

File No. 101365

Committee Item No. 4  
Board Item No. 12

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee PUBLIC SAFETY

Date 11/1/10

Board of Supervisors Meeting

Date 11/09/10

**Cmte Board**

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Form 126</u>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Completed by: Gail Johnson

Date 10/28/10

Completed by: [Signature]

Date 11/4/10

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1920

1 [Accept and Expend Grant - The Keystone Project - \$599,298]

2  
3 **Resolution authorizing the Sheriff's Department to retroactively apply for,**  
4 **accept, and expend \$599,298 in funds from the Bureau of Justice Assistance,**  
5 **through the Second Chance Act Prisoner Reentry Initiative. The Keystone**  
6 **Project will strive to increase public safety and reduce recidivism among**  
7 **offenders with co-occurring disorders in the City and County of San Francisco,**  
8 **and waiving any indirect costs.**  
9

10 WHEREAS, The Second Chance Act of 2007 (Pub. L. 110-199) provides a  
11 comprehensive response to the increasing number of people who are released from  
12 prison and jail and returning to communities, including resources to address the myriad  
13 needs of these offenders to achieve a successful return to their communities. Section  
14 201 of the Second Chance Act specifically seeks applicants to implement or expand  
15 offender treatment programs for re-entering offenders with co-occurring substance  
16 abuse and mental health disorders; and

17 WHEREAS, The Sheriff's Department proposes to maximize use of available grant  
18 funds on program expenditures by not including indirect costs; now therefore, be it

19 RESOLVED, That the Board of Supervisors does hereby waive indirect costs;  
20 and be it

21 FURTHER RESOLVED, That the funds received will target offenders with co-  
22 occurring disorders, increase public safety and reduce recidivism among offenders  
23 with co-occurring disorders returning to the City and County of San Francisco; and be it  
24  
25

1 FURTHER RESOLVED, That the City and County of San Francisco will  
2 participate in data collection on key variables related to client-level performance and  
3 outcome data as required; and be it

4 FURTHER RESOLVED, The Sheriff's Department is authorized to furnish  
5 whatever additional information or assurances the funding agency may request in  
6 connection with this grant, and execute any and all agreements necessary to complete  
7 the transfer of funds. The grant period is from October 01, 2010 to September 30, 2012;  
8 and be it

9 FURTHER RESOLVED, That the City and County of San Francisco assures that  
10 it will abide by the statutes governing the Bureau of Justice Assistance as well as the  
11 terms and conditions of the Grant Agreement as set forth by the U.S. Department of  
12 Justice, Office of Justice Programs.



1 Recommended:

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5  
6 Michael Hennessey  
7 Sheriff

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9 Approved:

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14 for Mayor

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Controller





TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: *For* Mayor Gavin Newsom *8*  
RE: Accept-Expend Federal Grant – Sheriff's Department Program to  
Achieve a Successful Re-Entry to the Community for Offenders with  
Co-Occurring Substance Abuse and Mental Health Disorders -  
\$599,298  
DATE: October 26, 2010

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Dear Madame Clerk:

Attached for introduction to the Board of Supervisors is the resolution authorizing the Sheriff's Department to retroactively apply for, accept and expend \$599,298 in funds from the Bureau of Justice Assistance, through the Second Chance Act Prisoner Reentry Initiative. The Keystone Project will strive to increase public safety and reduce recidivism among offenders with co-occurring disorders (COD) in the City and County of San Francisco; waiving any indirect costs.

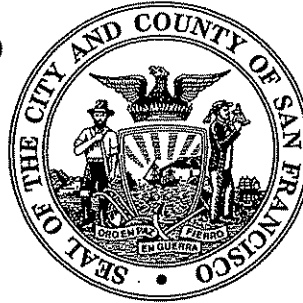
I request that this item be calendared in City Operations and Neighborhood Services Committee.

Should you have any questions, please contact Starr Terrell (415) 554-5262.

10/365✓

# City and County of San Francisco

## OFFICE OF THE SHERIFF



Michael Hennessey  
SHERIFF

(415) 554-7225

October 20, 2010  
Reference: 2010-094

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

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for approval by the Board of Supervisors.

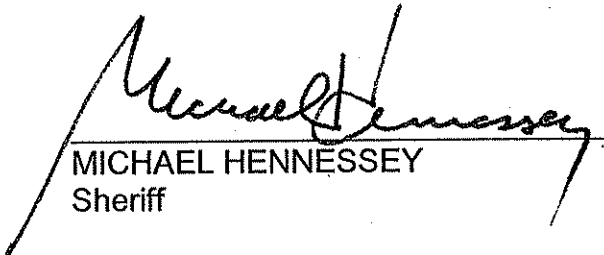
The resolution authorizes the Sheriff's Department to apply for, accept and expend the Keystone Program grant in an amount of \$ 599,298 from the Bureau of Justice, through the Second Chance Act Prisoner Reentry Initiative. The purpose of the grant is to increase public safety and reduce recidivism among offenders with co-occurring disorders in the City and County of San Francisco.

The following is a list of accompanying documents:

- Cover Memo
- Proposed Resolution
- Grant Information Form
- Grant Application & Budget
- Grant Award Notice

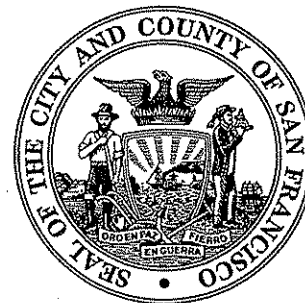
Please contact Maureen Gannon at (415) 554-4316 if you require more information. Thank you.

Sincerely,

  
MICHAEL HENNESSEY  
Sheriff

# City and County of San Francisco

## OFFICE OF THE SHERIFF



Michael Hennessey  
SHERIFF

(415) 554-7225

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Michael Hennessey, Sheriff *MA*  
DATE: October 20, 2010  
SUBJECT: Accept and Expend Resolution for Subject Grant  
GRANT TITLE: The Keystone Program

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed grant resolution; original signed by Department, Mayor, Controller
- ☒ Grant information form, including disability checklist
- ☒ Grant budget
- ☒ Grant application
- ☒ Grant award letter from funding agency
- ☐ Other (Explain):

**Special Timeline Requirements: None**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Maureen Gannon

Phone: (415) 554-4316

Interoffice Mail Address: Sheriff's Department, City Hall – Room 456

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **The Keystone Project**
2. Departments: **Sheriff's Department**
3. Contact Person: **Maureen Gannon** Telephone: **(415) 554-4316**
4. Grant Approval Status (check one):  
☒ [X] Approved by funding agency ☐ [ ] Not yet approved
5. Amount of Grant Funding Approved or Applied for: **Approved - \$599,298**
- 6a. Matching Funds Required: **No (Optional)**  
b. Source(s) of matching funds (if applicable): **None**
- 7a. Grant Source Agency: **Bureau of Justice Assistance  
Second Chance Act Prisoner Reentry Initiative**
- b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary:

The Keystone Program will target higher-risk offenders with co-occurring mental health (MH) and substance abuse (SA) diagnoses. The goal is to increase public safety and reduce recidivism among offenders with co-occurring disorders (COD) in San Francisco County. The project objective is to provide motivational enhancement and case management services that reduce criminogenic risk factors of substance abuse, mental illness, and homelessness. Effective implementation of these strategies will engage participants in the recovery process, will motivate them to seek and enroll in treatment, will address their multidimensional life and health needs, and will increase their resiliency for independent, law-abiding lifestyles in the community. The program will enroll 145 offenders with COD during the 24-month funding period, with an average total program caseload in the community of 36.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **10/01/2010**

End-Date: **9/30/2012**

10. Number of new positions created and funded: **0**

11. If new positions are created, explain the disposition of employees once the grant ends?  
n/a

12a. Amount budgeted for contractual services: **\$513,712**

b. Will contractual services be put out to bid? **No; added to existing contracts.**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **Services provided by non-profit organizations.**

d. Is this likely to be a one-time or ongoing request for contracting out?  
**For duration of grant.**

13a. Does the budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much?

