SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
BEHAVIORAL HEALTH SERVICES

APPLICATION TO THE CALIFORNIA DEPARTMENT OF STATE HOSPITALS PRE-TRIAL FELONY MENTAL HEALTH DIVERSION PROGRAM

ROUND 2 – OTHER INTERESTED COUNTIES

Submitted April 18, 2019

Applicant County: San Francisco County, California
Lead Entity: SFDPH Behavioral Health Services

Lead Entity Contact:

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b) Executive Summary Section (2 Pages Maximum)

Provide a summary of how the county intends to utilize DSH Diversion funding to either 1) expand or adapt current diversion programs to serve individuals who have significant mental health challenges and who are justice-involved and are found or at risk to be found IST on felony charges or 2) develop new pre-trial diversion programs across a continuum of care settings for individuals who have significant mental health challenges who are justice-involved and are found or at risk to be found IST on felony charges. The Executive Summary should clearly reflect an understanding of the population to be served and must identify the total estimated number of unduplicated clients to be served over a 3-year period and the total funds requested.

The San Francisco Department of Public Health (SFDPH) Behavioral Health Services Division (BHS) requests 3-year funding through the California Department of State Hospitals (DSH) 2019 Request for Applications (RFA) for Pre-Trial Felony Mental Health Diversion Programs to implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony. The diversion program utilizes the new options provided by Assembly Bill (AB) 1810 and Senate Bill (SB) 215 which amended Penal Code (PC) Section 1001.35-1001.36 to create a pathway for courts to authorize pre-trial diversion for individuals with serious mental disorders who have committed certain felony or misdemeanor crimes. The proposed program represents an **expansion** of the County's extensive existing pre-trial diversion programs. The goal of the program is to provide new pathways to dismissal of charges for felony-charged individuals with serious mental illness who are at risk of being found Incompetent to Stand Trial (IST), while reducing and eliminating criminal justice recidivism and supporting the long-term stability, wellness, and safety of justice involved individuals with mental illness. The program also seeks to make a meaningful contribution to the stated DSH goal of reducing the number of felony referrals to DSH by **20% to 30%** as compared to Fiscal Year 2016-17.

BHS requests total one-time funding of **$2,300,400** over the 3-year project period from mid-2019 to mid-2022 to implement, operate, oversee, and evaluate the proposed initiative. Over the course of the program, BHS will connect with and intensively support at least **30** justice-involved individuals who have been charged with felonies, or an average of **10** individuals per year. This represents an increase of **85%** over the minimum **16.2** individuals required to be served through the funding request. As required, all individuals served will have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder and will not pose an unreasonable risk of danger to public safety if treated in the community. Additionally, a connection will be established for all project clients between each individual's mental illness and the charged offense. Individuals who meet the program's psychiatric and criminal justice criteria will be provided with extensive supportive services both inside and outside the jail setting, including support from trained peer navigators.

The proposed grant will be operated through a well-established, cross-disciplinary collaboration involving the Department of Public Health's Behavioral Health Services

(BHS) and Jail Health Services (JHS) programs, and the Division of Citywide Case Management Programs (Citywide), operated by the Department of Psychiatry at Zuckerberg San Francisco General Hospital and Trauma Center at the University of California, San Francisco (UCSF). Additional key project collaborators include the San Francisco Public Defender's Office; the San Francisco Superior Court including its collaborative court programs, the City County of San Francisco; the San Francisco District Attorney's Office; the San Francisco Adult Probation Department; and the San Francisco Sheriff's Department. Hatchuel Tabernik and Associates (HTA) will serve as the local evaluation partner for the project and will be responsible for data collection, analysis, quality management support, and project reporting.

Project services will incorporate both: a) **pre-release services** provided within incarceration settings by in-kind and grant-funded staff employed by Jail Health Services and b) **post-release services** provided outside of incarcerated settings by grant-funded staff employed through a subcontract to the Citywide Team at UCSF. At the pre-release level, Jail Health Services will utilize grant funds to hire a **new, full-time Evaluation, Referral, and Linkage Specialist** who will conduct clinical eligibility assessments for Mental Health Diversion and work directly with each diversion client to comprehensively evaluate and assess behavioral health, criminal justice, and life circumstances and history in order to inform the development of and implement an Individualized Treatment Program for each client. At the post-release level, Citywide will utilize grant funds to hire and supervise a diverse, multi-disciplinary client support team designed to maximize the chances of client success in the diversion program, including a **full-time Behavioral Health Psychiatric Supervisor; a full-time Clinical Social Worker; a half-time Peer Mentor / Patient Navigator; a 15%-time Psychiatrist; a 20%-time Vocational Nurse; and a 25%-time Administrative Assistant.** This team will collaborate to provide intensive one-on-one support to each client and the members of his or her support team while ensuring access to all needed supportive services, including behavioral health and housing services.

Meanwhile, a team of highly qualified BHS and JHS administrative staff will work on an **in-kind basis** providing oversight, management, support, planning, and coordination for the program, including identifying additional resources to support the program; ensuring integration of the program within the overall structure of San Francisco behavioral health and criminal justice systems; and working to sustain the project following the end of the 3-year grant period. This team – all of whom count toward the required minimum 20% project match – is made up of a **2%-time Project Administrator (Angelica Almeida, PhD,** who also serves as Director of Forensic/Justice Involved Behavioral Health Services); **a 35%-time Project Director (Jeannie Chang, PsyD**, Program Manager of Mental Health Diversion within Behavioral Health); **Tanya Mera, LCSW,** Director of Jail Behavioral Health and Reentry Services, working on a **10%-time** basis; **Melanie Kushnir, LCSW,** Deputy Director of Jail Health Reentry Services, working on a **15%-time**; and **Carol Urban, LMFT,** Jail Health Reentry Services Behavioral Health Clinician, working on a **20%-time** basis.

c) Lead Entity Section (1 page maximum)

Briefly describe why the Lead Entity identified was selected to manage the DSH Diversion funding contract. Describe how the Lead Entity will coordinate with the different partners involved in supporting clients considered for and/or participating in the diversion program.

The Lead Entity for the proposed program is the **Behavioral Health Services (BHS) Division of the San Francisco Department of Public Health.** BHS was established in 2003 through the integration of Community Substance Abuse Services (CSAS) and Community Mental Health Services (CMHS). BHS has been selected to manage the DSH Diversion funding contract both because of its extensive contracts and grants management experience and because it stands at the nexus point of behavioral health and forensic services in San Francisco. BHS funds and operates a system of care that strives to provide integrated substance abuse and mental health services to all eligible San Francisco residents with substance use disorder and mental health needs. The mission of BHS is to: 1) assess the nature and magnitude of mental illness, alcohol, and other drug related problems in San Francisco; 2) ensure provision of quality, culturally competent, and cost effective mental illness, alcohol and other drug prevention, treatment, and recovery services to individuals, families, and communities; and 3) promote cooperation and collaboration among a broad spectrum of public and private service systems to reduce the level of mental illness, alcohol, and other drug problems in the city. The array of behavioral health programs and services provided by BHS includes outreach and prevention; assessment and placement; outpatient care; day treatment services; case management; residential services; support services; peer and wellness centers; detoxification services; medication management programs; and acute care. BHS serves uninsured and indigent San Francisco residents and has a long history of developing and administering innovative mental health and substance abuse services. In Fiscal Year 2017-18, programs supported through BHS provided mental health services to at least **21,907** clients and substance use services to at least **6,596** clients.

