

Title	San Francisco Department of Public Health	06/23/2025
	by Kellee Hom in Proposition 47 Grant Program, Cohort 5 - Request for Proposals	id. 50893237
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Original Submission	06/23/2025
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Proposition 47 Cohort 5	checked
Proposition 36 Activities	checked
Applicant Category	Large Scope Project - applying for more than \$2 million and up to \$8 million

<p>SUBMITTING A PROPOSAL FOR PROPOSITION 47 GRANT FUNDS</p>	<p>The Proposition 47, Safe Neighborhoods and Schools Act Grant Program, Request for Proposals (RFP) is divided into four sections: Applicant Information, Project Title and Project Summary Proposal Narrative and Budget (with key Attachments) Key Project Contacts Other Attachments: Mandatory and Optional Each section has fields that require a response. Applicants will be prompted to provide written text, numerical input, radial button choices, and upload attachments. Documents in Word, Excel, and/or PDF are allowable formats for upload attachments. Some responses requiring narrative text input have a limited number of allowable characters for those fields. If a character limit has been enabled for a specific response field, a character counter will display the number of characters allowed and will then show the number of characters remaining as text is entered into the response field. Character limits include all text, punctuation, and spaces. If the character limit is exceeded, a red prompt will appear with the message "You have exceeded the character limit." Applicants may start and stop their application, as needed, during the solicitation period. However, to save the information entered into the BSCC-Submittable Application, applicants must select "Save Draft" at the bottom of the application before existing. Applicants are prohibited from submitting the Proposition 47, Safe Neighborhoods and Schools Act Grant Program application until all mandatory fields are completed (those with a red asterisk), character limits are in compliance, and required documents have been uploaded. Applicants should read the Proposition 47, Safe Neighborhoods and Schools Act RFP prior to completing this application process. The RFP contains all the necessary information to successfully complete and submit the Proposition 47, Safe Neighborhoods and Schools Act application. This document can be found at: https://www.bscc.ca.gov/s_bsccprop47/</p>
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CONFIDENTIALITY NOTICE: All documents submitted as a part of the Proposition 47, Safe Neighborhoods and Schools Act Grant Program proposal are 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.)

APPLICANT INFORMATION, PROJECT TITLE AND PROJECT SUMMARY This section requires information about the applicant and the proposed project.

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Project Title Supporting Treatment & Reducing Recidivism (STARR)

Project Summary The SFDPH STARR Program provides a critical component towards breaking the cycle of homelessness and addiction in San Francisco by providing additional residential treatment and residential step down beds for criminal justice involved adults with co-occurring substance use disorder and mental health issues. The overall goal is to reduce incarceration and recidivism by bolstering city-wide initiatives focused on jail diversion, recovery, and community re-entry.

PROJECT
NARRATIVE AND
BUDGET

Complete the following sections: Section 1. Project Need Section 2. Community Engagement Including: Proposition 47 Local Advisory Committee Membership Roster (Attachment C) and Proposition 47 Local Advisory Committee Letter(s) of Agreement (Attachment D) Section 3. Project Description Including: Proposition 47 Project Work Plan (Attachment B) Section 4. Data Collection and Project Evaluation Section 5: Budget Attachment - Proposal Budget Table and Budget Narrative (Attachment A) The required attachments are stand-alone documents available on the BSCC Proposition 47 Homepage: https://www.bscc.ca.gov/s_bsccprop47/ . Download, complete, and upload where prompted.

Section 1. Project
Need

A significant sub-segment of San Francisco’s justice-involved residents are disproportionately impacted by multiple public health crises—homelessness, opioid overdose, and unmet behavioral health needs. Trapped in intersecting cycles of homelessness and addiction, more than 8,000 people experience homelessness in the city nightly, according to the 2024 Homelessness Point in Time (PIT) count (up by 7% from 2022). Over one-third report chronic homelessness—multiple bouts of homelessness for long stretches of time—and 51% self-report mental health challenges, addiction, or both. SF Mayor Daniel Lurie underscored the human cost and urgent need for effective intervention pathways in an Executive Directive in March 2025 and called for increased coordination of street teams, expanded treatment capacity, and improved case management to address gaps. (Lurie 2025) This Cohort 5 proposal, which addresses multiple, complex health and housing needs by providing critical interventions—including substance use treatment beds, transitional housing, and care coordination—aims to save lives and aligns with the mayor’s directive and recent research.