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

☐ Not allowed by granting agency ☒ To maximize use of grant funds on direct services  
☐ Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

**Indirect Costs may not exceed 10% of grant funds.**

14. Any other significant grant requirements or comments:

**The grant requires data collection and quarterly financial invoices. All grant recipients are subject to site visits and audits as needed.**

**\*\*Disability Access Checklist\*\*\***

15. This Grant is intended for activities at (check all that apply):

<input checked="" type="checkbox"/> Existing Site(s)	<input checked="" type="checkbox"/> Existing Structure(s)	<input checked="" type="checkbox"/> Existing Program(s) or Service(s)
<input type="checkbox"/> Rehabilitated Site(s)	<input type="checkbox"/> Rehabilitated Structure(s)	<input type="checkbox"/> New Program(s) or Service(s)
<input type="checkbox"/> New Site(s)	<input type="checkbox"/> New Structure(s)	

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: TERENCE DURKAN  
(Name)

Date Reviewed: 10/20/10  
TERENCE DURKAN  
(Signature)

Department Approval: Michael Hennessey Sheriff  
(Name) (Title)  
Michael Hennessey  
(Signature)


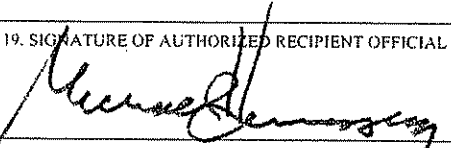




Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

Grant

PAGE 1 OF 4

1. RECIPIENT NAME AND ADDRESS (Including Zip Code) San Francisco City and County of 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102		4. AWARD NUMBER: 2010-RW-BX-0019	
		5. PROJECT PERIOD: FROM 10/01/2010 TO 09/30/2012 BUDGET PERIOD: FROM 10/01/2010 TO 09/30/2012	
1A. GRANTEE IRS/VENDOR NO. 946000479		6. AWARD DATE 09/15/2010	7. ACTION Initial
		8. SUPPLEMENT NUMBER 00	
3. PROJECT TITLE The Keystone Program		9. PREVIOUS AWARD AMOUNT \$ 0	
		10. AMOUNT OF THIS AWARD \$ 599,298	
		11. TOTAL AWARD \$ 599,298	
12. SPECIAL CONDITIONS THE ABOVE GRANT PROJECT IS APPROVED SUBJECT TO SUCH CONDITIONS OR LIMITATIONS AS ARE SET FORTH (ON THE ATTACHED PAGE(S)).			
13. STATUTORY AUTHORITY FOR GRANT This project is supported under FY 10 (BJA - Offender Reentry Demonstration Programs) 42 USC 3797w			
15. METHOD OF PAYMENT GPRS			
AGENCY APPROVAL		GRANTEE ACCEPTANCE	
16. TYPED NAME AND TITLE OF APPROVING OFFICIAL Laurie Robinson Assistant Attorney General		18. TYPED NAME AND TITLE OF AUTHORIZED GRANTEE OFFICIAL Michael Hennessey Sheriff	
17. SIGNATURE OF APPROVING OFFICIAL 		19. SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL 	19A. DATE 10/4/10
AGENCY USE ONLY			
20. ACCOUNTING CLASSIFICATION CODES FISCAL FUND BUD. DIV. YEAR CODE ACT. OFC. REG. SUB. POMS AMOUNT X B RW 80 00 00 599298		21. JRWUGT3510	

OJP FORM 4000/2 (REV. 5-87) PREVIOUS EDITIONS ARE OBSOLETE.

OJP FORM 4000/2 (REV. 4-88)



Department of Justice  
Office of Justice Programs  
**Bureau of Justice Assistance**

**AWARD CONTINUATION  
SHEET**  
**Grant**

PAGE 2 OF 4

PROJECT NUMBER 2010-RW-BX-0019

AWARD DATE 09/15/2010

**SPECIAL CONDITIONS**

1. The recipient agrees to comply with the financial and administrative requirements set forth in the current edition of the Office of Justice Programs (OJP) Financial Guide.
2. The recipient acknowledges that failure to submit an acceptable Equal Employment Opportunity Plan (if recipient is required to submit one pursuant to 28 C.F.R. Section 42.302), that is approved by the Office for Civil Rights, is a violation of its Certified Assurances and may result in suspension or termination of funding, until such time as the recipient is in compliance.
3. The recipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits (and any other audits of OJP grant funds) are not satisfactorily and promptly addressed, as further described in the current edition of the OJP Financial Guide, Chapter 19.
4. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of OJP.
5. The recipient must promptly refer to the DOJ OIG any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. This condition also applies to any subrecipients. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by -

mail:

Office of the Inspector General  
U.S. Department of Justice  
Investigations Division  
950 Pennsylvania Avenue, N.W.  
Room 4706  
Washington, DC 20530

e-mail: [oig.hotline@usdoj.gov](mailto:oig.hotline@usdoj.gov)

hotline: (contact information in English and Spanish): (800) 869-4499

or hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig).

6. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of OJP.
7. The recipient agrees to comply with any additional requirements that may be imposed during the grant performance period if the agency determines that the recipient is a high-risk grantee. Cf. 28 C.F.R. parts 66, 70.
8. The award recipient agrees to participate in a data collection process measuring program outputs and outcomes. The data elements for this process will be outlined by the Office of Justice Programs.



Department of Justice  
Office of Justice Programs  
**Bureau of Justice Assistance**

**AWARD CONTINUATION  
SHEET  
Grant**

PAGE 3 OF 4

PROJECT NUMBER 2010-RW-BX-0019

AWARD DATE 09/15/2010

**SPECIAL CONDITIONS**

9. Grantee agrees to comply with the requirements of 28 C.F.R. Part 46 and all Office of Justice Programs policies and procedures regarding the protection of human research subjects, including obtainment of Institutional Review Board approval, if appropriate, and subject informed consent.
10. The recipient agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this project.
11. Recipient understands and agrees that it must submit quarterly Federal Financial Reports (SF-425) and semi-annual performance reports through GMS (<https://grants.ojp.usdoj.gov>), and that it must submit quarterly performance metrics reports through BJA's Performance Measurement Tool (PMT) website ([www.bjaperformancetools.org](http://www.bjaperformancetools.org)). For more detailed information on reporting and other requirements, refer to BJA's website. Failure to submit required reports by established deadlines may result in the freezing of grant funds and High Risk designation.
12. Grantee agrees to comply with all confidentiality requirements of 42 U.S.C. section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information. Grantee further agrees, as a condition of grant approval, to submit a Privacy Certificate that is in accord with requirements of 28 C.F.R. Part 22 and, in particular, section 22.23.
13. With respect to this award, federal funds may not be used to pay cash compensation (salary plus bonuses) to any employee of the award recipient at a rate that exceeds 110% of the maximum annual salary payable to a member of the federal government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. (An award recipient may compensate an employee at a higher rate, provided the amount in excess of this compensation limitation is paid with non-federal funds.)  
  