The specific entity within BHS that will administer the diversion program is **Forensic and Justice Involved Behavioral Health Services,** a unit that was launched in July 2017 to provide coordinated oversight and integration of BHS programs and services that work with individuals who are currently involved in or have a history of involvement with the criminal justice system. These programs include Assisted Outpatient Treatment (AOT); coordination with Department of Aging and Adult Services on LPS Conservatorship; Law Enforcement Assisted Diversion (LEAD); Prop 47 programs for Promoting Recovery and Services for the Prevention of Recidivism (PRSPR); Violence Intervention Program (VIP); Community Justice Center (CJC); and Drug Court Treatment Center (DCTC). Under the leadership of the Director of Forensic and Justice Involved Programs, Angelica Almeida, the unit will continually collaborate with project partners to coordinate the planning, implementation, management, and evaluation of the program, and to continually assess project barriers and disparities in order to improve and enhance the program during the grant period.

d) Collaborative Partners Section (2 pages maximum)

1. Provide a list of local/county partners involved in the planning and implementation process. Identify specific organizations, names and titles of collaborative partners.

The two primary partners who will be most directly involved in planning and implementing the proposed diversion program are **Jail Health Services (JHS)** – a program of the San Francisco Department of Public Health - and the **Division of Citywide Case Management Programs (Citywide)** at UCSF. Jail Health Services provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to individuals incarcerated within the San Francisco County Jail system and individually conducts over **18,000** medical screenings annually while managing the urgent and chronic health needs of an **average daily population of close to 1,300 individuals**. JHS provides health and related services consistent with community standards and mandates from the courts and other criminal justice agencies. The primary project contact at JHS will be **Tanya Mera, LCSW, Director of Jail Behavioral Health & Reentry Services.**

Meanwhile, the Division of Citywide Case Management Programs, founded in 1981, operates under the direction of the Department of Psychiatry at Zuckerberg San Francisco General Hospital and Trauma Center and provides a myriad of publicly funded services through ongoing contracts with SFDPH. Citywide's mission is to support the recovery of San Francisco's highest risk mentally ill adults and to reduce their use of institutional and acute care – including psychiatric emergency services, hospital care, and jails - while helping maximize their ability to maintain stable, productive, and fulfilling lives in the community. All division program services include medication assessment and management, crisis intervention, outreach and case management, and individual, group and family therapy, which continue as long as clients need an intensive level of intervention. Current programs at the division include, but are not limited to, **Citywide Forensics**, a partner of the San Francisco Behavioral Health Court, which serves individuals with serious mental illness and have long histories of felony level criminal justice involvement; the **Citywide Linkage Team,** providing two to four months of comprehensive clinical and case management services to clients being discharged form psychiatric inpatient hospitals into the community; **Citywide Employment Services**; and the **Citywide Substance Treatment Outpatient Program (STOP).** The primary contact at Citywide will be **Fumi Mitsuishi, MD, MS, Director of the Citywide Division.**

As noted above, additional project collaborators include the San Francisco Public Defender's Office; the San Francisco Superior Court of California and its collaborative court programs, the City and County of San Francisco; the San Francisco District Attorney's Office; the San Francisco Adult Probation Department; the San Francisco Sheriff's Department; and Hatchuel Tabernik and Associates (HTA).

2. Provide a brief description of activities undertaken by the collaborative partners to support the planning and implementation of pre-trial mental health diversion programs.

The project's three central partners – BHS, JHS, and Citywide – have worked closely together to plan and develop the proposed diversion program. Representatives of the three organizations conferred continually in both in-person and phone-based meetings and worked to develop a cost-effective and impactful project design and budget that incorporated consideration of project matching funds and project continuation following the conclusion of the grant period. This work included an in-person project meeting on March 20 and scheduled group conference calls on March 22, March 29, April 4, and April 11. The group also conferred closely with representatives of Hatchuel Tabernik and Associates (HTA), the contracted organization that will oversee the project's data collection and reporting functions. Additional project collaborators were contacted by the planning group to obtain program input and feedback and to identify key points of interaction and interface in relation to project client services.

3) Describe how the proposed diversion plan builds on existing system-planning efforts (e.g., Community Corrections Partnership, Mental Health Services Act Plan, Stepping Up Initiative, Criminal Justice/Mental Health Task Force, etc.) and addresses identified gaps.

The proposed program will be fully coordinated and integrated with existing system-wide planning efforts and collaborations relevant to the proposed population, including the following:

- **The Mentoring and Peer Support Program (MAPS)** is a program of SF Jail Health Services that began in 2012 through grant funding from the US Substance Abuse and Mental Health Services Administration with the goal of providing peer support to participants in the San Francisco Collaborative Courts who were diagnosed with mental illness and co-occurring substance use disorders. Since the grant's expiration in late 2018, SF has funded the program through general funds so that it can continue to serve the criminal justice involved behavioral health population. The peer mentors hired through the MHD grant will collaborate with the MAPS program and, if needed, MAPS peer mentors are available to provide additional support to MHD clients.
- **Promoting Recovery and Services for the Prevention of Recidivism (PRSPR),** funded by Prop 47, is designed to engage adults with substance use and co-occurring disorders in treatment, develop a community plan of care, and reduce recidivism.
- **The San Francisco Collaborative Courts system** delivers high quality collaborative justice programs that address addiction, mental health, and other social service needs and that bridge the gap between hard-hit communities and Court system, including a Behavioral Health Court (BHC), a Community Justice Center (CJC), a Drug Court, a Family Treatment Court, an Intensive Supervision Court, a Juvenile Reentry Court, a Veterans Justice Court, and a Young Adult Court
- **Mental Health Diversion (MHD)** is a pretrial diversion program for persons with identified mental health issues operated through a collaboration between Jail Health Services and Behavioral Health Services.

e) Description of Proposed Local Diversion Plan Section (8 pages maximum)

Overview: San Francisco Behavioral Health Services, in close collaboration with San Francisco Jail Health Services and the Citywide Team, will utilize one-time DSH funding to implement, evaluate, and sustain an integrated intervention designed to maximize the number of felony-charged persons with a specified mental health disorder who are able to effectively participate in and complete a pre-trial diversion program authorized through AB 1810 and SB 215. The San Francisco program will provide intensive assessment, planning, treatment, and linkage support services that allow persons with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder to achieve stabilization; attain or maintain competency to understand, consent, and adhere to pre-trial diversion terms and conditions; and effectively and consistently follow-up on diversion requirements throughout the specified diversion period.

Project services will incorporate both: a) **pre-release services** provided within incarceration settings by in-kind and grant-funded staff employed directly by JHS and b) **post-release services** provided both inside and outside of incarcerated settings through grant-funded staff employed through a subcontract to the Citywide Team at UCSF. At the pre-release level, JHS will utilize grant funds to hire a **new, full-time Evaluation, Referral, and Linkage Specialist** who will work directly with each potential diversion client to comprehensively evaluate and assess behavioral health, criminal justice, and life circumstances and history; collaborate with psychiatric, legal, and criminal justice staff to ascertain appropriateness for diversion, including likelihood of avoiding a finding of being Incompetent to Stand Trial (IST) on felony charges; and develop, track, and support an individualized intervention plan to prepare each client for pre-trial diversion, including planning for post-release services and warm handoffs. This staff person will also be able to support clinically appropriate requests for individuals who have already been released from custody and are at risk for recidivism. At the post-release level, Citywide will utilize grant funds to hire and supervise a diverse, multi-disciplinary client support team designed to maximize the chances of client success in the diversion program, including a **full-time Behavioral Health Psychiatric Supervisor; a full-time Clinical Social Worker; a half-time Peer Mentor / Patient Navigator; a 15%-time Psychiatrist; a 20%-time Vocational Nurse; and a 25%-time Administrative Assistant.** This team will collaborate to provide intensive one-on-one support to each client and the members of his or her support team while ensuring access to all needed supportive services, including behavioral health and housing services. Team members will also meet with clients in custody prior to release to identify and plan for post-release service needs and support strategies.

