 310<br>Oakland CA 94607 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: State Compensation Insurance Fund<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:        |

COVERAGES CERTIFICATE NUMBER: CL159906298 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | AUCL SUBR INSD / WVD                | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOG<br>OTHER: |                                     |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS                           |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                                     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | 902531915     | 9/23/2015               | 9/23/2016               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate of Insurance for City and County of San Francisco, its Officers, Agents, and Employees as required by written contract with respect to work performed by insured.  
 Project: All California Operations  
 \*30 Day Notice of Cancellation for Non-Payment of Premium

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>San Francisco Sheriff's Dept<br>City Hall<br>1 Dr. Carlton B. Goodlett Pl<br>Room 456<br>San Francisco, CA 94102 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br><br>Jeff Tatro/IO  |

ACORD 25 (2014/01)  
 INS025 (201401)

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OFFICE OF THE SHERIFF  
CITY AND COUNTY OF SAN FRANCISCO

1 DR. CARLTON B. GOODLETT PLACE  
ROOM 456, CITY HALL  
SAN FRANCISCO, CALIFORNIA 94102



VICKI L. HENNESSY  
SHERIFF

April 4, 2016  
Reference: CFO 2016-09

RECEIVED  
BOARD OF SUPERVISORS  
SARAH L. COHEN  
2016 APR -4 AM 10:01  
AK

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

Re: Annual Review of Electronic Monitoring Regulations and Financial Liability

Dear Ms. Calvillo,

Attached please find a proposed resolution for review and approval by the Board of Supervisors.

Pursuant to Penal Code Sections 1203.016 and 1203.018, enclosed please find the annual rules and regulations of the electronic monitoring program set forth in Appendix A of the contract with program administrator, Leaders in Community Alternatives, and a certificate of current liability insurance as evidence of financial responsibility.

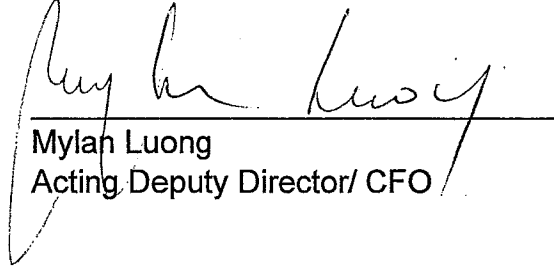
The rules and regulations of the electronic monitoring program, per Appendix A, is unchanged from the documents on file with the Clerk of the Board of Supervisors in File No. 140308.

The following is a list of accompanying documents:

- Proposed Resolution (1 hard copy and 1 electronic copy)
- Appendix A, Rules and Regulations (1 hard copy and 1 electronic copy)
- Certificate of Insurance (1 hard copy and 1 electronic copy)

Please contact Henry Gong at (415) 554-7241 if you require more information.

Sincerely,



---

Mylan Luong  
Acting Deputy Director/ CFO



# CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

EDWIN M. LEE  
MAYOR

*Sent via Electronic Mail*

March 13, 2014

SCOTT R. HELDFOND  
PRESIDENT

## NOTICE OF CIVIL SERVICE COMMISSION ACTION

E. DENNIS NORMANDY  
VICE PRESIDENT

**SUBJECT: REVIEW OF REQUEST FOR APPROVAL OF PROPOSED PERSONAL SERVICES CONTRACTS NUMBERS 48796-13/14; 4064-13/14; 41491-13/14; 49790-13/14; 45340-13/14; 45936-13/14; 45401-13/14; 45419-13/14; 43352-13/14; 3044-13/14; 4049-11/12; 4049-09/10; 4041-10/11; 4085-11/12 AND 4021-10/11.**

DOUGLAS S. CHAN  
COMMISSIONER

KATE FAVETTI  
COMMISSIONER

GINA M. ROCCANOVA  
COMMISSIONER

At its meeting of March 3, 2014 the Civil Service Commission had for its consideration the above matter.