SF has been grappling with a rise in overdose deaths that began in 2018 and correlates with an increase in synthetic opioid use, primarily fentanyl. (SF CHA, 2024) During the first year of the pandemic, while COVID-19 was the leading cause of death among unhoused people in major U.S. cities, In SF, fentanyl overdose was the leading cause of death, claiming 331 lives. (Cawley et al., 2022a) Since August 2023, the number of drug overdose deaths has declined, but still remains higher than 2018 levels. Black residents face the highest mortality rate at 215 deaths per 100,000—more than four times the rate of deaths due to Drug Use Disorders for all other race/ethnic groups combined in SF (52 deaths per 100,000).

The University of California and California Policy Lab published a landmark study in 2022 that analyzed two cohorts (2011 and 2020) of people in SF with high utilization of both the criminal legal and emergency healthcare systems and found:

- Almost all the individuals in both cohorts experienced homelessness (98–99%)
- Between 80–90% of individuals in both cohorts have substance use disorders (SUDs), and many also have co-occurring mental health and physical health disorders
- High utilization is linked to premature death: more than one quarter of the 2011 cohort died within 10 years (Cawley et al., 2022b)

To improve outcomes for this group, the researchers identified the need for stable housing with appropriate services and care coordination at specific moments, such as when a person is released from jail or an emergency department: “Ideally, interventions and appropriately targeted, evidence-based, low-barrier resources should be available for individuals when they reach a threshold of contact with a given system, to prevent the escalation of need and cycling that we observe in this study.”

With Cohort 5 funding, the SF Department of Public Health (SFDPH) will answer that call and target adults who are experiencing homelessness, have had contact with the criminal justice system, and have SUD and/or mental health needs. The bidirectional co-occurrence of behavioral health issues and homelessness is well documented. (Dones 2025) We propose to expand and augment our expiring Cohort 3 Prop 47 program: Supporting Treatment & Reducing Recidivism (STARR) by focusing specifically on people experiencing homelessness and adding step-down transitional housing to a continuum of SUD treatment options that includes withdrawal management and residential treatment.

The need for the proposed STARR services is significant. Between 2010 and 2020, SF saw a 76% increase in the number of people who are unsheltered, a period during which the state’s increase was 31%. This staggering rise in California occurred as homelessness nationwide actually decreased by nine percent. Indeed, roughly 30 percent of the growth in homelessness occurring in the U.S. since 2017 can be attributed to just the Bay Area, with San Francisco “virtually tied with New York City and the District of Columbia for the highest concentration of homelessness in the nation.” (Bay Area Council Economic Institute, 2021) Of the 7,754 people unstably housed (sheltered and unsheltered) in the 2022 PIT count, 57% were completely unsheltered (n=4,397). Males (62%), single adults aged 25 and older (78%), Whites (43%), and Black/African Americans (38%) were disproportionately represented. In the general population, people identifying as male make up 51%, White 50.8%, Black 5.7%, and Hispanic 16.4%.

The intent of Prop 47 is to ensure alternatives for less serious crimes and redirect savings into prevention and support programs. The proposed Cohort 5 programming will ensure that defendants in criminal cases who struggle with mental health and/or substance use issues and experience homelessness will be diverted from jail to receive community-based support, including supplemental housing-related services, job skills training, case management, and civil legal services. In addition to the strong correlation between jail time and poor outcomes, there are well-established racial/ethnic disparities in pretrial detention (Sawyer, 2019), making this a health equity issue.

For the first time, STARR will offer transitional housing. Research consistently shows that obtaining housing is particularly onerous for the target population generally (Dorazio, 2023), and a study published by the SF Reentry Council shows that justice involved adults with mental illness and/or substance abuse issues experience heightened barriers to housing, which leave them more vulnerable to recidivism (Reentry Council, 2022). Current program data collected by our external STARR evaluator also

points to the need for step-down supportive housing for the target population. For example, among the 846 participants who enrolled between Feb. 2021 and Mar. 2025, 18% were homeless when they exited the program.

SFDPH has collaborated with other agencies and community-based organizations (CBO) for many years to reduce incarceration and recidivism by using a harm reduction approach to provide low-threshold supports through several initiatives, including our three prior Prop 47-funded programs—Promoting Recovery & Services for the Prevention of Recidivism (PRSPR) and STARR—and the Law Enforcement Assisted Diversion Program. With each program, we have focused on jail diversion, recovery, and community reentry for individuals with high-risk co-occurring disorders by building upon the strengths of earlier cohorts and making modifications based on community feedback, outside evaluations, and on-the-ground realities.