Meanwhile, as noted above a team of highly qualified BHS administrative staff will work on an **in-kind basis** providing oversight, management, support, planning, and coordination for the program, including identifying additional resources to support the program; ensuring integration of the program within the overall structure of San Francisco behavioral health and criminal justice systems; and working to sustain the project following the end of the 3-year grant period. This team – all of whom count toward the required minimum 20% project match – is made up of a **2%-time Project Administrator (Angelica Almeida, PhD,** who also serves as Director of Forensic/Justice Involved Behavioral Health Services); **a 35%-time Project Director**

(Jeannie Chang, PsyD, Program Manager of Mental Health Diversion with Behavioral Health Services); **Tanya Mera, LCSW,** Director of Jail Behavioral Health and Reentry Services, working on a **10%-time** basis; **Melanie Kushnir, LCSW,** Deputy Director of Jail Health Reentry Services, working on a **15%-time**; and **Carol Urban, LMFT,** Jail Health Reentry Services Behavioral Health Clinician, working on a **20%-time** basis.

1) How appropriate individuals will be identified (referred, screened, evaluated) as prospective clients.

The in-kind project administrative team will work with project partners to develop a system to flag **all** persons newly charged with at least one qualifying felony who may exhibit symptoms of one of the program's qualifying mental illnesses, or who have prior histories of local criminal justice involvement and have been previously identified as having one of the program's qualifying conditions. The new in-custody Evaluation, Referral, and Linkage Specialist will be a mental health professional with extensive prior experience in working with individuals who are incarcerated, have experienced homelessness, and have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder. After verifying qualifying felony charges[1] through the collaboration with the San Francisco Superior Court, the Specialist will meet with **each** referred client to conduct a comprehensive behavioral health and criminal justice assessment that preliminarily identifies specific mental health conditions; identifies immediate client stabilization needs; and preliminary assesses the possibility of successfully participating in the pre-trial diversion program following a stabilization period. The Specialist will also work in close concert with jail-based health and psychiatric staff; representatives of the District Attorney's Office and Public Defender's Office, the San Francisco Sheriff's Department, and the Collaborative Courts system to discuss each client's specific case, history, and legal disposition and to develop mutually agreed-upon client stabilization and support plans that give the client the maximum chance for success in the program.

Following preliminary approval for participation in the diversion program, the Specialist will work with each client to develop an **Individualized Treatment Plan** based on current diagnosis, diagnostic history, treatment history, trauma history, substance use / abuse history, criminal history, current charges, available local treatment resources, and other relevant considerations. This Plan will be continually tracked and revisited throughout the pre-trial incarceration period, and will be connected with the out-of-custody team prior to release.

At a minimum, the in-custody Specialist will work to help ensure that each client is able to meet all requirements for diversion participation, including:

- Satisfying the court in regard to diagnosis of one of the specified mental health conditions;

[1] Felony offenses **not** eligible for the diversion program are expected to include murder or voluntary manslaughter; an offense which requires registration per section 290, except for a violation of section 314; rape; lewd or lascivious act on a child under 14 years of age; assault with intent to commit rape, sodomy , or oral copulation, in violation of section 220; commission of rape or sexual penetration in concert with another, in violation of section 264.1; continuous sexual abuse of a child, in violation of section 288.5; and a violation of subdivision (b) or (c) of section 11418.

- Satisfying the court in regard to the defendant's mental health disorder having played a significant role in the commission of the charged offense;
- Ensuring that at least one qualified mental health expert (WMHA) provides an opinion that the defendant's symptoms motivating the criminal behavior would respond to mental health treatment;
- Obtaining a voluntary consent to diversion and a waiving of the right to a speedy trial from the defendant;
- Obtaining an agreement from the defender to comply with all elements of treatment as a condition of diversion;
- Satisfying the court that the defendant will not pose an unreasonable risk of danger to public safety, as defined in Section 1170.18, if treated in the community; and
- Satisfying the court that the recommended inpatient or outpatient program of mental health treatment

In addition to the primacy of the Individualized Treatment Plan, key **guiding principles** of the diversion program will include: a) **promoting patient accountability** by continually monitoring treatment adherence and ensuring a participant's personal appearance in court; b) utilizing **evidence-based programming** for mental health treatment by clinical staff, attorneys, and other community providers; c) treating patients with **dignity and respect**, while continually supporting individualized recovery and wellness and protecting their due process rights; d) **fostering collaboration** among government agencies and community organizations to find creative solutions to local problems; and e) ensuring **program flexibility** by evaluating and re-evaluating the practices and policies of the program and by being open to change, understanding that experience with clients teaches what programs and practices are working effectively, and when and what changes are advisable.

2) The type of treatment and support services clients will receive including any treatment services provided in jail prior transfer to the community. If existing programs/services will be leveraged to provide diversion services, identify the programs/services and funding source.

Jail Health's Behavioral Health Services and Reentry Services (JBHRS) programs provide evaluation, crisis intervention ongoing assessment and treatment and reentry and community linkage services to individuals incarcerated in the San Francisco City and County Jail who have been identified as having a mental illness and who are experiencing significant clinical distress or disability in day to day functioning as a result of their mental illness. Specific in-custody mental health and co-occurring substance use disorder services provided through the diversion program will evidence-based and individualized for each patient, and will focus on overarching goals such as wellness and recovery, cultural humility and trauma-informed care and will support the pursuit of each patient' optimal health, sense of well-being, self-defined recovery and successful re-entry into their community of choice. Other focuses of treatment include **a) illness self-management**, including understanding personal symptoms and treatments and working with clinical and psychiatry staff to develop a personalized crisis plan; **b) developing necessary competencies**, including grooming and maintenance of a living environment; personal adjustment skills such as the ability to manage stress and

anxiety; basic social and interpersonal skills that allow the patient to appropriately communicate with others; and cognitive and adult role competencies such as identification of Criminologic thinking, and concepts of restorative justice; and **c) identification and development of environmental supports**, including natural and organizational supports.

Specific in-custody treatment services provided through the diversion program will consist of the following:

a) Individual and Group Counseling: Counseling sessions are generally 15 minutes to 1 hour in length and take place within a professional relationship in which the individual is helped to resolve emotional, conflictual, or behavioral problems. Individual counseling sessions are also used to work in a person-centered manner with the patient to develop their clinical treatment plan (e.g. Seeking Safety and Thinking for a Change);

b) Individual and Group Psychoeducation, including providing patients with information about treatments, symptoms, resources, and services and problem-solving strategies for coping with mental illness (e.g. Illness Management and Recovery);

c) Individual and Group Skill Building, utilizing curriculum-based skills development (e.g. Wellness Recovery Action Planning); and

d) Beneficial Groups using alternative treatment methods to allow patients to explore their feelings, reconcile emotional conflicts, foster self-awareness and increase self-esteem (e.g. art, writing, music, exercise, yoga, and performing arts groups)

The frequency of mental health services provided will be outlined in each clients Individualized Treatment Plan and will be provided for the duration of the patient's incarceration, until the goals of the treatment plan are met, or until the patient refuses services, whichever comes first. If the patient refuses services and is considered to be high risk, the program will continue to monitor and try to engage the individual in mental health services.