The Commission granted General Service Agency's request to postpone Personal Service Contract #4021-10/11 to March 17, 2014. The Commission also took the following actions:

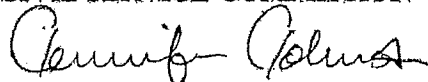
- 1) Approved PSC #45340-13/14 and 4041-10/11, with the condition that the department works with the Executive Officer to amend the postings to include the expanded classification data so that it is clear which classes are affected. (Vote of 5 to 0)
- 2) Approved PSC #43352-13/14, with the condition that the department works with the Executive Officer to address the duration issues. (Vote of 5 to 0)
- 3) Approved PSC #4049-09/10, with the condition that the department works with the Executive Officer to augment the posting with additional information and explain why the service is necessary. (Vote of 5 to 0)
- 4) Approved the request for all remaining PSCs (PSC numbers 48796-13/14, 4064-13/14, 41491-13/14, 49790-13/14, 45936-13/14, 45401-13/14, 45419-13/14, 3044-13/14, 4049-11/12, and 4085-11/12.). Adopted the report; notified the Office of the Controller and the Office of Contract Administration. (Vote of 5 to 0)

**PLEASE NOTE:** *It is important that a copy of this action be kept in the department files as you will need it in the future as proof of Civil Service Commission approval. Please share it with everyone responsible for follow-up.*

JENNIFER C. JOHNSTON  
EXECUTIVE OFFICER

If this matter is subject to Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.6.

CIVIL SERVICE COMMISSION



JENNIFER JOHNSTON  
Executive Officer

Attachment

Cc: Cynthia Avakian, Airport Commission  
Jesusa Bushong, San Francisco Fire Department  
Sonia Delgado-Schaumberg, Mayor's Office  
Jacquie Hale, Department of Public Health  
Shamica Jackson, Public Utilities Commission  
Greg Kato, Treasure & Tax Collector Office  
Sheila Layton, Juvenile Probation  
Brent Lewis, Department of Human Resources  
Bree Mawhorter, San Francisco Sheriff's Department  
Sean McFadden, Recreation & Park Department  
Jaci Fong, Office of Contract Administration  
Ben Rosenfield, Controller's Office  
Commission File  
Chron



# San Francisco Sheriff's Department

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## Electronic Monitoring Services and Case Management Program

April 21, 2016

SUBMITTED PERSON  
4/21/2016  
FILE 150677  
+ FILE NO. 150313



**San Francisco Sheriff's Department**  
**Electronic Monitoring Services and**  
**Case Management Program**



## Penal Code Requirements

California Penal Code sections 1203.016 and 1203.018 require:

1. The Board of Supervisors annually review and approve the rules and regulations of the program.
  - a) No changes have been made to the Rules and Regulations of the Electronic Monitoring Program set forth in Appendix A since the Board of Supervisors' review and approval on April 22, 2014 of Resolution 140308.
2. The contract includes a provision requiring that the contractor demonstrate and submit for approval by the Board of Supervisors evidence of financial responsibility, that may include a current liability insurance policy.
  - a) Evidence of financial responsibility has been submitted by Program Administrator (LCA) and demonstrated by the certificate of current liability insurance.





**San Francisco Sheriff's Department**  
**Electronic Monitoring Services and**  
**Case Management Program**



## Rules and Regulations

### **Electronic Monitoring Program Overview:**

- SFSD's Electronic Monitoring program was established to provide an alternative to incarceration for low-risk offenders.
- Participants are approved by the Courts and SFSD.
- Participants are assessed to determine needs, approved activities, approved locations, equipment type and level of scrutiny
- A case manager is assigned to each participant to monitor and evaluate progress

### **Electronic Monitoring Program Objectives:**

- Maintain public safety
- Reduce recidivism
- Facilitate successful integration with the community
- Reduce incarceration cost
- Offset impacts of AB109 (Public Safety Realignment)



**San Francisco Sheriff's Department**  
**Electronic Monitoring Services and**  
**Case Management Program**

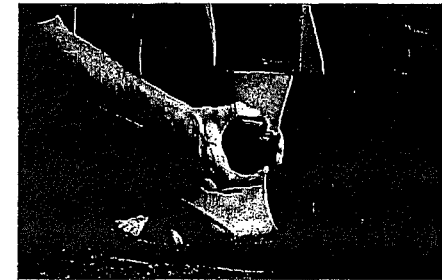


## Equipment

Utilizes advanced electronic monitoring equipment that meets and or exceeds industry standards; GPS bracelet, Home Monitoring Unit, Mobile Breath Testing and Continuous Alcohol Monitoring.