PRSPR and Cohort 2 STARR were able to engage and refer clients in the target population while building and strengthening a coordinated system of care among service provider partners. Importantly, evaluators found a statistically significant reduction in arrests and convictions—much less recidivism than would be expected in this population—among individuals who completed our program. (HTA August 2021, September 2021) These outcomes are particularly noteworthy because the target population served by STARR is incredibly hard to reach, with many barriers to successful program participation.

Cohort 5 STARR will build upon foundations created in the Cohort 4 HEARTS program, which is focused on housing navigation, streamlining coordinated entry including assessment and referral to housing options, as well as providing wrap-around services including rental assistance and bridge housing. However, without sufficient supports, individuals may end up losing housing due to relapse or financial instability. The intention of Cohort 5 STARR is that by adding Residential Step-Down beds, individuals will have a longer opportunity for sustained recovery, building sufficient social and professional support, and achieve financial stability that enables clients to attain and sustain permanent housing.

Cohort 3 STARR has already exceeded the annual goals of the program: A total of 317 individuals have been referred to STARR to date in FY24/25, more than double the goal of 150, and 231 individuals have been enrolled during FY24/25, more than double the goal of 100. Additionally, the program is well on track to meet treatment programming goals: 96% of clients engaged in case management have met with a case manager at least once, exceeding the goal of 60%. 93% of clients who have met three times with a grant-funded case manager have received an IIP, exceeding the goal of 50% of clients. 73% of clients enrolled in withdrawal management successfully complete their treatment by meeting their individualized treatment goals, exceeding the goal of 50%.

SF County Jail, SF juvenile justice out-of-home placements, the California Department of Corrections and Rehabilitation facilities, and the United States Federal Bureau of Prison facilities. The Council coordinates information sharing, planning, and engagement among all interested private and public stakeholders to the extent permissible under federal and state law. Meetings are held in person (and simultaneously online) on the third Thursday of the month, every quarter, at City Hall.

INPUT FROM CROSS SECTION

The Council, created in 2009 to coordinate supports for adults leaving incarceration, is comprised of community members with lived experience as well as senior leadership from a broad range of public agencies that work with the target population, including San Francisco's Adult Probation; Board of Supervisors; Community Assessment and Services Center; Child Support Services; Department of Children, Youth and their Families; Corrections & Rehabilitation; District Attorney; Economic and Workforce Development; Homelessness & Supportive Housing; Human Services Agency; Juvenile Probation; Office of the Mayor; Parole Operations; Police Department; Public Defender; Public Health; Sheriff's Office; Superior Court; and U.S. Probation.

COMMUNITY PARTNERS

The Council also includes seven community members who are either formerly incarcerated, survivors of violence or crime, or have expertise serving the reentry population (or a combination). The community members serving on the Council are deeply rooted in the issues and cultures of the target population and often have personal experience with the criminal justice system, substance use disorder (SUD), and/or mental health (MH) issues. Often the community members work in CBOs that directly inform their work on the Council, including Westside Community Services and the SF Pretrial Diversion Project. The Council's size is designed to ensure that not only is there broad representation from key stakeholder agencies but also significant representation by individuals who have been directly impacted by the criminal justice system.

The Reentry Council encourages all those who are interested in supporting individuals who are returning from incarceration to get involved and offers different entry points to ensure members of the community participating in identifying, informing, and shaping policies, goals, services, and solutions. The Reentry Council is committed to providing a platform for community building. All meetings are open to the public. People who are unable to attend may submit written comments in advance of meetings. These comments will be made a part of the official public record and brought to the attention of the Reentry Council.

At each Reentry Council meeting, time is built into the meeting's agenda for public comment. All members of the public are encouraged to tell the Council how San Francisco can better support reentry. Those who cannot attend a meeting in person but would like to provide feedback are encouraged to send comments by email to: reentry.council@sfgov.org. All information regarding participation is on the Reentry Council's web page with the proviso: "Your voice matters - use it!"

The Reentry Council has three subcommittees that focus on direct services (including organizing an overdose prevention summit); legislation and policy (which addresses institutional barriers to reentry by investigating legislation and policy solutions); and women first (which focuses on addressing barriers to accessing reentry services). Subcommittee meetings offer the opportunity to learn more about the reentry process, dig into issue areas, and develop initiatives. Ideas and recommendations generated in the subcommittees are brought before the full Reentry Council for consideration. Everyone is welcome to attend and participate in subcommittee meetings.