3) The estimated number of unduplicated clients that could be served by your diversion plan on an annual basis.

As noted above, BHS will connect with and intensively support at least **30** justice-involved individuals who have been charged with felonies, or an average of **10** individuals per year. This represents an increase of **85%** over the minimum **16.2** individuals required to be served through the funding request.

4) The estimated average length of stay for clients served by the diversion program after transfer from jail to the community.

The average length of stay in the diversion program following a transfer from jail to the community is expected to range from **12 to 24 months** based on factors such as the severity of the client's mental health condition, prior criminal justice involvement, the length of time having been needed to attain stabilization post-release, and the availability of community-based supports and housing.

5) How clients will be connected to ongoing services in the community after they have completed the diversion program.

The proposed Citywide out-of-custody team will offer a comprehensive, wrap-around, multidisciplinary support system which will maximize each diversion client's chance of success throughout the diversion period. Prior to each client's release from incarceration, the BHS Evaluation, Referral, and Linkage Specialist will meet with members of the Citywide team to create a post-release plan, including integration of proposed out-of-custody services into the client's existing Treatment Plan. Citywide team members will also meet with clients while in custody to begin planning post-release services and plans. Wherever possible, a **warm handoff** will take place at the time of release in which a member of the Citywide team is present to meet the client and begin the process of orientation to community-based care and treatment.

Following release, the Citywide Team will conduct a new comprehensive client assessment and produce a modified Treatment Plan designed to address the full range of client stabilization and support needs, including medical and behavioral health services, housing services, and a full range of psychosocial and support services. A small fund for Stabilization Rooms is included in each year's budget for out-of-custody individuals who are not in residential treatment and require short-term housing support to maintain diversion adherence. These rooms will be reimbursed through a check writing agreement by SFDPH with HealthRight 360, a large non-profit health organization. The team will also take over maintenance of each client's medication management plan and Citywide team members will have the capacity to monitor and prescribe medications on an ongoing basis, while providing ongoing support for medication management and access and crisis management.

Additionally, the Citywide peer navigator will be available to meet with each client in the context of assessment and treatment sessions and on a one-on-one basis to provide ongoing informal support, encouragement, and referrals. The peer will regularly connect with clients on an ongoing basis to assess their current mental health and living status, and will promptly report changes in behavior, adherence, or warning signs to other Citywide team members.

As with the in-custody Specialist, members of the Citywide team will continually work with relevant justice system representatives, including representatives of the court and the client's legal representation. Citywide team members will also be present during required court hearings, and will continually monitor ongoing project data and outcomes in collaboration with the project evaluation firm.

6) Depiction of the process flow for participating clients from identification to completion of diversion program and referral to ongoing community services.

The following briefly outlines the collaborative process for moving clients through the diversion process:

I. Eligibility Evaluations:

A. The court will send all orders requesting an eligibility evaluation for Mental Health

Diversion to Jail Health's Reentry Services team (JHRS). JHRS will forward orders for individuals who are out of custody to the Mental Health Diversion psychologist.
  - In-Custody: The report will be prepared by JHRS
  - Out-of-Custody: The court will direct patients to appear at the Community Services Justice Center located at 555 Polk Street during a specified appointment time for an eligibility assessment conducted by a DPH clinician who will also prepare the report.

B. Individuals being evaluated for MHD must sign a Consent and an Authorization to Release Private Health Information in order to allow for a full report to be provided to the court.

C. If an individual refuses to sign an Authorization to Release Private Health Information, the court will be notified by written report and no private health information (PHI) will be shared.

D. For patients who have signed an Authorization to Release Private Health Information, MHD eligibility reports will address the following:
  - Demographics;
  - Relevant psychosocial information;
  - Presence of DSM 5 diagnoses, if any;
  - Amenability for participation in MHD;
  - Current behavioral health treatment plan if one exists and compliance;
  - Historical behavioral health treatment and compliance;
  - Recommended treatment plan including whether the individuals treatment should be monitored in a particular collaborative court;
  - Goals for participating in MHD; and
  - Whether or not the individual signed a Mental Health Diversion Consent for Treatment.

E. The court may request additional evaluation by DPH to assist in their determination of eligibility for MHD. These requests must come via court order and specifically state what additional information they are requesting.

II. MHD Treatment Plans:

A. Treatment plans must address an individual's mental health treatment needs, substance use/abuse disorder needs (as indicated) and any other behaviors underlying the offense.

B. Treatment plans will:
  - Include referral and linkage to community treatment as clinically indicated and
  - Be flexible, individualized, trauma informed, client-centered, and based on principles of harm reduction and recovery

C. The court may order in consultation with the treatment provider any treatment plan modifications in response to a participant's progress and needs.

III. Progress Reports/Appearances:

A. MHD participants' treatment progress will be monitored in one of two ways: a) a Collaborative Court Model or b) a Community-Based Treatment Model.

B. Court appearance and progress reports will be provided at a frequency determined by the court with consideration of the treatment providers' recommendation.

C. An MHD progress report template will be utilized by DPH program.

f) Data and Outcomes Reporting Section (2 pages maximum)

Document your plan for collecting and reporting on required data elements and the frequency by which client-specific demographics, including mental disorder diagnoses and felony charges can be reported. As part of your plan, identify the role of person(s) within the program who will be responsible for collecting and reporting required data elements. Document any other plans to track additional data elements, measure outcomes or evaluate the effectiveness of this program outside the scope of DSH minimum requirements.

As required by the DHS program, San Francisco Behavioral Health Services will continually collect and report client-level data and outcomes to DSH for **all** diversion program participants. We understand that DSH will specify the reporting format to be used and the ongoing deadlines for report submission, and may modify, reduce, or add data elements or outcome measures as needed to ensure reporting of effective data and outcome measures. This information shall be confidential and shall **not** be open to public inspection. **At a minimum**, SF BHS will report on the following data elements:

- The number of individuals that the court ordered to post-booking diversion and the length of time for which the defendant has been ordered to diversion;
- The number of individuals originally declared IST on felony charges that the court ultimately ordered to diversion;
- The number of individuals participating in diversion;
- The name, social security number, date of birth, and demographics of each individual participating in diversion;
- The length of time in diversion for each participating individual;
- The types of services and supports provided to each individual participating in diversion;
- The number of days each individual was in jail prior to placement in diversion;
- The number of days that each individual spent in each level of care facility;
- The diagnoses of each individual participating in diversion;
- The nature of the charges for each individual participating in diversion;
- The number of individuals who completed diversion; and
- The name, social security number, and birthdate of each individual who did not complete diversion and the reasons for not completing diversion.