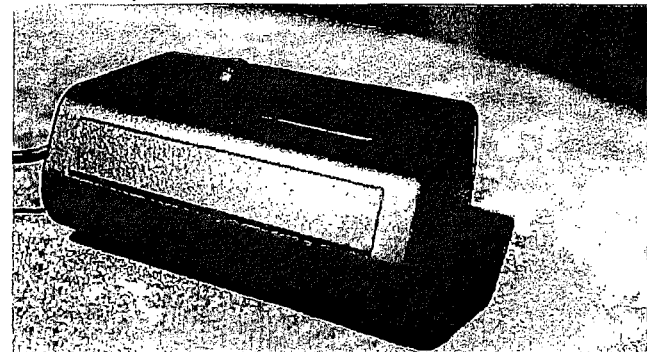
### GPS monitoring bracelet

- Produces mapping displays and reports that include participant location, zone violations, tampering and battery status
- Collects tracking points once every 30 seconds
- Is FCC certified and meets all industry standards
- Is safe and does not restrict participant activities; measuring 3.5" x 2.4" x 1.6"
- Integrates with web-based software



### Home RF Beacon Unit (HMU)

- Verifies home detention
- Is small and lightweight; measuring 3.75" x 7" x 7.25"
- Uses web based software to monitor participants



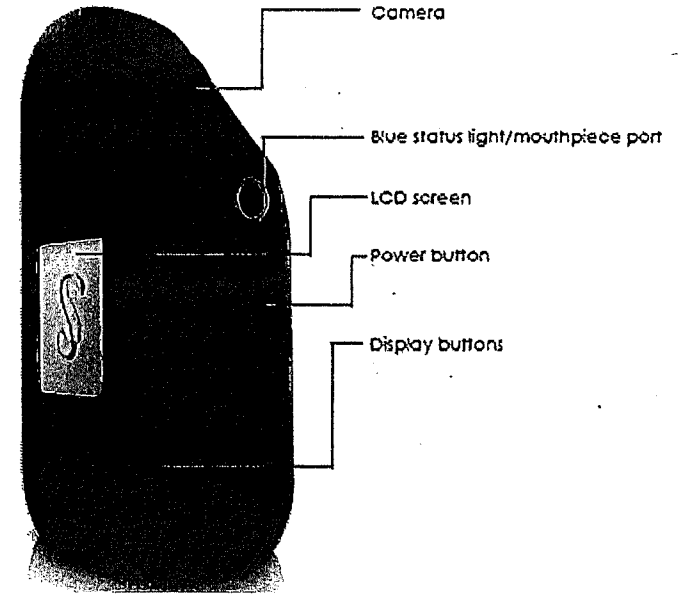


**San Francisco Sheriff's Department**  
**Electronic Monitoring Services and**  
**Case Management Program**



**Mobile Breath Alcohol Testing**

- Collects and reports a high resolution image of participant at time of test
- Utilizes evidentiary-grade Deep Lung Dart fuel cell sensor to measure breath alcohol content
- Reports immediately via cellular transmission
- Is portable; measures 6" x 2.4" x 1.4"
- Utilizes web portal to send reminders and alerts to participants via email or text



**007 (8)**

Start Date: 7/12/2013  
 End Date: Active  
 Total Days Monitored: 21  
 Device ID: 21000007