FAIR AND TRANSPARENT PROCESS

Reentry Council candidates must submit applications, which are reviewed during public meetings of the Board of Supervisors or the Mayor's Office, which are the bodies that make Council appointments. The membership, roles, authority, and duties of the Council were determined by ordinance. The Reentry Council meets quarterly and is facilitated by one of five co-chairs, following Robert's Rules of Order.

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. The STARR program is a standing agenda item at Council meetings, ensuring constant oversight. Meetings, decisions, and activities are also publicly shared out at the San Francisco Community Corrections Partnership and the San Francisco Sentencing Commission which are also public policy bodies that meet regularly.

HISTORY OF REENTRY COUNCIL

From 2005 until 2008, two ad hoc reentry councils focused on different aspects of reentry for people leaving prisons and jails: the Safe Communities Reentry Council (SCRC), co-chaired by Supervisor Ross Mirkarimi and Public Defender Jeff Adachi; and the San Francisco Reentry Council (SFRC), co-chaired by District Attorney Kamala D. Harris and Sheriff Michael Hennessey. In September 2008, these efforts were unified with the formal creation of the Reentry Council of the City and County of San Francisco. The new Reentry Council was established by Ordinance 215-08, which was signed into law in September 2008, and amended in February 2009 by Ordinance 26-09 and in February 2011 by Ordinance 44-11. The first meeting of the Reentry Council was held on July 17, 2009.

NOTICES AND ACCESSIBILITY

Meetings are governed by the Brown Act and the San Francisco Sunshine Ordinance, which requires all agendas and materials be posted 72 hours in advance and minutes be posted within two weeks on the Council's website and at the SF Main Library. Copies of agendas, minutes, and explanatory documents are available through the Reentry Council's website or members of the public can contact Reentry staff.

Interpreters for languages other than English, including sign language, are available on request. Disability-related modifications or accommodations, including auxiliary aids or services, are also available. To request assistance or accommodations, members of the public are asked to

contact Reentry staff at least two business days before the meeting.

Proposition 47 Local Advisory Committee Membership Roster (Attachment C)

[SFDPH_Attachment-C-Prop-47-Advisory-Committee-Membership-Roster.docx](#)

Proposition 47 Local Advisory Committee Letter(s) of Agreement (Attachment D)

[Signed_Letters_of_Agreement.pdf](#)

Section 3. Project Description

Grant activities will target people in SF experiencing homelessness and build on the strengths of prior Prop 47 cohorts by continuing to provide culturally congruent substance use services for people traditionally underserved and overrepresented in the criminal justice system. With Cohort 5 funding, STARR will be expanded to not only provide withdrawal management for short-term stabilization and residential treatment as a next step, but also step-down supportive housing for individuals who require longer periods to chart durable paths to self-sufficiency, security, and stability. Additionally, a new Criminal Justice Specialist (CJS) will fortify navigation and linkages through the city's Community Assessment Service Center (CASC) to facilitate successful reintegration and prepare for increased demand resulting from Prop 36. There will be no start-up lag time since we will be building on our existing Cohort III program.

The overall goal of STARR is to reduce incarceration and recidivism by filling service gaps and strengthening citywide initiatives focused on jail diversion, recovery, and community reentry for the target population. We will leverage all available resources to connect the city's most vulnerable individuals to navigation services, supportive housing, and treatment grounded in harm reduction.

REFERRALS & ASSESSMENTS

SFDPH has built a city-wide referral network by training providers throughout SF on Prop 47 eligibility requirements and STARR services. STARR candidates identified by law enforcement partners will be assessed by STARR or CASC staff, including the new CJS, who will coordinate with Deputy Probation Officers to connect eligible individuals diverted or discharged from jail with services. Crisis service providers; hospitals and health providers; street outreach providers; resource centers; and other members of our referral network will also identify STARR candidates. Clinicians at these partner organizations have been trained to conduct needs assessments and will connect eligible participants with SUD and/or mental health (MH) challenges to STARR programming. Additionally, individuals can drop-in to the CASC to be assessed for risk and needs.

Assessments will be conducted over the phone, by Zoom, or at locations in the community, including the CASC, which is operated by the SF Adult Probation Department. New with Cohort 5, immediate drop-off at the program's designated withdrawal management center will be available. Our goal is to support people "wherever and whenever" they need.