Our project's administrative team will also work in concert with the contracted data collection, evaluation, and reporting firm - Hatchuel Tabernik and Associates (HTA) – to design a **mixed methods evaluation** that tracks additional process and outcome measures with the goal of assessing additional key project factors such as the overall process of program implementation; the effectiveness, scale, and growth of project collaborations; the satisfaction of clients with services received; self-reported client improvements in factors such as health, well-being, stability, and future-directedness; the satisfaction of project staff with the diversion program; programmatic barriers and disparities identified through the evaluation process and how these were addressed;

and the success of the program in obtaining continuation funding following conclusion of the grant period.

Both client and project-level data will be entered by project staff in to *Avatar*, DPH's Electronic Health Records System, at the time services are delivered or immediately following delivery, using field and office-based devices. SFDPH and Citywide will coordinate data collection and entry systems to allow for mutual access to client information while ensuring confidentiality. The contracted project evaluator will also have full access to all data on clients served through the diversion program and will continually upload data and will aggregate, analyze, and summarize this data on at least a **quarterly basis** to the project's administrative team, while also having primary responsibility for the preparation of project reports. The administrative team will review and discuss data in collaboration with HTA to identify project successes, barriers, and disparities, and will ensure continuous quality improvement by designing new approaches and strategies to address project shortfalls and both access and outcome disparities. To monitor fidelity to the program plan, HTA will also conduct regular check-ins with project staff along with interviews and focus groups with staff and partners to discuss program developments. The project's administrative team will also collaborate with the San Francisco Collaborative Court system to develop enhanced strategies for mutually accessing real-time data on clients enrolled in the program.

As noted above, the project evaluation will be conducted through a contract to Hatchuel Tabernik and Associates (HTA), a highly respected program development, research, and evaluation firm focused on health and human service issues, with a special focus on incarcerated populations. HTA's mission is to support and empower organizations to create a more healthy, educated, equitable, and just society and delivers cost-effective, high-quality services that build their client organizations' effectiveness and capacity to empower and improve their communities. HTA has been designing and conducting program evaluations since **1996** and in the past five years alone has provided evaluation services to over **65** agencies and planned while conducting over **110** distinct evaluations. HTA evaluation clients have included probation departments, sheriff's offices, school districts, community colleges, county offices of education, city and county agencies, cross-agency collaboratives, community-based organizations, universities, and private foundations.

The lead evaluator for the diversion program at HTA will **Dr. Danielle Toussaint**. Dr Toussaint has over **15 years** of experience in research, evaluation, and consulting, including key roles on cross-site, multi-year federally funded projects with experimental, quasi-experimental, or cross-sectional designs. Danielle also has extensive experience with developmental and formative evaluation of initiatives, programs and whole organizations. Her broad content knowledge includes early childhood development, education, public health, juvenile and criminal justice, ATOD prevention and treatment, co-occurring mental health disorders, adolescent risk-taking behavior, race/ethnicity, homelessness, and statistics. She provides project oversight and management, evaluation plan design, quantitative and qualitative analysis, and oversees reporting of results to clients and funders. She has been the lead evaluator on ten different evaluations of county-wide reentry programs separately led by law enforcement agencies, community-based organizations and health departments. She earned a PhD in Sociology, and a Masters in Demography from the University of Texas at Austin.

g) Management Plan Section (3 pages maximum)

1) Describe how the County will effectively coordinate, manage, and monitor the efforts of the local diversion program.

The **Project Administrator** and **Project Director** will have overarching responsibility for coordinating, managing, and monitoring the proposed diversion program. This includes overseeing and coordinating project planning, design, and implementation; hiring and training the new BHS Linkage Specialist; overseeing, monitoring, and supporting the Citywide out-of-custody subcontract; designing project data collection and reporting systems in concert with the contracted program evaluation firm; ensuring ongoing collaboration and mutual planning with relevant local court systems, law enforcement entities, and public and private service agencies; monitoring program expenditures while tracking in-kind matching support; and working to identify continuation funding for the program following the conclusion of the grant period. The Administrator and Director will also work in close concert with the project's **Administrative Team,** which includes the Director of Jail Behavioral Health & Reentry Services; the Deputy Director Jail Health Reentry Services; the Jail Health Reentry Services Behavioral Health Clinician; the DPH Evaluation, Referral, and Linkage Specialist; and the Citywide Behavioral Health Psychiatric Supervisor. The Administrative Team will meet on at least a **twice-monthly** basis during the 4-month project start-up period and on at least a **monthly** basis throughout the remainder of the 3-year project period. While directly planning, organizing, and monitoring project systems and services, the team will also review data presented by the program evaluator on at least a **quarterly** basis to identify project gaps and disparities and to design modification and enhancements that effectively respond to those issues.

2) Describe the fiscal reporting and monitoring process that will be employed to ensure contract funds are managed responsibly.

SF BHS has extensive systems in place to effectively track, monitor, and report on fiscal expenditures through the diversion program. The department's fiscal unit utilizes a fund-based accounting system to monitor and approve all expenditures through the program, including extensive reporting and monitoring systems to track the expenditures and reporting of subcontractors. All project subcontracts will include clear requirements related to expenditure of funds, data reporting, and the reporting progress toward objectives, including specific inclusion of all required reporting indicators for the diversion project. Providers will bill on a **monthly** basis following the successful delivery of services in the previous months, and will receive in-person site visits on at least an **annual** basis throughout the project period.

3) At a minimum, participating counties will be required to report matching contributions every 6 months during the term of the contract funding period using the format available to the county and agreed to by DSH. Describe how the county's required cash and/or in-kind match will be tracked and reported to DSH.

Because of the diversity of funding sources within the division, San Francisco DPH has well-developed processes in place for tracking percentage of staff time devoted to specific organizational programs and efforts. The BHS program monitoring unit will conduct **monthly** time studies to account for **all** hours worked by each staff member contributing to the project match, including calculations of percentage time worked per project. The results of these time studies will be reported to DSH on at least a **twice-yearly** basis using a county format that has previously been agreed to by DSH. Because of the potential variability of time spent on the project (e.g., only a few hours one week but many hours in another week), twice-yearly reporting will provide an important opportunity to **average** the time spent on the project by matching project staff over the course of a six-month period.

4) Describe any potential barriers to successfully implementing and managing your diversion plan.

As with any new mental health and recidivism program, potential barriers exist to the successful implementation and achievement of project activities and outcomes, and in the management of the overall diversion plan. The chart below describes some potential project barriers, along with strategies to address those issues as they arise.

Potential Barriers and Issues	Background to the Problem	Potential Solutions or Action Steps
▪ Longer incarceration stays than anticipated before receiving court approval for pre-trail diversion program admission	▪ While we do not anticipate unusual delays in the diversion approval process, it is possible that the nature of the crimes committed and the mental health issues facing clients may make judges more cautious to approve pre-trial diversion for some clients	▪ The in-clinic Linkage Specialist will continue to work with each client and ensure access to and utilization of behavioral health services throughout their term of stay, regardless of duration. The Citywide team will continually be updated on the status of in-custody clients
▪ Difficulty in locating client housing in San Francisco	▪ The ongoing affordable housing crisis in San Francisco presents an ongoing challenge for low-income persons seeking stabilization, and for the agencies that assist them	▪ The program has set-aside a pool of funding for SRO stabilization beds to allow clients to have temporary housing will they continue to look for longer-term residence options in the city
▪ Period of engagement in pre-trial diversion outlasting the duration of the grant period	▪ Many clients identified and enrolled in the diversion program – particularly in the 3rd year – will not have completed their diversion period prior to expiration of grant funds	▪ The project's Administrative Team will launch an aggressive continuation funding search process beginning in the 2nd project year to ensure that supportive resources exist beyond the grant term

5) Describe your plan for leveraging this funding opportunity to inform post-contract sustainability.