This limitation on compensation rates allowable under this award may be waived on an individual basis at the discretion of the OJP official indicated in the program announcement under which this award is made.
14. Recipient agrees that funds provided under this award may not be used to operate a "pay-to-stay" program in any local jail. Recipient further agrees not to subaward funds to local jails which operate "pay-to-stay" programs.
15. All contracts under this award should be competitively awarded unless circumstances preclude competition. When a contract amount exceeds \$100,000 and there has been no competition for the award, the recipient must comply with rules governing sole source procurement found in the current edition of the OJP Financial Guide.
16. Grantee agrees that assistance funds awarded under this grant will not be used to support any inherently religious activities, such as worship, religious instruction, or proselytization. If the grantee refers participants to, or provides, a non-Federally funded program or service that incorporates such religious activities, (1) any such activities must be voluntary for program participants, and (2) program participants may not be excluded from participation in a program or otherwise penalized or disadvantaged for any failure to accept a referral or services. If participation in a non-Federally funded program or service that incorporates inherently religious activities is deemed a critical treatment or support service for program participants, the grantee agrees to identify and refer participants who object to the inherently religious activities of such program or service to, or provide, a comparable secular alternative program or service.
17. The recipient may not obligate, expend or draw down funds until the Office of the Chief Financial Officer (OCFO) has approved the budget and budget narrative and a Grant Adjustment Notice (GAN) has been issued to remove this special condition.



Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance

**AWARD CONTINUATION  
SHEET**  
**Grant**

PAGE 4 OF 4

PROJECT NUMBER 2010-RW-BX-0019

AWARD DATE 09/15/2010

*SPECIAL CONDITIONS*

18. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages recipients and sub recipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

**Opportunity Title:** BJA FY 10 Second Chance Act Reentry Demonstration Progr  
**Offering Agency:** Bureau of Justice Assistance  
**CFDA Number:** 16.812  
**CFDA Description:** Second Chance Act Prisoner Reentry Initiative  
**Opportunity Number:** BJA-2010-2701  
**Competition ID:** BJA-2010-2703  
**Opportunity Open Date:** 04/19/2010  
**Opportunity Close Date:** 06/03/2010  
**Agency Contact:** Thurston Bryant  
 BJA Policy Advisor  
 202-514-8082  
 Thurston.Bryant@usdoj.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: San Francisco Sheriff's Department

#### Mandatory Documents

Move Form to Complete

Move Form to Delete

#### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)  
 Assurances for Non-Construction Programs (SF-42)  
 Disclosure of Lobbying Activities (SF-LLL)  
 Project Narrative Attachment Form  
 Budget Narrative Attachment Form

#### Optional Documents

Faith Based EEO Survey

Move Form to Submission List

Move Form to Delete

#### Optional Documents for Submission

### Instructions

- 1 Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Version 02

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____		
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> San Francisco Sheriff's Department		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000417		<b>* c. Organizational DUNS:</b> 185128246
<b>d. Address:</b>		
<b>* Street1:</b> 1 Dr. Carlton B. Goodlett Place, City Hall Room 456		
<b>Street2:</b> _____		
<b>* City:</b> San Francisco		
<b>County:</b> San Francisco		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 94102		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> San Francisco Sheriff's Dept.		<b>Division Name:</b> Community Programs
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mrs.		<b>* First Name:</b> Maureen
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Gannon		
<b>Suffix:</b> _____		
<b>Title:</b> Chief Financial Officer		
<b>Organizational Affiliation:</b> San Francisco Sheriff's Department		
<b>* Telephone Number:</b> 415-554-7225		<b>Fax Number:</b> 415-554-7050
<b>* Email:</b> Maureen.Gannon@sfgov.org		

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> <div style="border: 1px solid black; padding: 2px;">B: County Government</div> <b>Type of Applicant 2: Select Applicant Type:</b> <div style="border: 1px solid black; height: 20px;"></div> <b>Type of Applicant 3: Select Applicant Type:</b> <div style="border: 1px solid black; height: 20px;"></div> <b>* Other (specify):</b> <div style="border: 1px solid black; height: 20px;"></div>	
<b>* 10. Name of Federal Agency:</b> <div style="border: 1px solid black; padding: 2px;">Bureau of Justice Assistance</div>	
<b>11. Catalog of Federal Domestic Assistance Number:</b> <div style="border: 1px solid black; padding: 2px;">16.812</div> <b>CFDA Title:</b> <div style="border: 1px solid black; padding: 2px;">Second Chance Act Prisoner Reentry Initiative</div>	
<b>* 12. Funding Opportunity Number:</b> <div style="border: 1px solid black; padding: 2px;">BJA-2010-2701</div> <b>* Title:</b> <div style="border: 1px solid black; padding: 2px;">BJA FY 10 Second Chance Act Reentry Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders</div>	
<b>13. Competition Identification Number:</b> <div style="border: 1px solid black; padding: 2px;">BJA-2010-2703</div> <b>Title:</b> <div style="border: 1px solid black; height: 50px;"></div>	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> <div style="border: 1px solid black; height: 50px;"></div>	
<b>* 15. Descriptive Title of Applicant's Project:</b> <div style="border: 1px solid black; padding: 2px;">The Keystone Program</div>	
Attach supporting documents as specified in agency instructions. <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px 10px;">Add Attachments</div><div style="border: 1px solid black; padding: 2px 10px;">Delete Attachments</div><div style="border: 1px solid black; padding: 2px 10px;">New Attachments</div></div>	

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant <input style="width: 80px;" type="text" value="8th"/>	* b. Program/Project <input style="width: 80px;" type="text" value="8th"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="display: flex; justify-content: space-between;"><div><input style="width: 200px;" type="text"/></div><div><input type="button" value="Add Attachment"/></div><div><input type="button" value="Delete Attachment"/></div><div><input type="button" value="View Attachments"/></div></div>		
<b>17. Proposed Project:</b>		
* a. Start Date: <input style="width: 80px;" type="text" value="09/30/2010"/>	* b. End Date: <input style="width: 80px;" type="text" value="09/29/2012"/>	
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input style="width: 100px;" type="text" value="599,298.00"/>	
* b. Applicant	<input style="width: 100px;" type="text" value="0.00"/>	
* c. State	<input style="width: 100px;" type="text" value="0.00"/>	
* d. Local	<input style="width: 100px;" type="text" value="0.00"/>	
* e. Other	<input style="width: 100px;" type="text" value="0.00"/>	
* f. Program Income	<input style="width: 100px;" type="text" value="0.00"/>	
* g. TOTAL	<input style="width: 100px;" type="text" value="599,298.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input style="width: 80px;" type="text"/>		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input style="width: 100px;" type="text" value="Explanation"/>		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix: <input style="width: 80px;" type="text" value="Mr."/>	* First Name: <input style="width: 150px;" type="text" value="Michael"/>	
Middle Name: <input style="width: 150px;" type="text"/>		
* Last Name: <input style="width: 150px;" type="text" value="Hennessey"/>		
Suffix: <input style="width: 80px;" type="text"/>		
* Title: <input style="width: 150px;" type="text" value="Sheriff"/>		
* Telephone Number: <input style="width: 100px;" type="text" value="415-554-7225"/> Fax Number: <input style="width: 100px;" type="text" value="415-554-7050"/>		
* Email: <input style="width: 150px;" type="text" value="Michael.Hennessey@sfgov.org"/>		
* Signature of Authorized Representative:     * Date Signed: <input style="width: 150px;" type="text" value="Completed by Grants.gov upon submission."/>		



**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

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**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Sheriff</p>
<p>* APPLICANT ORGANIZATION</p> <p>San Francisco Sheriff's Department</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

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<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee	
* Name: San Francisco Sheriff's Department	* Street 1: City Hall, Room 456
* City: San Francisco	* State: CA: California
* Street 2: 1 Dr. Carlton B. Goodlett Place	* Zip: 94102
Congressional District, if known: 8th	

<b>5. If Reporting Entity in No.4 is Subawardee. Enter Name and Address of Prime:</b>	