Cohort 5 will leverage SFDPH's new Office of Coordinated Care (OCC). Launched in May 2022 to ensure user-friendly, low barrier, culturally

appropriate, person-centered access to care, the OCC is open seven days per week for drop-in. Services include screenings, referrals, navigation, an on-site pharmacy, and Medi-Cal enrollment. STARR and the OCC will work in tandem, supporting clients transitioning among systems of care, including jail, hospitals, and emergency psychiatric departments. We know these transitions increase the likelihood that people disengage from care (Dones, et al 2025). The OCC addresses that vulnerability by keeping clients connected to health care and will be a source for STARR referrals.

SERVICES & DELIVERY

STARR will continue to provide multiple levels of engagement for people who are diverted or discharged from jail to immediately access SUD/MH treatment options, prioritizing individuals whose contact with SF County Jail was within one year.

Two CBOs—Salvation Army and HEALTHRight 360—will provide: 1) 10 SUD withdrawal management beds (stays for up to two weeks), for at least 780 episodes, 2) 18 residential treatment beds (stays for up to nine months), for at least 72 episodes, and 3) 15 residential step-down beds (stays for up to two years) to support an estimated 54 unduplicated clients during the grant period. The transitional living program will support our high-need, hard-to-house target population to stabilize while connecting residents to SUD treatment, job skills training, community-based supports, case management, and civil legal services.

The need for and value of step-down housing is supported by evaluations of prior STARR cohorts. For example, in Mar 2025, STARR evaluators noted: “retention rates have significantly improved with clients staying longer and successfully completing their treatment goals. Program leadership has made securing transitional housing for graduating clients a top priority, ensuring they have continued access to services that support their sobriety. This initiative has played a key role in improving graduation rates among residential treatment clients.”

At the program’s residential facilities, STARR participants will co-develop an IIP with a Certified Addiction Treatment Counselor (Level 1 or higher), and will receive individual and group counseling, case management, behavioral health classes, and physical wellness support. SA’s client-centered social model program emphasizes accountability, mutual self-help, and relearning responses to challenges to build positive coping behaviors and social support systems. Residents 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 removes barriers by welcoming referrals until 10 pm and utilizes two evidence-based curricula—Living in Balance, which addresses dependency issues through the lens of those formerly incarcerated, and Change Company, which incorporates principles of restorative justice to help participants break cycles of offender behavior and take corrective action.

STAFFING

SFDPH will serve as the lead agency, responsible for project coordination, grant administration, and facilitating the connections to government and community resources that undergird the project and SF’s broader system of care. With grant funding, a Prop 47 Program Manager (1.0 FTE) will

assess, triage, and provide patient navigation to clients remotely and at the CASC. The Prop 47 Program Manager will serve as a critical liaison among multiple agencies and community providers to ensure coordination. Additionally, a Criminal Justice Specialist (1.0 FTE) will serve as the key liaison between the SF probation division and STARR. The CJS will coordinate eligibility assessments and referrals, enroll participants in other relevant support programs (such as CalAIM), review and align individual service plans, and convene multidisciplinary teams to address barriers and re-engage clients. In-kind staff include Behavioral Health Clinicians (6.0 FTE), Health Workers (5.0 FTE), to conduct assessments and triage individuals.

CULTURALLY COMPETENT

Cohort 5 builds on strong relationships with organizations adept at providing culturally competent care that results in long term behavioral change. Our CBOs—which will receive 81% of grant funds—prioritize lived experience when hiring and meet SFDPH's rigorous standards for providing trauma-informed, client-centered services that adhere to the principles of recovery and wellness and ensure all participants receive effective treatment in a safe and nurturing environment. SA and HealthRIGHT 360 staff are part of the communities they serve and reflect the diversity and intersectional life experiences of the target population, including people who are Black, Latinx, formerly incarcerated, in recovery, or have histories of trauma exposure. SA hires graduates of STARR as Program Assistants for their Recovery Wellness Program, providing an opportunity for graduates to transition to another stage in their sobriety and model the value of staying sober by demonstrating that opportunities that lie ahead.