Following the implementation, evaluation, and refinement of the proposed program using DSH grant dollars, the proposed diversion project expects to begin extensively leveraging **Medi-Cal** dollars to support specific elements of the diversion program, particularly for case management services. The San Francisco Jail Replacement Work Group also has a charge of developing innovative ways to reduce the local jail population, and proposed program may prove to be one effective approach that could receive some funding support through the group's advocacy.

Additionally, the San Francisco Department of Public Health has a long history of providing long-term general fund support for programs that have shown a high level of success in achieving outcomes such as reducing criminal justice recidivism, reducing long-term costs related to the effects of untreated or unmonitored mental illness, or improving the long-term health and wellness of marginalized and underserved populations. To document the effectiveness of the diversion program, BHS will collaborate with the contracted evaluator to conduct a **small-scale cost / benefit analysis** that estimates the costs saved to the system through the successful diversion of project clients as compared to the actual costs of project services. At the same time, the project's qualitative evaluation will also assess impacts on client health, well-being, stability, and criminal justice recidivism to provide further evidence of the program's effectiveness. This analysis may go further by examining specific program elements or approaches that were particularly successful, such as the importance of a full-time in-custody Linkage Specialists or the presence of a post-custody peer, although these are only examples.

h) Program Implementation Timeline

PAT – Project Administration Team
ERLS – Evaluation, Linkage, & Referral Specialist
COCT - Citywide Out-of-Custody Team
HTA – Hatchel Tabernik & Assoc.

Project Months	Key Activities	Entities Responsible			
		PAT	ERLS	COCT	HTA
1 – 4	Recruit, hire, and train project staff and finalize Citywide and HTA agreements	X			
1 – 4	Design project interventions, protocols, and procedures in collaboration with DSH and project partners and collaborators	X			
1 – 4	Design data collection, analysis, and reporting systems and procedures in collaboration with HTA	X			X
1 – 4	Orient in-custody-related partners to the program and ensure ongoing referrals	X			
5 – 36	Conduct in-custody assessments, develop and track Individualized Treatment Plans, and provide ongoing behavioral health services as needed to qualifying, consenting clients		X		
5 - 36	Develop post-release plans in collaboration with Citywide Team and work to ensure warm handoffs wherever possible		X	X	
5 - 36	Through the Citywide team, provide comprehensive client assessment, monitoring, and support services to maximize success in the diversion program, including behavioral health treatment and access to a funded pool of stabilization rooms			X	
5 - 36	Continually monitor and revised both in-custody and out-of-custody Treatment Plans		X	X	
5 - 36	Utilize a trained peer to provide ongoing informal one-on-one support to out-of-custody clients as part of the Citywide team			X	
5 - 36	Continually collect data and forward data on client characteristics, services provided, and qualitative outcomes identified in the local evaluation plan	X	X	X	X
5 - 36	Analyze and report data on a quarterly basis, and discuss findings with project team to identify and address disparities and to maximize successes and opportunities				X
5 - 36	Continually prepare and submit project reports following DSH deadlines	X			X
16 – 36	Develop and implement a plan to secure project continuation funding	X			

i) Key Personnel (3 pages maximum)

1) Summary of recruitment strategy and timeline for hiring and/or contracting for staff resources.

Posted advertisements for the new DPH-based Linkage Specialist will be posted immediately upon notification of grant award, prior to program start-up. It is expected that a qualified individual will be identified, hired, and trained prior to the end of the project's anticipated four-month start-up period. Meanwhile, Citywide will be responsible for the recruitment, hiring, and training of subcontracted program staff using the program's strong pre-existing systems, procedures, and networks. Citywide staff are also expected to be in place prior to the end of the four-month start-up period.

2) Brief description of the service category/function to be performed by each proposed position (i.e. Assertive Community Treatment Team, Peer Support, etc.). Include the classification or discipline (i.e. social worker, psychologist, etc.) that will be used.

Existing DPH Staff (In-Kind):

- **Project Administrator:** The Administrator will have overarching responsibility for the diversion grant program, and will ensure integration of the program with all relevant DPH and outside agencies and services. The Administrator will also have responsibility for leading the effort to identify continuation funding for the program.
- **Project Director**: The Project Director will manage the day-to-day operation and scheduling for the proposed program, and will be responsible for establishing, monitoring, and maintaining project protocols, procedures, and services utilizing evidence-based practices. The Director will serve as the primary liaison to contracted project partners and to DSH, will continually expand project collaborations, and will coordinate efforts to utilize project data to continually improve the quality and impact of the intervention.
- **Director of Jail Behavioral Health / Reentry Programs:** The Director will play a lead role in the initial development of diversion program protocols, procedures, and standards, and will collaborate with courts and criminal justice partners to develop mutually approved procedures and to ensure ongoing referral of potential project clients to the program.
- **Deputy Director of Jail Health Reentry Services**: The Deputy Director will supervise the MHD Clinician, both clinically and administratively; attend MHD program meetings; and assist with grant reporting, data collection, and quality assurance.
- **Jail Health Reentry Services Behavioral Health Clinician:** The Clinician will review and triage all court orders and assigned them to appropriate staff, including MHD eligibility evaluations to the MHD Jail Health Reentry Clinician. She will also be responsible for training the new Linkage Specialist.

New DPH Staff:

- **Evaluation, Referral, and Linkage Specialist**: As noted above, the Specialist will be responsible for providing ongoing in-custody assessments, services, and referrals for clients of the diversion program, including developing and tracking Individualized Treatment Plans in collaboration with each client.

Citywide Out-of-Custody Team:

- **Behavioral Health Psychiatric Supervisor:** The Psychiatric Supervisor will direct, train, and oversee the Citywide out-of-custody team will providing direct behavioral health, monitoring, and support services to project clients. The Supervisor will also provide clinical supervision and support to the Clinical Social Worker and the Peer Mentor / Patient Navigator.
- **Clinical Social Worker:** The Social Worker will work in tandem with the Psychiatric Supervisor to manage a caseload of out-of-custody diversion clients, including developing and maintaining Individualized Treatment Plans, monitoring court dates and client reporting deadlines, providing direct client treatment services, and providing ongoing referral and linkage services.
- **Peer Mentor / Patient Navigator:** The Peer Mentor will provide informal, one-on-one support to clients of the diversion program, including participating in Treatment Plan development meetings and providing ongoing, informal one-on-one support to project participants from the perspective of an individual with prior criminal justice system involvement.
- **Psychiatrist:** The project Psychiatrist will provide direct mental health assessment and monitoring services while prescribing, tracking, and monitoring psychotropic medications.
- **Vocational Nurse:** The Licensed Vocational Nurse will provide ongoing health assessments and consultation for program clients, including support with issues such as nutrition, preventive health care, and wellness support.
- **Administrative Assistant:** The Administrative Assistant will provide ongoing support for key administrative tasks related to the program, including monitoring and assisting with data collection, maintaining project scheduling, and tracking project expenditures.

3) Proposed time base for each position. If part time, identify the percentage of time worked.