<b>6. * Federal Department/Agency:</b> U.S. Department of Justice	<b>7. * Federal Program Name/Description:</b> Second Chance Act Prisoner Reentry Initiative CFDA Number, if applicable: 16.812
<b>8. Federal Action Number, if known:</b> 	<b>9. Award Amount, if known:</b> \$ 599,298.00

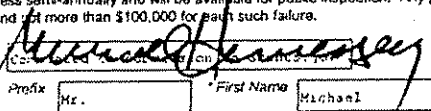
  

<b>10. a. Name and Address of Lobbying Registrant:</b>	
Prefix:    * First Name: Sheriff Michael Hennessey	Middle Name:
* Last Name: San Francisco Sheriff's Department	Suffix:
* Street 1: City Hall, Room 456	* Street 2: 1 Dr. Carlton B. Goodlett Place
* City: San Francisco	* State: CA: California
	* Zip: 94102

<b>b. Individual Performing Services (including address if different from No. 10a)</b>	
Prefix:    * First Name: Sheriff Michael Hennessey	Middle Name:
* Last Name: San Francisco Sheriff's Department	Suffix:
* Street 1: City Hall, Room 456	* Street 2: 1 Dr. Carlton B. Goodlett Place
* City: San Francisco	* State: CA: California
	* Zip: 94102

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* Signature: 	
* Name: Prefix: Mr.    * First Name: Michael	Middle Name:
* Last Name: Hennessey	Suffix:
Title: Sheriff	Telephone No.: 415-554-7527
Date: Completed on submission to Grants.gov	

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## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename: Attachment 2 Keystone Narrative.pdf

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## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename: Attachment 3 Keystone\_Budget\_and\_Narrative with FI

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## Other Attachment File(s)

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\* Mandatory Other Attachment Filename: Attachment 1 Keystone Abstract.pdf

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AOR name: Lorena Marquez

Application Name: San Francisco Sheriff's Department

Opportunity Number: BJA-2010-2701

Opportunity Name: BJA FY 10 Second Chance Act Reentry  
Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders

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# **Attachment 1**

## **Program Abstract**

## **Abstract**

The San Francisco Sheriff's Department (SFSFSD) submits this application to implement the Keystone program, in response to the Second Chance Act Reentry Demonstration Program solicitation Targeting Offenders with Co-Occurring Substance Abuse and Mental Health Disorders. The Keystone program will cost \$600,000.00 and serve 145 adults over a 24-month period, or \$3,310.34 per person, beginning in FY 2010.

Keystone is designed to address all four priority considerations described in the grant solicitation. The program (1) targets higher-risk offenders with co-occurring mental health (MH) and substance abuse (SA) diagnoses, using the ASI-Lite, the San Francisco Department of Public Health's Adult Needs and Strengths Assessment, and the LS/CMI assessment instruments; (2) ensures a high degree of collaboration among public and private organizations, including the SFSFSD, the SF Department of Public Health (which is the local representative for the Single State Authority and the State Mental Health Authority), Jail Psychiatric Services (provided by a community based organization), Walden House, Inc. (a community based organization providing direct integrated SA and MH treatment services); (3) offers effective case assessment and management strategies that ensure a comprehensive and continuous reentry process; and (4) serves San Francisco County, California, which has a high rate of offenders returning from jail. In FY 2008, for example, 29,678 people were released from jail (in a county of approximately 815,358 residents).

**Project goal:** To increase public safety and reduce recidivism among offenders with co-occurring disorders (COD) in San Francisco County, California.

**Project objectives:** To provide motivational enhancement and case management services that reduce criminogenic risk factors of substance abuse, mental illness, and homelessness. Effective implementation of these strategies will engage participants in the recovery process, will motivate them to seek and enroll in treatment, will address their multidimensional life and health needs; and will increase their resiliency for independent, law-abiding lifestyles in the community.

### **Major deliverables of the Keystone project:**

1. Total enrollment of 145 offenders with COD during the 24-month funding period, with an average total program caseload in the community of 36.
2. 70% of participants who are assessed, using the Addiction Severity Index-Lite, as needing SA treatment will enroll in SA treatment.
3. 70% of participants who are assessed, using the Adult Needs and Strengths Assessment, as needing MH treatment will enroll in MH treatment.
4. 50% of participants who are homeless at time of release from jail will secure housing.

## **Attachment 2**

### **Program Narrative**

### Statement of the Problem

Substance abuse, mental illness, homelessness, and recidivism form a complicated web of challenges for many detainees in the San Francisco (SF) County Jail system, which in 2009 had an average daily population of 1976. A study published in 2005 found that 21.1% of unduplicated inmates who entered the SF County jail system during the first six months of 2000 received a psychiatric diagnosis, and that 18.6% were homeless (5.5% were both homeless and diagnosed with a mental disorder). It also found that homeless inmates were significantly more likely to have substance-related disorders, and were significantly more likely to be diagnosed with co-occurring substance-related and severe mental health disorders (COD) than inmates who were not homeless. Furthermore, whether homeless or not, inmates with COD were greatly more likely to have histories of multiple incarceration episodes than their non-COD counterparts, and homeless inmates with COD were most likely to have multiple incarceration episodes:

Percent of SF Jail Inmates with Multiple Incarceration Episodes		
	COD	Non-COD
Homeless	52%	44%
Not Homeless	30%	17%

Finally, controlling for demographic characteristics and severity of criminal charges, the study found that inmates who are homeless and have COD are incarcerated substantially longer than those who do not have those characteristics (McNiel, Binder, Robinson 2005).

Every SF County Jail detainee undergoes an initial medical screening upon entry, followed by a more detailed medical screening several hours later; detainees who show indications of mental illness are referred for psychiatric evaluation and, if applicable, diagnosis by mental health staff using DSM-IV criteria.

To address the multifaceted challenges facing the incarcerated COD population, SF established a Behavioral Health Court (BHC) in early 2003. Criminal defendants are eligible to

participate in BHC if they have a DSM-IV axis I diagnosis and if they meet criteria for treatment within the community behavioral health system (certain charges may be exclusionary).

Participation is voluntary, with a primary goal of reducing the individual's chances of re-arrest and re-incarceration through intensive monitoring and participation in community-based treatment services. The BHC anticipates the likelihood of relapse and favors reinforcing success over sanctioning failures and setbacks. Early research indicates the BHC is effective; a study of 170 BHC participants who enrolled during the court's first 22 months of operation found that they were less likely to experience new charges, and that they avoided new charges for a longer time than their diagnosis-matched non-BHC counterparts. "By 18 months, the risk of mental health court graduates being charged with any new offense was about 34 out of 100, compared with about 56 out of 100 for comparable persons" who did not participate (McNiel & Binder, 2007).

Unfortunately, the Behavioral Health Court is unable to meet the reentry and case planning needs of a large proportion of the COD population in SF jails. The study cited above found a total of 8,325 adults who entered the SF jail during those 22 months and received psychiatric diagnoses (approximately 12 per day). Of those, only 172 became BHC participants (McNiel & Binder, 2007). The ensuing years have not sufficiently expanded BHC's capacity to answer the behavioral health and reentry needs of detainees; currently, only 150 defendants are BHC participants.

Detainees who do not enroll in BHC, but who have behavioral health disorders may access in-custody behavioral health services and treatment through Jail Psychiatric Services (JPS), which is funded and overseen by the San Francisco Department of Public Health. Individuals with higher symptom acuity and/or lower functional capacity are housed in dedicated

Psychiatric Housing Units within the SF jail system and may participate in voluntary therapeutic programming during incarceration. Programming includes individual counseling and therapy, mindfulness groups, curricula-based workshops, and expressive arts therapy activities. JPS staff members work to prepare each individual for reentry to the community. Those with lesser symptom acuity and/or higher functional capacity are housed among the jail's general population. All inmates have access to mental status evaluations, suicide assessments, crisis intervention, psychotropic medication referrals, and emergency hospitalization as needed.