Master Photo

| Edit | Profile | Schedule                             | Alerts      | Notes                 | Report  |
|------|---------|--------------------------------------|-------------|-----------------------|---|
|      |         | <b>Scheduled</b>                     | <b>BrAC</b> | <b>Status</b>         | <b>Notes</b> <b>Master</b> <b>Test</b>                                |
|      |         | <b>Received</b>                      |             |                       |   |
|      |         | Unscheduled<br>7/12/2013 2:48 PM PDT | .000        | Completed             | 0 [img alt="Master photo thumbnail"] [img alt="Test photo thumbnail"] |
| ▶    |         | Unscheduled<br>7/12/2013 2:38 PM PDT | .000        | Tamper /<br>Completed | 0 [img alt="Master photo thumbnail"] [img alt="Test photo thumbnail"] |
|      |         | Unscheduled<br>7/12/2013 1:41 PM PDT | .000        | Completed             | 0 [img alt="Master photo thumbnail"] [img alt="Test photo thumbnail"] |



## San Francisco Sheriff's Department Electronic Monitoring Services and Case Management Program



### Secure Continuous Remote Alcohol Monitoring (SCRAM)

- A transdermal alcohol monitoring system
- Distinguishes between environmental factors and actual consumption
- Measures automatically every 30 minutes
- Meets Federal Rules of Evidence
- Uses a web-based application to collect, analyze, and maintain participant data



BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

TO: Michael Brown, Executive Officer, Civil Service Commission  
Vicki Hennessy, Sheriff, Sheriff's Department  
Greg Suhr, Chief, Police Department

FROM: Erica Major, Assistant Committee Clerk, Government Audit and Oversight  
Committee, Board of Supervisors

DATE: January 20, 2016

SUBJECT: LEGISLATION INTRODUCED

---

The Board of Supervisors' Government Audit and Oversight Committee has received the following proposed legislation, introduced by the Sheriff's Department on April 12, 2016:

**File No. 160313**

**Resolution approving the Sheriff Department's home detention and electronic monitoring program rules and regulations and approving evidence of financial responsibility demonstrated by program administrator, Leaders in Community Alternatives, for the 2016 calendar year.**

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c:  
Theodore Toet, Sheriff's Department  
Katherine Gorwood, Sheriff's Department  
Eileen Hirst, Sheriff's Department  
Christine Fountain, Police Department  
Sergeant Rachael Kilshaw, Police Department

## LEGISLATION RECEIVED CHECKLIST

Date Apr 4, 2016 File Number (if applicable) \_\_\_\_\_

- Legislation for Introduction (**NEW**)                             ▶▶▶ Legislative Clerk
- Legislation Pending in Committee (**AMENDED**)             ▶▶▶ Committee Clerk
- Legislation for Board Agenda (**AMENDED**)                 ▶▶▶ Deputy Clerk

### Supervisor, Mayor, and Departmental Submittals

#### Grant Ordinance

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** Department Head, Mayor or the Mayor's designee, plus the Controller
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Grant budget/application
  - Grant information form, including signed disability checklist
  - Letter of Intent or grant award letter from funding agency
  - Contract, Leases/Agreements (if applicable)
  - Ethics Form 126 (*if applicable*) in **Word** format
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to BOS.Legislation@sfgov.org**

#### Ordinance

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** City Attorney (For Settlement of Lawsuits - City Attorney, Department Head, Controller, Commission Secretary)
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Settlement Report/Agreement (for settlements)
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to BOS.Legislation@sfgov.org**

#### Grant Resolution

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** Department Head, Mayor or the Mayor's designee, plus the Controller
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Grant budget/application
  - Grant information form, including signed disability checklist
  - Letter of Intent or grant award letter from funding agency
  - Contract, Leases/Agreements (if applicable)
  - Ethics Form 126 (*if applicable*) in **Word** format
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to BOS.Legislation@sfgov.org**

#### Resolution

- Legislation:** Original, 1 hard copy, and 1 electronic copy in **Word** format
- Signature:** None (Note: Required for Settlement of Claims - City Attorney, Department Head, Controller, Commission Secretary)
- Supporting documents:** 1 full set, and separate **pdf** copies of each in email
  - Cover letter (original)
  - Settlement Report/Agreement (for settlements)
  - Other support documents *as identified in the cover letter and legislation*
- E-Copy of legislation/supporting documents: Sent to BOS.Legislation@sfgov.org**

HENRY GONG (415) 554-7241  
Name and Telephone Number

SHERIFF'S DEPARTMENT  
Department