Existing DPH Staff (In-Kind):

- Project Administrator (Angelica Almeida, PhD): **.02 FTE**
- Project Director (Jeannie Chang, PsyD): **.35 FTE**
- Director of Jail Behavioral Health / Reentry Programs (Tanya Mera, LCSW): **.10 FTE**
- Deputy Director of Jail Health Reentry Services (Melanie Kushner): **.15 FTE**
- Jail Health Reentry Services Behavioral Health Clinician (Carol Urban): **.20 FTE**

New DPH Staff:

- Evaluation, Referral, and Linkage Specialist: **1.0 FTE**

Citywide Out-of-Custody Team:

- Behavioral Health Psychiatric Supervisor: **1.0 FTE**
- Clinical Social Worker: **1.0 FTE**
- Peer Mentor / Patient Navigator: **.50 FTE**
- Psychiatrist: **.15 FTE**
- Vocational Nurse: **.20 FTE**
- Administrative Assistant: **.25 FTE**

4) Identify if existing personnel (civil service or contracted staff) are being redirected towards this effort.

The five (5) existing civil service staff based at SFDPH and listed above will be redirected toward the proposed diversion program effort on an **in-kind basis** as part of the project's matching fund requirements.

j) Proposed Budget Detail (4 pages maximum)

1) All applications must submit a proposed annual budget over a 3-year term supporting the activities and key personnel addressed in the description of the proposed local diversion plan.

Please see annual project budgets on the following pages

2) The proposed budget must clearly identify the amount of DSH Diversion funds being requested and restate the total estimated number of clients to be served by the program. If the amount of DSH Diversion funds proposed exceeds the benchmark funding identified for each county referenced on Attachment 3, provide a justification of why the costs are higher than amounts provided.

The proposed budgets clearly identify the amount of DSH Diversion funds being requested. Our program is proposing to serve a total of **30** clients over the course of the 3-year project period, or an average of **10** clients per year, and budget expenses accurately reflect resources needed to effectively reach, serve, and support this population. The amount of DSH Diversion funds proposed does **not** exceed the benchmark funding identified for each county referenced in Attachment 3.

3) Assuming other funding sources such as Medi-Cal will be leveraged, clearly identify the portions of the total budget that will be supported by the other funding sources used to support program costs.

While Medi-Cal funds will be leveraged following completion of the 3-year project, neither Medi-Cal nor any other outside funds will be used during the project period, in part to evaluate the cost-benefit of the program based solely on requested grant funds.

4) Required Matching Funds: Identify the portion of the budget that will be used to apply towards the required 10-20% match. Identify if the match is cash or in-kind, the amount of the match by type and funding source. State funds may not be used towards required match contributions. The funding sources must be local/county funds. In addition, any federal financial participation drawn with DSH Diversion Funds may not be applied towards required county match contributions.

As shown in the project budgets, the majority of project matching funds will come through time spent on the project by existing project staff, with additional matching funds provided through in-kind contributions of key operating expenses such as mileage, office supplies, telecommunications costs, printing, and postage. The combined matching amount over the 3-year course of the project total **$475,962**, representing **20.7%** of the combined DSH grant request of **$2,300,400**. No State funds will be used toward the required match contribution, and will only be drawn from local and/or county funds. No federal financial participation drawn from DSH Diversion Funds will be applied toward the required county match contribution.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH								
California Department of State Hospitals Pre-Trial Felony Mental Health Diversion Program								
Year 1 Project Budget - FY 19/20								
Name	**Position**	**Annual Salary**	**Monthly Salary**	**Prog FTEs**	**# of Months**	**Grant Amount**	**Match Amount**	**Total Budget**
Angelica Almeida	Project Administrator	$ 132,990	$ 11,083	2%	12	$ -	$ 2,660	$ 2,660
Jeannie Chang	Project Director	$ 121,290	$ 10,108	35%	12	$ -	$ 42,452	$ 42,452
Tanya Mera	Director, Jail Behavioral Health & Reentry Services	$ 147,054	$ 12,255	10%	12	$ -	$ 14,705	$ 14,705
Melanie Kushnir	Deputy Director, Jail Health Reentry Services	$ 117,532	$ 9,794	15%	12	$ -	$ 17,630	$ 17,630
Carol Urban	Jail Health Reentry Services Behavioral Health Clinician	$ 107,934	$ 8,995	20%	12	$ -	$ 21,587	$ 21,587
TBI	Evaluation, Referral, & Linkage Specialist	$ 110,019	$ 9,168	100%	12	$ 110,019	$ -	$ 110,019
Subtotal, Personnel						**$ 110,019**	**$ 99,033**	**$ 209,052**
B. FRINGE BENEFITS					**43%**	$ 47,308	$ 42,584	$ 89,892
Total Personnel						**$ 157,327**	**$ 141,618**	**$ 298,945**
C. TRAVEL			**# Mi./Mo.**	**Rate**	**# Mos. / # Persons**			
Local Mileage			450	$ 0.575	12	$ -	$ 3,105	$ 3,105
Total Travel						**$ -**	**$ 3,105**	**$ 3,105**
D. EQUIPMENT - None								
E. SUPPLIES				**Unit / Monthly Cost**	**# of Units / Months**			
Program Supplies				$ 125	12	$ -	$ 1,500	$ 1,500
Office Supplies				$ 75	12	$ -	$ 900	$ 900
Total Supplies						**$ -**	**$ 2,400**	**$ 2,400**
F. CONTRACTUAL				**Hourly Rate**	**# of Hours**			
Out-of-Custody Diversion Subcontract (Citywide)						$ 434,625	$ -	$ 434,625
Stabilization Rooms for Clients						$ 54,000	$ -	$ 54,000
Program Data Collection, Evaluation, & Reporting Subcontract (Hatchuel Tabernik & Associates)						$ 45,000	$ -	$ 45,000
Total Contractual						**$ 533,625**	**$ -**	**$ 533,625**
G. CONSTRUCTION - None								
H. OTHER				**Unit / Monthly Cost**	**# of Units / Months**			
Telecommunications Costs - Phone, Internet, Online Expenses				$ 150	12	$ -	$ 1,800	$ 1,800
Printing & Duplicating				$ 50	12	$ -	$ 600	$ 600
Postage & Delivery				$ 50	12	$ -	$ 600	$ 600
Total Supplies						**$ -**	**$ 3,000**	**$ 3,000**
I. TOTAL DIRECT CHARGES						**$ 690,952**	**$ 150,123**	**$ 841,075**
J. INDIRECT COSTS @ 10% of Direct Charges						**$ 69,095**	**$ 7,506**	**$ 76,601**
K. TOTAL FEDERAL REQUEST						**$ 760,047**	**$ 157,629**	**$ 917,676**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH								
California Department of State Hospitals Pre-Trial Felony Mental Health Diversion Program								
Year 2 Project Budget - FY 20/21								
Name	**Position**	**Annual Salary**	**Monthly Salary**	**Prog FTEs**	**# of Months**	**Grant Amount**	**Match Amount**	**Total Budget**
Angelica Almeida	Project Administrator	$ 139,640	$ 11,637	2%	12	$ -	$ 2,793	$ 2,793
Jeannie Chang	Project Director	$ 127,355	$ 10,613	30%	12	$ -	$ 38,206	$ 38,206
Tanya Mera	Director, Jail Behavioral Health & Reentry Services	$ 154,407	$ 12,867	10%	12	$ -	$ 15,441	$ 15,441
Melanie Kushnir	Deputy Director, Jail Health Reentry Services	$ 123,409	$ 10,284	15%	12	$ -	$ 18,511	$ 18,511