Recent budget cuts at the County level have directly hindered JPS's efforts to facilitate re-entry planning for the incarcerated COD population. Formerly, JPS employed two full-time therapists on the Jail Aftercare Services team. These clinicians acted as referral and linkage case managers to ensure continuity of care between jail-based services and San Francisco's robust community behavioral health system. Following budget cuts, however, JPS has had to reduce this service component, and the Aftercare Services "team" is now represented by one part-time staff member. JPS clients who do not participate in Behavioral Health Court are now much less likely to make a smooth transition into safety-net services like substance abuse and mental health treatment, medication management services, housing support, vocational services and job placement, benefits enrollment, and healthcare access.

In this application, the San Francisco Sheriff's Department proposes to provide in-custody assessment, engagement and treatment motivation enhancement, and re-entry case planning, followed by six months of community-based re-entry case management, linkage and referral services, and additional supportive services to 145 adults within the SF criminal justice system who are diagnosed with COD who do not participate in existing case management

services. In this way, SFSD will expand the availability of known-effective re-entry services to a population whose current access is extremely limited.

### **Project/Program Design and Implementation**

The Keystone Program will provide an array of services that will enable offenders with co-occurring substance abuse and mental health disorders to access resources and structured support in order to achieve successful reentry into the community and avoid future incarceration. The principle intervention will be individualized, strength-based case management that takes a holistic approach to understanding and responding to the needs of individuals within the context of their experiences, environment, and goals. Based on research that supports the efficacy of case management as a strategy to improve reentry outcomes and reduce recidivism (Ventura, et. al, 1998; CSAT, 1998), the program will begin offering case management and other services while the participant is still incarcerated in San Francisco Jail and will continue to offer case management and other supportive services for six months following release.

The Keystone program will offer safety and hope, honor participant individuality, identify personal strengths, be relationally oriented, culturally oriented, and age/gender responsive in order to provide participants with the conditions to seek wellness and develop a sense of options and agency. The program assumes a recovery oriented theory of change that supports the notion that individuals can learn to manage symptoms and utilize support to achieve recovery from serious and chronic substance use, mental health problems and patterns of criminal thinking and behavior.

In addition to case management, the Keystone program will provide in-custody strengths and needs assessment and reentry support groups, and post-release weekly caseload groups that foster peer support for dual recovery and encourage the use of skills and pro-social problem resolution strategies. Weekly classes that provide a cognitive-behavioral approach to changing



criminal thinking and behaviors will also be offered. Additionally, the program will conduct periodic and random urinalysis and breathalyzer testing in order to monitor and respond to substance use. Services will be delivered primarily by a subcontracted community behavioral health organization, Walden House, Inc. (WH).

<b>OJP Approved Uses of Funds Utilized in Keystone Program</b>
<ul style="list-style-type: none"><li>▪ validated, actuarial-based assessment of criminogenic risks/needs;</li><li>▪ cognitive-based treatment interventions that target criminal thinking among high-risk offenders;</li><li>▪ evidence-based substance abuse and mental health treatment services;</li><li>▪ transition planning;</li><li>▪ sustained case planning/management in the community for six months post-release</li></ul>
<b>Evidence Based Practices Utilized in Keystone Program</b>
<ul style="list-style-type: none"><li>▪ Case management;</li><li>▪ cognitive-behavioral based curriculum for criminal and addictive thinking</li></ul>

### **Target Population**

The target population for the Keystone Program will be adult male and female detainees housed in the San Francisco Jail who have significant co-occurring substance abuse and mental health disorders, and who are not already identified to receive case management services upon release through other resources in the system of care. Individuals participating in the Behavioral Health Court, or those identified by County officials as being high utilizers of multiple systems, may already be mandated for case management upon release. There is, however, a significant number of clients who have chronic mental health and substance abuse problems who are in a revolving door of incarcerations and hospitalizations, who do not fully meet the managed care criteria to access existing case management services. The Keystone program proposes to address this service gap. Clinical staff at Jail Psychiatric Services provide in-custody mental health services to the target population and will work closely with Keystone staff to identify and prioritize participants who would most benefit from Keystone services.

SFSD's ethnic and gender surveys suggest that 50 % of the inmate population is African American, 25% Latino, 20 % Caucasian, 3% Asian/Pacific Islander, and 2% other. Thirty-nine

percent of individuals entering the jail are homeless or marginally housed, 30% suffer from serious substance abuse and 7% have a serious mental illness.

### **Leveraging Existing Resources**

While the proposed Keystone project will have dedicated clinical staff, it will seek to leverage resources through an existing program, Bridges, in order to enhance and strengthen Keystone services. The Bridges Program is a collaboration between the SF Department of Public Health and Walden House, with funding from the California Department of Corrections and Rehabilitation, which provides intensive case management and day treatment services to severely mentally-ill state parolees.

The Keystone program will be co-located with Bridges at the Walden House facility located at 1885 Mission St. in San Francisco. Sufficient space exists to do so, and the populations served by both programs share key characteristics. Through co-location, Keystone participants will have access to broader resources such as the Bridges computer lab and a wider range of skills and psycho-educational groups. Further, to maximize the number of direct-service Keystone staff and to reduce caseload size for this challenging population, Keystone will leverage managerial resources from the Bridges program. The proposed clinical staffing pattern includes three Keystone case managers (2.75 FTE), to be supervised by the existing Bridges Clinical Manager, with on-site leadership from the Bridges Program Director.

Walden House has sufficient administrative infrastructure to ensure accurate client and services tracking, including fiscal tracking procedures, to ensure that deliverables, costs, and other relevant data are measured and reported separately for both programs.

### **Enrollment, Welcoming, and Engagement**

Detainees eligible for Keystone participation will be identified by Jail Psychiatric Services. Keystone staff will meet with eligible participants during incarceration to provide them with a description of the program. The staff will maintain a welcoming stance and assist the individual to weigh the costs and benefits of participation. Walden House clinicians are trained in Motivational Interviewing as a clinical approach, and they will engage the individual with empathy and help to resolve ambivalence about enrolling in services. If the individual is interested in the program, Keystone staff will conduct a series of assessments and secure a signed release of information in order to facilitate information-sharing with the staff at JPS.

The admissions process includes completion of an admissions packet, followed by a clinical interview. The process will include several standard instruments consistent with all Walden House admissions including the CalOMS assessment, a treatment opening form (provides baseline demographic, risks, and needs data), the Modified Mini Screen (identifies need for co-occurring disorders assessment), and the Adult Needs and Strengths Assessment (ANSA). The ANSA is the tool utilized by the SF Department of Public Health system of care to assess behavioral health needs; it includes a survey of life domain functioning, psychiatric history, risk factors, substance abuse, mental status, psychosocial factors, and DSM diagnosis. The ANSA will be conducted with every Keystone participant in order to determine case management needs.

Additionally, Keystone clinicians will administer the Level of Service/Case Management Inventory (LS/CMI) instrument at the time of participant enrollment; the LS/CMI is a comprehensive measure of risk and need factors that has been validated for a wide range of offenders. It rates offender risks and needs for eight subcomponents of criminogenic risk (criminal history, education/employment, family/marital, leisure/recreation, companions,

alcohol/drug problem, procriminal attitude/orientation, and antisocial pattern) and compares the individual's risk to normative groups to report a probability of recidivism.

Following release from jail, participants will also be asked to complete the computer-based Addiction Severity Index-Lite (ASI-Lite); technology restrictions prevent in-custody administration of the ASI-Lite. Samples of all of these assessment tools are included in Attachment 4.

