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) ▪ Budget Table ▪ Budget Narrative	√
Required Attachments:	
▪ Proposition 47 Local Advisory Committee Member Roster (*Attachment D*)	√
▪ Proposition 47 Local Advisory Committee Letter(s) of Agreement (*Attachment E*)	√
▪ Letter(s) of Agreement for Impacted Local Government Agencies (*Attachment F*)	√
▪ Proposition 47 Project Work Plan (*Attachment I*)	√
▪ List of Partner Agencies/Organizations (*Attachment J*)	√
Optional:	
▪ Governing Board Resolution (*Attachment H*) *Note: The Governing Board Resolution is due prior to Grant Award Agreement, not at time of proposal submission.*	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)
X MENTAL HEALTH SERVICES X SUBSTANCE USE DISORDER TREATMENT ☐ DIVERSION PROGRAMS	☐ HOUSING-RELATED SERVICES X 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	TITLE	TELEPHONE NUMBER
Angelica Almeida, PhD	Director of Assisted Outpatient Treatment	(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	TITLE	TELEPHONE NUMBER
Greg Wagner	Chief Financial Officer	(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	TITLE	TELEPHONE NUMBER
Angelica Almeida, PhD	Director of Assisted Outpatient Treatment	(415) 225-3798

STREET ADDRESS			FAX NUMBER
1380 Howard Street, Room 423			(415) 554-2710
CITY	**STATE**	**ZIP CODE**	**EMAIL ADDRESS**
San Francisco	CA	94103	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	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
Barbara Garcia	Director of Health	(415) 554-6227	Barbara.garcia@sfdph.org
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**
101 Grove Street, Room 310	San Francisco	CA	94102
APPLICANT'S SIGNATURE (Blue Ink Only)			**DATE**
X			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 arrests[9] 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 Guydish, 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. Guydish 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
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]	Length of Treatment
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]	Continuum of Care
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]	Developmentally Appropriate Services for TAY
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 SUD[28] and co-occurring disorders.[29]	Peer Support

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 mircoaggressions 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 *(Lead Agency only)*	$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. *0.05 FTE x $167,986 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$8,399 $8,819 $9,260
Clinical Supervisor— Oversee intakes, assessments, and staff supervision. *0.05 FTE x $114,332 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$5,717 $6,002 $6,303
Registered Nurse— Care coordination. *0.15 FTE x $120,250 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$18,038 $18,939 $19,886
Data Analyst— Data analysis 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*	Year 1: Year 2: Year 3:	$17,774 $18,662 $19,595
DPH Staff @ Treatment Access Program (TAP)		
2328 - Nurse Practitioner— Program oversight and staff supervision. Clinical care, level of care assessment. *2 FTE x $148,954 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$297,908 $312,803 $328,444

2930 - Behavioral Health Clinician— Client intake and assessment, care coordination, and case management. *4 FTE x $81,276 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$325,104 $341,359 $358,427
1402 - Clerk— Administrative support. *1 FTE x $43,316 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$43,316 $45,482 $47,756
2903 - Eligibility Workers— Client enrollment into Medi-Cal, SF Health Network, and eligible services. *3 FTE x $58,552 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$175,656 $184,439 $193,661
2591 - Health Program Coordinator II— Utilization Management for SUD residential programs. *1 FTE x $79,066 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$79,066 $83,019 $87,170
2586 - Health Worker II— Assessment and level of care determination for SUD residential. *3 FTE x $53,508 annual salary x 5% annual COLA*	Year 1: Year 2: Year 3:	$160,524 $168,550 $176,978
2587 - Health Worker III— Assessment, level of care determination for SUD residential, care coordination, and follow-up. *4 FTE x $58,552 annual salary x 5% COLA*	Year 1: Year 2: Year 3:	$234,208 $245,918 $258,214
Benefits Rate— Including medical, retirement, worker's comp, etc.. *40%*	Year 1: Year 2: Year 3:	$546,284 $573,598 $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.	Years 1-3:	$6,000
Overhead @ 10%— administrative costs related to processing payroll, benefits, documentation associated contracts; building maintenance	Years 1-3:	$6,837

Training	Annual Cost	Total Cost
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

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 witih 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: Year 2: Year 3:	$1,040,250 $1,051,200 $1,051,200
Overhead @ 10%	Year 1: Year 2: Year 3:	$122,275 $123,370 $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: Year 2: Year 3:	$1,274 $1,338 $1,405
Overhead @ 10%	Year 1: Year 2: Year 3:	$10,637 $10,644 $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: Year 2: Year 3:	$3,822 $4,013 $4,214
Overhead @ 10%	Year 1: Year 2: Year 3:	$14,040 $14,059 $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.

Annual Evaluation Planning	*$3,950*
Annual Evaluation Implementation	*$9,900*
Annual Evaluation Reporting	*$75,100*
Annual Additional Costs	*$11,050*

Years 1-3: $100,000

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
Omorede 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,

2/14/17

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Feburary 14, 2017

Edwin M. Lee, Mayor
City & County of San Francisco
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,

Vicki L Hennessy

13 February 2017

Vicki Hennessy, Sheriff ***Date***

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

2-10-17

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

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,

2/14/17

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Karen Fletcher

2/13/17

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

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Maria Su, Director ***Date*** 2/14/2017

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Michael E Carr

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

11 FEB 2017

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

2/14/17

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

2/9/17

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

2-10-17

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

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

Date 2/14/17

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

February 9, 2017

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

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Jose Bernal
Board Appointee

Date 2/10/17

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

Kimberli Courtney
Board Appointee

2/10/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

Omorede Rico 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

James Lowden
Board Appointee

2/13/17

Date

San Francisco Proposition 47 Local Advisory Committee
Letter of Agreement

Signed in mutual agreement,

2/14/2017

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

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,

2/14/17

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

Signed in mutual agreement,

13 February 2017

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

Signed in mutual agreement,

2-10-17

George Gascón, District Attorney — ***Date***
San Francisco District Attorney's Office
850 Bryant Street
San Francisco, CA 94103

Signed in mutual agreement,

William Scott

2/13/2017

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

Date

Signed in mutual agreement,

2/14/17

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

Signed in mutual agreement,

Karen Fletcher

2/13/17

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

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.

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