Carol Urban	Jail Health Reentry Services Behavioral Health Clinician	$ 113,331	$ 9,444	20%	12	$ -	$ 22,666	$ 22,666
TBI	Evaluation, Referral, & Linkage Specialist	$ 115,520	$ 9,627	100%	12	$ 115,520	$ -	$ 115,520
Subtotal, Personnel						**$ 115,520**	**$ 97,617**	**$ 213,137**
B. FRINGE BENEFITS					**43%**	$ 49,674	$ 41,975	$ 91,649
Total Personnel						**$ 165,194**	**$ 139,593**	**$ 304,786**
C. TRAVEL			**# Mi./Mo.**	**Rate**	**# Mos. / # Persons**			
Local Mileage			450	$ 0.575	12	$ -	$ 3,105	$ 3,105
Total Travel						**$ -**	**$ 3,105**	**$ 3,105**
D. EQUIPMENT - None								
E. SUPPLIES				**Unit / Monthly Cost**	**# of Units / Months**			
Program Supplies				$ 125	12	$ -	$ 1,500	$ 1,500
Office Supplies				$ 75	12	$ -	$ 900	$ 900
Total Supplies						**$ -**	**$ 2,400**	**$ 2,400**
F. CONTRACTUAL				**Hourly Rate**	**# of Hours**			
Out-of-Custody Diversion Subcontract (Citywide)						$ 425,669	$ -	$ 425,669
Stabilization Rooms for Clients						$ 54,000	$ -	$ 54,000
Program Data Collection, Evaluation, & Reporting Subcontract (Hatchuel Tabernik & Associates)						$ 45,000	$ -	$ 45,000
Total Contractual						**$ 524,669**	**$ -**	**$ 524,669**
G. CONSTRUCTION - None								
H. OTHER				**Unit / Monthly Cost**	**# of Units / Months**			
Telecommunications Costs - Phone, Internet, Online Expenses				$ 150	12	$ -	$ 1,800	$ 1,800
Printing & Duplicating				$ 50	12	$ -	$ 600	$ 600
Postage & Delivery				$ 50	12	$ -	$ 600	$ 600
Total Supplies						**$ -**	**$ 3,000**	**$ 3,000**
I. TOTAL DIRECT CHARGES						**$ 689,863**	**$ 148,098**	**$ 837,960**
J. INDIRECT COSTS @ 10% of Direct Charges						**$ 68,986**	**$ 7,405**	**$ 76,391**
K. TOTAL FEDERAL REQUEST						**$ 758,849**	**$ 155,503**	**$ 914,351**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

California Department of State Hospitals Pre-Trial Felony Mental Health Diversion Program

Year 3 Project Budget - FY 21/22

Name	Position	Annual Salary	Monthly Salary	Prog FTEs	# of Months	Grant Amount	Match Amount	Total Budget
Angelica Almeida	Project Administrator	$ 146,621	$ 12,218	2%	12	$ -	$ 2,932	$ 2,932
Jeannie Chang	Project Director	$ 133,722	$ 11,144	30%	12	$ -	$ 40,117	$ 40,117
Tanya Mera	Director, Jail Behavioral Health & Reentry Services	$ 162,127	$ 13,511	10%	12	$ -	$ 16,213	$ 16,213
Melanie Kushnir	Deputy Director, Jail Health Reentry Services	$ 129,579	$ 10,798	15%	12	$ -	$ 19,437	$ 19,437
Carol Urban	Jail Health Reentry Services Behavioral Health Clinician	$ 118,997	$ 9,916	20%	12	$ -	$ 23,799	$ 23,799
TBI	Evaluation, Referral, & Linkage Specialist	$ 121,296	$ 10,108	100%	12	$ 121,296	$ -	$ 121,296
Subtotal, Personnel						**$ 121,296**	**$ 102,498**	**$ 223,794**
B. FRINGE BENEFITS					**43%**	$ 52,157	$ 44,074	$ 96,231
Total Personnel						**$ 173,453**	**$ 146,572**	**$ 320,025**
C. TRAVEL			**# Mi./Mo.**	**Rate**	**# Mos. / # Persons**			
Local Mileage			450	$ 0.575	12	$ -	$ 3,105	$ 3,105
Total Travel						**$ -**	**$ 3,105**	**$ 3,105**
D. EQUIPMENT - None								
E. SUPPLIES				**Unit / Monthly Cost**	**# of Units / Months**			
Program Supplies				$ 125	12	$ -	$ 1,500	$ 1,500

Office Supplies	$ 75	12	$ -	$ 900	$ 900
Total Supplies			**$ -**	**$ 2,400**	**$ 2,400**
F. CONTRACTUAL	**Hourly Rate**	**# of Hours**			
Out-of-Custody Diversion Subcontract (Citywide)			$ 437,926	$ -	$ 437,926
Stabilization Rooms for Clients			$ 54,079	$ -	$ 54,079
Program Data Collection, Evaluation, & Reporting Subcontract (Hatchuel Tabernik & Associates)			$ 45,000	$ -	$ 45,000
Total Contractual			**$ 537,005**	**$ -**	**$ 537,005**
G. CONSTRUCTION - None					
H. OTHER	**Unit / Monthly Cost**	**# of Units / Months**			
Telecommunications Costs - Phone, Internet, Online Expenses	$ 150	12	$ -	$ 1,800	$ 1,800
Printing & Duplicating	$ 50	12	$ -	$ 600	$ 600
Postage & Delivery	$ 50	12	$ -	$ 600	$ 600
Total Supplies			**$ -**	**$ 3,000**	**$ 3,000**
I. TOTAL DIRECT CHARGES			**$ 710,458**	**$ 155,077**	**$ 865,535**
J. INDIRECT COSTS @ 10% of Direct Charges			**$ 71,046**	**$ 7,754**	**$ 78,800**
K. TOTAL FEDERAL REQUEST			**$ 781,504**	**$ 162,831**	**$ 944,335**

ITEMIZED 3-YEAR CITYWIDE SUBCONTRACT BUDGET

Salaries	**FTE**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Psychiatric	1.00	103,043	106,134	109,318
Clinical Social Worker I/II	1.00	67,651	69,681	71,771
HS Asst Clin Prof-Hcomp (Provider)	0.15	30,790	31,713	32,665
Patient Navigator (Peer mentor)	0.50	20,880	21,506	22,152
Administrative Analyst II	0.25	12,241	12,608	12,986
Nurse, Vocational	0.20	14,203	14,629	15,068
Total FTE	**3.10**	248,807	256,271	263,960
Benefits		105,370	108,531	111,787
Total Salaries and Benefits		**354,177**	**364,802**	**375,746**
Expenses				
Reorganization/E		15,000		
Supplies/Staff		1,000	1,000	1,000
Client Expenses		5,000	5,000	5,000
phones		1,000	1,000	1,000
Computers (2)		2,200		
Staff Training		300	300	300
Costs				
GAEL		2,040	1,802	1,802
Campus Data Network		1,637	1,373	1,373
HR		3,509	2,943	2,943
Service		2,195	1,841	1,841
Subtotal		33,881	**15,259**	**15,259**
Subtotal		**388,058**	380,061	391,005
Indirect Costs		46,567	45,607	46,921
Program		**434,625**	**425,669**	**437,926**