In addition to participant recruitment and assessment, in-reach activities will include orienting participants to the program and transition planning. The transition plan will address immediate case management needs and will include strategies for ensuring that the participant meets with the case manager in the community and attends other key program activities.

Keystone aims to engage clients with in-reach activities within 30-60 days of release; however, unlike prison where release dates are generally known well in advance, release from jail can occur with little or no advance notice. The Keystone program design incorporates flexibility to provide and sequence services on a schedule that makes the most sense for specific participants. Ideally, though, participants will be engaged 30-60 days prior to scheduled release and will receive case management and other re-entry services in the community for a period of up to six months depending on individual needs and the achievement of treatment goals.

### **Transition Planning**

The above-described assessments will guide the development of a Transition Plan to shape case management and other supportive activities. The Transition Plan will enable participants to identify and utilize professional and personal avenues of support and follow through on activities that will help them to avoid behaviors and situations that interfere with a positive reentry experience and place them at risk for re-incarceration.

The Transition Plan will also address the immediate needs of reentry such as housing, benefits and income, access to medication services, appointments for community-based substance abuse and mental health treatment, and linkage to primary care services. Further, the plan will include details on scheduled meetings with case managers and other program activities such as a weekly caseload support group and classes on changing criminal thinking and behavior. Keystone clinicians will develop the Transition Plan collaboratively with the participant as an engagement and motivational strategy; when the participant is able to contribute to and make choices about the Transition Plan, he or she will feel a sense of ownership or agency regarding the plan and may be better motivated to follow it through upon release.

In addition to transition planning, participants will be able to further prepare for release by taking part in re-entry support groups led by Keystone staff. The goal of these groups is to help the participant prepare for the transition back to living in the community, to develop goals for improved self-care and avoiding re-incarceration, and to build and utilize skills for symptom management and independent living.

### **Case Management**

The program's case managers will be mental health and substance abuse professionals who are well qualified to provide these services to participants with co-occurring disorders. Once the participant is released, ongoing case management activities will be directed by Individual Services Plans (ISP), which will be developed collaboratively with participants and will actively address the multiple recovery needs of mental health, substance abuse, housing, and criminality. The ISP will include linkage to system of care services and follow-up, to ensure that services are established. Appropriate releases of information will be sought in order to facilitate case conferencing with outside agencies, and regular case reviews will be scheduled with all

involved parties. The ISP will include strategies to address symptom management, medication adherence, relapse prevention and the acquisition of skills to support a pro-social lifestyle.

Walden House maintains a broad range of ongoing mutual-referral Memoranda of Understanding (MOUs) with behavioral health, primary care and medication support, domestic violence counseling, HIV/AIDS testing and counseling, housing, and ancillary support services agencies within the San Francisco system of care. As WH participants, Keystone participants will be eligible for referral and linkage to these agencies as appropriate. A small selection of current MOUs is included in Attachment 4 to illustrate the variety of relationships with multidisciplinary organizations established by Walden House.

Case managers form partnerships with participants to help them utilize personal strengths and supports to manage stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigma are actively addressed. As participants interact with numerous systems including corrections and community-based providers, it is essential that program case managers function as "boundary spanners" who ensure that system barriers do not interfere with reentry efforts. Case managers will receive training about the criminal justice system and the San Francisco system of care to ensure that they thoroughly understand the resources, requirements and potential barriers for participants.

#### **Addressing Criminogenic Needs**

San Francisco Jail procedures do not include a routine assessment of criminogenic risk for all detainees. Keystone will administer the LS/CMI in order to ensure that the highest-risk offenders are prioritized and targeted for program participation, though lower-risk offenders will not be disqualified for participation when space allows. The LS/CMI will also guide the case

planning process to ensure that each participant's Transition Plan and ISP are tailored to respond appropriately to the relative level of risk assessed for each subcomponent risk/need.

The program will offer a short-term curriculum (47 exercises) on changing criminal and addictive thinking and behavior. Keystone will utilize the cognitive-behavioral treatment curriculum "Criminal and Addictive Thinking: Mapping a Life of Recovery & Freedom for Chemically Dependent Criminal Offenders," published by the Hazelden Foundation.

#### **Other Program Services**

Ideally, program participants will attend one weekly individual case management session, participate in a weekly caseload group to provide peer support for recovery and reentry, and attend a weekly class on changing criminal thinking and behavior. Once the participant has completed that 10-week class, he or she can join in any number of WH weekly classes on coping skills, relapse prevention, social skills training, developing wellness recovery action plans, Dialectical Behavior Therapy skills (mindfulness, distress tolerance, interpersonal effectiveness and emotional regulation), anger management, and others. Additionally, WH hosts regular workshops for finding housing, job search, restoring credit and money management, and other practical life-skill areas.

#### **Priority Considerations**

The proposed project addresses all four of the priority considerations outlined in the grant solicitation. Keystone provides in-reach and community-based, reentry services to a population of dually diagnosed offenders identified by validated assessment to be at high risk of recidivism. Through the provision of direct services such as assessment, reentry support, and cognitive-behavioral interventions for criminal thinking and the coordination of community-based services

through active case management, Keystone addresses the behavioral health factors that create the greatest risk for re-incarceration and prevent permanent exit from the criminal justice system.

The Keystone program is designed, in coordination with the Single State Agency for Substance Abuse and the State Mental Health Authority (see certification letter in Attachment 5), to create an effective and ongoing collaboration between the San Francisco Sheriff's Department, Jail Psychiatric Services (provided by Haight Ashbury Free Clinics, Inc., a community based organization), the San Francisco Adult Probation Department (which will assist with data collection regarding violations of conditions of release), and Walden House, a community-based provider of integrated behavioral health services. Coordination will be achieved through regularly scheduled stakeholder meetings and clinical case conferences.

Further, Keystone demonstrates the required case assessment and management abilities and provides comprehensive strategies to assess and address criminogenic needs during incarceration and for a period of six months in the community. As described above, services will begin while the participant is incarcerated and will extend for a period of six months after release. Case management activities will prioritize establishing federal and state benefits prior to release so that participants have income to obtain appropriate housing. Other case management priorities will include ensuring continuity of medication services and other key supports (primary care, employment, educational services) in order to promote a successful reentry.

San Francisco is a geographic area with high rates of offenders returning from incarceration. In 2009, the Jail had to open previously closed housing units due to overcrowding. During FY 2008, 29,678 people were released from jail, in a county of only approximately 815,350 residents (according to the U.S. Census).

#### **Capabilities and Competencies**



The San Francisco Sheriff's Department (SFSD) is the agency responsible for the Keystone project, and the grant coordinator is Lieutenant RR Ridgeway. Lt. Ridgeway began his SFSD service in 1983 and achieved the rank of Lieutenant in 2000. His career has spanned a variety of responsibilities, including three and a half years as the Sheriff's Department Chief Financial Officer.

From 2005 until 2010, Lt. Ridgeway was the Department's Director of Community Programs, overseeing out-of-custody programming for adults involved in the SF County criminal justice system. Under his direction, Community Programs broadened the scope of both Men's and Women's Programs, increased funding, and tripled the number of participants. SFSD Community Programs include home detention; Sheriff's Work Alternative Program (SWAP) and Post Release Educational Program (PREP), which combine educational classes, substance abuse counseling, and work crew service in lieu of incarceration for inmates with substance abuse counseling needs; Residential County Parole, which places individuals in residential substance abuse training following in-custody program participation; and the Resolve to Stop the Violence Project (RSVP), a restorative justice program for crime victims and offenders. In 2009, Lt. Ridgeway was named Deputy of the Year for implementing annual Career Fairs for Ex-offenders since 2006. In 2010, Lt. Ridgeway was given a Special Assignment of administration duties including special events, staff awards, and grant administration.