All CBO staff funded by this initiative will receive training on Prop 47 eligibility requirements, harm reduction, trauma-informed services, implicit bias, and microaggressions to ensure that effective services are provided to the target population, and that individuals who may not be amenable to accessing traditional services due to stigma or other factors will be supported at whatever level they accept or embrace. Our target population includes high concentrations of people from groups traditionally underserved and impacted by systemic racism and social injustices. Cohort 3 has successfully been addressing inequities and Cohort 5 will continue the gains made. Program participation mirrors the racial make-up of the SF jail population, which is 48% Black and 40% white—radically different than the City as a whole, which is 5% are Black and 40% white. (Yep et al, 2020) Currently, STARR is reaching underserved populations. For example, about 70% of participants who enrolled between Feb 2021 and Mar 2025 identified as people of color, including 33% Black and 24% Hispanic.

This success can be credited to the cultural competency of all staff who support STARR and the following evidence-based strategies that drive SFDPH programming and align with Prop 47's Guiding Principles:

- 1) Meet people where they are by providing extensive outreach to individuals on the street and flexible entries to engagement/treatment for those diverted/discharged from jail;
- 2) Increase the likelihood of stabilization and successful engagement through case management and harm reduction approaches including

widespread naloxone distribution;

- 3) Focus engagement on participants' strengths, assets, self-identified treatment goals, and future plans to ensure respectful, client-centered support;
- 4) Strengthen relationships between agencies and organizations throughout the system of care to promote information and resource sharing and enhance service provision;
- 5) Provide individualized care and services to increase the likelihood of successful engagement;
- 6) Ensure collaboration throughout the system of care.

LEVERAGED FUNDS

In addition to leveraged SFDPH roles that provide critical staffing to support STARR, the program benefits from multiple citywide efforts to address homelessness, reduce the jail population, and coordinate health and housing services, such as the CASC and OCC, described above. STARR is also integrated with Street Health, a new division of SFDPH created to ensure coordination of all the teams working to address unsheltered homelessness in the city.

To help ensure the sustainability of STARR programs and build capacity among service providers, we are supporting the integration of SA into SF's SUD system of care and their work to bill Medi-Cal. STARR will continue to leverage resources, including the \$3.1 million included as in-kind staff and services described in our budget attachment as well as various social and health programs throughout SF, several of which receive support from The Drug Medi-Cal Treatment Program, Mental Health Services Act, and other sources named in Assembly Bill No. 1056, Second Chance Program.

WORK PLAN

As detailed in our accompanying Work Plan, our project is carefully designed to ensure the target population is referred to needed services, successfully completes substance use treatment, and demonstrates reduced rates of recidivism.

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(optional)

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Proposition 47 Project Work Plan (Attachment B)

[SFDPH_Attachment-B-Project-Work-Plan.docx](#)

Section 4. Data
Collection and

Hatchuel Tabernik and Associates (HTA), a private consulting firm, will continue to serve as the external evaluator for Cohort 5. HTA has been the

Project Evaluation

external evaluator for SFDPH's Prop. 47 programs since 2017 and received an "exemplary" rating from BSCC for its final evaluation reports for Cohort 1 in 2020 and Cohort 2 in 2023. HTA has extensive experience evaluating reentry, diversion, jail reform, inmate education programs, and community-oriented support for behavioral health care for agencies throughout the San Francisco Bay Area.

FIDELITY

To monitor fidelity to the program plan, HTA will participate in quarterly Implementation Team meetings with STARR partners and conduct regular check-ins with project staff and interviews/focus groups with staff and partners to discuss program developments. Data collected through these activities will be used to document program successes and challenges; program coordination; client recruitment, engagement, and progress; areas for program improvement; and sustainable practices.

PROCESS EVALUATION RESEARCH PLAN & MEASURES

The process evaluation will include a continuous improvement model to program implementation by addressing fidelity to the program plan and monitoring specific program goals (i.e., number assessed, number referred, services received, etc.). Process data will include:

1. Start-up activity monitoring (e.g., hires made, systems set up, initiation of collaborative processes, timely subcontract awards);
2. Service utilization records (e.g., intake forms, assessments, treatment plans, services, referrals, exits);
3. Minutes from meetings and check-in calls with project staff;
4. Interviews/focus groups with key staff and partners including SFDPH, SA, and HealthRight 360.

To fully track the breadth of services being offered, HTA will use a database it created for STARR to collect case management, treatment, and other supplemental data. Service utilization data will be collected from Avatar, SFDPH's case management system for storing clinical, service and billing information, on a quarterly cycle. Reviewing Avatar data will allow HTA to monitor the amount and types of service, engagement, and retention in treatment. In addition, client-level data collection will be conducted with informed consent forms collected from all participants and through data MOUs established with SFDPH, SA, and HealthRight 360, as needed.

