

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

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

**b. Measurable Outcome Objectives:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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