Walden House, Inc., the subcontracted behavioral health treatment agency identified to deliver the Keystone project's clinical services, was founded in San Francisco in 1969 as a local substance abuse treatment organization. Over the years the agency has grown substantially and has developed considerable experience, capacity, and expertise for providing statewide specialized services to high-need, high-risk populations, including offenders and adults

diagnosed with co-occurring disorders. WH maintains good standing with all applicable licensing and certifying authorities for delivery of behavioral health treatment services (see documentation in Attachment 5). Walden House is a long-time partner of SFSD, having provided services to detainees within the San Francisco jail system since 1993, when SFSD and WH partnered to implement a jail-based substance abuse treatment demonstration program for women, funded by the Substance Abuse and Mental Health Services Administration.

Walden House's experience serving offenders also includes fifteen years of administering substance abuse treatment programs within the California State Prison system; WH is one of the agencies contracted to design and implement these programs since the inception of California's offender treatment initiative. Those programs have evolved in keeping with emerging research and clinical evidence, and services are now tailored to meet the specialized needs of women, individuals experiencing trauma-related symptoms, and inmates with co-occurring disorders.

California also implemented a re-entry case management and services administration system in 1999, in which single agencies administer parolee re-entry on two levels – by directly providing in-reach transition planning followed by community-based case management for each individual parolee within a Parole Region; and by procuring, subcontracting, and maintaining quality oversight of the community based organizations that provide residential and outpatient behavioral health treatment to parolees within the Region. At the start of the initiative, WH was awarded contracts to administer re-entry services for two of California's four Parole Regions (the greater San Francisco Bay Area and Los Angeles County); in 2003, when the State decided to limit each agency to only one Parole Region, WH retained responsibility for Los Angeles County, which is the Region most densely populated by parolees.

Additional offender re-entry programs currently operated by Walden House include two Female Offender Treatment & Employment Programs (residential programs for state parolees), a Day Reporting Center program for state parolees in San Francisco; and two programs for which WH provides services as a subcontractor to the San Francisco Department of Health: Bridges, previously described; and a FY 2009 Second Chance Act program providing in-reach and re-entry case management for female state prisoners who parole to San Francisco.

WH was selected as the service-delivery subcontractor for this project because of its extensive experience providing services to offenders both in custody and during re-entry, and because of its expertise and capacity to implement and administer sizable service contracts with sophisticated data collection and reporting requirements. Walden House is also a prominent service provider funded by the San Francisco Department of Public Health's Community Behavioral Health Services division. As such, it maintains a rich array of mutual referral partnerships with other licensed and certified organizations in good standing within the SF public health system, which Keystone participants will be eligible to access upon referral by their case managers (see example Memoranda of Understanding in Attachment 4). WH's referral network includes agencies that provide: residential and outpatient substance abuse treatment; mental health treatment; medication management; HIV/AIDS prevention, advocacy, counseling, and supportive services; housing placement and advocacy; GED and high school diploma classes; employment placement; domestic violence and anger management classes; disability services; primary and dental health services; and recovery supportive services. SFSD is confident that WH is an excellent service provider to fulfill the design, implementation, and goals of this Second Chance Act program.

Key Walden House staff identified to implement the Keystone project include Ryan Berman, Psy.D., and Lee Hewitt, LCSW. Dr. Berman has worked with substance abuse and mental health disorder populations since 1998, and has served at Walden House since 2006. Currently, he directs the Bridges program, overseeing case management and intensive day-treatment for seriously mentally ill and substance abusing parolees in San Francisco. Ms. Hewitt is the Clinical Manager for the same program; she has served populations with co-occurring disorders since 1982 and has worked in San Francisco since 1993. Qualified and experienced candidates for Case Manager positions will be recruited and hired quickly by WH during initial program implementation, should this application be funded.

The in-custody Jail Psychiatric Services program is administered by the San Francisco Department of Health and operated by Haight Ashbury Free Clinics, Inc. (HAFCI), a non-profit community based behavioral health agency founded in San Francisco in 1967. HAFCI has served as the Jail Psychiatric Services provider since 1978 and is well integrated within SF County jail operations. JPS provides a wide range of treatment options, founded upon the Recovery Model, including evaluation and assessment, crisis intervention, individual and group treatment, referral for hospitalization, and day treatment programs. Services formerly also included discharge planning, but County budget cuts severely restricted HAFCI's capacity to provide that component during FY 2009. JPS will contribute to the Keystone project by identifying potential Keystone participants among the known COD population within the jail, by helping Keystone clinicians to prioritize for services those participants with the highest risks and needs, and by participating in stakeholder coordination meetings (quarterly) and case conferences as needed.

Letters of Support from all collaborating agencies are included in Attachment 4.

## **Budget**

Please see Attachment 3 for the proposed budget and budget narrative.

## **Evaluation, Aftercare, Sustainment, and Plan for Collecting Data for Performance Measures**

Client-level performance and outcome data collection and reporting will result from interagency collaboration and coordination. Due to the level of interagency cooperation and information sharing, all Keystone participants will be asked at enrollment to sign a release of information, to ensure compliance with state and federal confidentiality regulations, including CFR 42 Part 2 and HIPAA.

Data regarding participants' new convictions and sentencing will be collected by deputized SFSD personnel, who will run quarterly checks of participant names (active and past participants) through the California Law Enforcement Telecommunications System (CLETS). Deputized staff will access the participant's Criminal Investigation and Identification (CI&I) record, and the Federal Bureau of Investigation (FBI) national databank. This will give deputized staff state and national arrests and convictions dates that occur outside of the City and County of San Francisco. They will also run the names for local warrants. This will produce information about current outstanding cases that may have not been resolved. SFSD deputized staff already performs these kinds of searches daily. They have existing resources and the capacity to perform this data collection, reporting function and analysis.

Data regarding participants who violate the conditions of their release will be collected by the San Francisco Adult Probation Department (APD). APD will run quarterly checks of their active caseload database to determine how many Keystone participants who are on probation have violated the terms of their release during the quarter and since the beginning of the initiative (see Letter of Support in Attachment 4).

All other client-level performance and outcome data will be collected by Walden House. The WH Information Technology department has the capacity to handle a large volume of data and the ability to track and report participant-level outcomes and demographics. The WH IT infrastructure has proven reliability for managing and reporting information for up to 13,000 annual participants in over 20 treatment and case management programs funded by agencies at the local, state, and federal levels. Participant data are collected using a variety of forms and tools (see table below), and are entered into the WH proprietary tracking system (a client server application, which utilizes a Visual FoxPro front-end, and pulls data from a Microsoft SQL server database) which can produce standard and customized reports in response to data queries. Data collected by WH each quarter will be reported to the SFSD grant administrator, who will be responsible for submitting the overall project's quarterly and cumulative data to OJP.

The following table describes the data elements to be collected by Walden House, and the tools and forms which will collect them. Sample forms can be found in Attachment 4.