Process evaluation measures will include:

1. Demographic characteristics of individuals referred to the program services, compared to the target population
2. Demographic characteristics of individuals receiving program services, compared to the target population
3. Program participant experiences
4. Program staff and partner experiences
5. Scope of services delivered through the program
6. How much of each service type is being delivered (e.g., outpatient case management, outpatient MH treatment, outpatient SUD treatment, in-patient

detox, residential treatment, housing services)

7. Linkages to housing assistance

8. Processes and protocols for inter-agency collaboration

9. Implementation successes

10. Implementation challenges

Quantitative data will primarily be analyzed using Microsoft Excel and SPSS IBM statistical software, which will allow for both descriptive and comparative analyses; quantitative data will be coded inductively for themes using NVivo qualitative software.

OUTCOME EVALUATION RESEARCH PLAN & MEASURES

The outcome evaluation will utilize a mixed methods evaluation design to study whether the program achieved its stated outcomes (e.g., engagement with services, successful completion of detox, lower recidivism rates, etc.). At a minimum, data sources will include:

1. Staff administered assessments of client need and goals (e.g., housing, education and employment status);
2. Staff and participant focus groups; and
3. Recidivism data for three years prior to participation and up to three years after (dates, arrests, convictions, prior or new offenses).

Most client outcome data will be stored in and pulled from secure and long-established SFDPH and partner databases, including Avatar (i.e., case management system) and EPIC (i.e., electronic health record system). HTA will also use its own database to track demographics (e.g., age, gender, race/ethnicity) and data on criminogenic factors known to impact recidivism (e.g., education, employment, substance use).

Outcome evaluation measures will include:

1. Demographic characteristics of individuals, stratified by level of engagement
2. Proportion of clients who achieve positive program outcomes (ex. improvements in housing stability, behavioral health indicators)
3. Distribution of positive program outcomes by demographic groups (ex. Breakdown of positive program outcomes by client race/ethnicity)
4. Pre and post recidivism rates among program participants

Recidivism definition: For the purposes of this evaluation, recidivism is defined as a conviction of a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction. Recidivism data will be sourced from the SF District Attorney's Office, with whom HTA has a current working relationship and active data MOUs.

DATA SHARING

To inform continuous program improvement, analyses will be conducted quarterly and findings presented in quarterly progress reports for BSCC which will be shared with administrative leadership. Significant data will also be presented at quarterly Implementation Team meetings. Annual reports, including the required Recidivism Reports and Final Local Evaluation Report, 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.

Section 5. Budget Attachment- Proposal Budget Table and Budget Narrative (Attachment A)

[SFDPH_Attachment-A-Prop-47-Cohort-5-Budget_6.23.25.xlsx](#)

KEY PROJECT CONTACTS	This sub-section requires information about the key project contact individuals that will be acting as the project administrators of the grant. This section requires names and contact information for the individuals identified as the Project Director, Financial Officer, Day-to-Day Project Contact, Day-to-Day Fiscal Contact, and the Authorized Officer with signing authority.
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Project Director	Kellee Hom
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Project Director's Title	SFDPH BHS SUS SOC Director
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Project Director's Physical Address	1380 Howard Street, Suite 313 San Francisco CA 94103 US 37.7744147 -122.4143598
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Project Director's Email Address	kellee.hom@sfdph.org
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Project Director's Phone Number	+16287549364
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Financial Officer	Miguel Quinonez
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Financial Officer's Title	Grant Fund Accountant
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Financial Officer's Email Address	miguel.quinonez@sfdph.org
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Financial Officer's Phone Number	+14152553465
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Day-To-Day Program Ryan
Contact Fuimaono

Day-To-Day Program SUD Program Manager
Contact's Title and
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Day-To-Day Fiscal Jane
Contact Louie

Day-To-Day Fiscal Grant Accountant
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Contact's Phone
Number

Name of Authorized Daniel
Officer* Tsai

I hereby certify I am checked
vested by the
Applicant with the
authority to enter into
contract with the
BSCC, and the
grantee and any
subcontractors will
abide by the laws,
policies, and
procedures
governing this
funding.

Date of Assurance 6/20/2025

Authorized Officer's Title and Agency/Department Director of Health

Authorized Officer's Physical Address 1145 Market Street, 10th Floor
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-122.413247

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