<b>Data Elements</b>	<b>Data Collection Tool</b>
Number of offenders added to TP (quarterly, cumulative)	WH Treatment Opening Form (Tx Opening)
Number of TP released (quarterly, cumulative)	WH Treatment Update Form (Tx Update)
Total number of crimes reported during the quarter	SF Police Department website
Total SF County population	U.S. Census website
Number of TP who found employment (quarterly)	Tx Update; WH Tx Closing Form (Tx Closing)
Number of TP who are employed (quarterly)	Tx Update; Tx Closing
Number of TP who enrolled in an educational program (quarterly)	Tx Update; Tx Closing
Number of TP currently enrolled in an educational program (quarterly)	Tx Update; Tx Closing
Number of TP who are required to pay child support (quarterly)	Keystone Case Management Supplemental Form
Number of TP who paid their child support (quarterly)	Keystone Case Management Supplemental Form
Number of TP who found housing (quarterly, cumulative)	Tx Update; Tx Closing
Number of TP assessed as needing SA services (quarterly, cumulative)	ANSA, Progress Note, Tx Update
Number of TP who enrolled in SA program (quarterly, cumulative)	Progress Note

Number of TP assessed as needing MH services (quarterly, cumulative)	ANSA, Progress Note, Tx Update
Number of TP who enrolled in MH program (quarterly, cumulative)	Progress Note
Number of TP re-assessed for substance use (quarterly)	Breathalyzer/UA log, Tx Update, Tx Closing
Number of TP re-assessed as having reduced substance use (quarterly)	Clinical interview and behavioral assessment of relapse following use, recorded on Progress Note
Number of TP re-assessed regarding alcohol use (quarterly)	Breathalyzer/UA log, Tx Update, Tx Closing
Number of TP reassessed as having reduced alcohol use (quarterly)	Clinical interview and behavioral assessment of relapse following use, recorded on Progress Note

Performance of the project will be monitored and evaluated on an ongoing basis through quarterly stakeholder meetings. In these meetings, representatives of SFSD, Walden House, Jail Psychiatric Services, Adult Parole, and invited community-based providers serving Keystone participants through referral, will gather to review the quarterly outcome and data reports, to evaluate program performance against key deliverables, to troubleshoot challenges, and to adjust program policies or procedures in response to emerging trends in performance and outcome data. Regular face-to-face stakeholder meetings facilitate smooth communication and collaboration, and ensure that the program's implementation is continually responsive to trends or outcomes identified by data collection.

Because data will be reported to OJP for analysis, the SFSD project administrator will work to maintain regular communication with the OJP evaluator(s) and administrators in order to stay apprised of early and ongoing findings from the analysis. Findings will be reported to all project stakeholders at quarterly meetings. Additionally, the Keystone representatives who attend annual grantee meetings in Washington, D.C., will return to the stakeholder group to report the innovations and strategies implemented by the nationwide initiative that appear to be promising. Where possible and appropriate, these innovations and strategies may be incorporated or adapted for use in the Keystone project.

With an overall unduplicated participant count of 145, the Keystone per-person unit of cost is \$3,310.34. Currently, the SF Jail bed day rate is \$115.00. Previous SFSD demonstration service projects which have proven overall cost savings to the City and County of San Francisco have won sustained funding through the annual County budgeting process. One example project is the 1993 Sisters collaboration between SFSD and Walden House, which was initially funded by a SAMHSA demonstration grant; that in-custody treatment initiative was subsequently sustained by approved County funding, and enjoyed substantial growth during ensuing years. Should Keystone demonstrate cost savings to the County by reducing recidivism and reducing jail bed use by offenders with co-occurring disorders, SFSD will propose to include continuation funding in the FY 2012 San Francisco County budget. San Francisco legislators and departmental administrators have a record of rewarding effective, treatment-oriented corrections initiatives, and SFSD is confident that demonstrated cost savings and efficacy will be rewarded with project continuation.



## **Attachment 3**

### **Budget and Budget Narrative**

## **San Francisco Sheriff's Department Keystone Budget Narrative**

### **San Francisco Sheriff's Department**

#### **PERSONNEL:**

**8304 Deputy** under general supervision, performs a variety of duties relating to supervision of prisoners in custody; serves as bailiff in civil, criminal and juvenile courts; transports prisoners; serves civil process; supervises work programs and work crews; performs general law enforcement duties; and performs related duties as required.

#### **Distinguishing Features**

A Deputy Sheriff is a Peace Officer as defined in California Penal Code Section 830, et seq., and may be assigned to: a) supervise prisoners in a county jail or hospital detention facility and perform related custodial duties; b) serve as a bailiff in a civil, criminal or juvenile court; c) serve writs or other legal papers; d) transport prisoners. The class of Deputy Sheriff is distinguished from that of Senior Deputy Sheriff in that a Senior Deputy Sheriff serves as a lead worker in the county jail and detention facilities, or when assigned to a courtroom with Deputy Sheriffs.

**.25FTE - \$43,420 for two years**

**Senior Administrative Analyst** under general direction, the Senior Administrative Analyst conducts, leads and/or supervises difficult and complex professional level analytical work to support the operations of City departments, agencies and programs in areas such as: the development and administration of the annual budget; financial/fiscal and economic analysis, planning and reporting; grant monitoring and administration; development of complex contracting systems and administration of complex contractual agreements; development and evaluation of important administrative/management systems, policy and procedures, including evaluation of the impact of legislation, regulations, law, court decisions and memoranda of understanding; and/or major program development and evaluation.

**.10FTE - \$19,000 for two years**

#### **FRINGE BENEFITS:**

Fringe benefits are estimated to run at thirty seven percent next year. The percent of salaries are as follows: State Unemployment Insurance – 4.85% of salaries, FICA – 7.65%, Workers Compensation Insurance – 6.04%, Health Benefits – 15.85% and Retirement Benefits – 3.81%.

**Total Fringe Cost - \$23,166 for two years**

**Total S.F. Sheriff's Department Costs = \$85,586 for two years**

**Subcontractor – Walden House, Inc.**

**PERSONNEL:**

**The Project Director** will provide program oversight, assure compliance with contract obligations, and generally ensure the quality of clinical work conducted by program staff. The project director will manage work flow, supervise staff, represent the project with various stakeholders, and maintain liaison with correctional and other agencies. In cooperation with other Walden House staff, the Project Director will develop policies and procedures, take part in program development activities, manage program resources, and may provide direct services to program clients.

**.10 FTE - \$12,000 for two years.**

**The Clinical Manager** provides clinical supervision and program development support to the project along with providing intensive case management and conducting individual and group services. In conjunction with the Project Director, the Clinical Manager functions as a liaison and program representative with correctional and other key stakeholders. Additionally, this position assumes responsibility for various program aspects as assigned by the project director, including conducting "In-Reach" activities at local prisons and jails.

**.10 FTE - \$12,000 for two years.**

**The Case Manager III** will provide intensive case management services to a caseload of mentally ill parolees and conduct classes, skills training and counseling sessions as needed. The case manager is responsible for assessing the needs of parolee clients, developing personal services plans, linking clients to all needed services in the system of care and following up to ensure that services have been established. Duties include linking clients to primary care, providing housing referrals, and assisting clients to establish benefits and entitlements. The case manager assumes primary responsibility for coordinating care and routinely schedules case conferences with stakeholders and other treatment providers in order to ensure progress towards clinical goals. The case manager also assists clients to complete and enact a Wellness Recovery Action Plan, and when appropriate assist with vocational and educational goals.

**2 FTE - \$180,000 for two years**

**The Case Manager I** will provide clinical services to a caseload of participants with co-occurring disorders who have been released from SF County Jail. Duties will include leading classes, conducting skills training, case management, and organizing and leading recreational and social activities.

**.75 FTE – \$48,000 for two years**

**Total Personnel Costs = \$252,000 for two years**

**FRINGE BENEFITS:**

Fringe benefits are estimated to run at thirty one percent next year. The percent of salaries are as follows: State Unemployment Insurance – 3.8% of salaries, FICA – 7.65%.

Workers Compensation Insurance – 3.04%, Health Benefits – 13.85% and Retirement Benefits – 2.66%.

**Total Fringe Cost - \$78,120 for two years**

**TRAVEL:**

For two trips to conferences in Washington D.C. for three people to attend the Annual National Conference.

Hotel costs = 3 persons times 3 days times \$250 per day times 2 = \$4,500.

Airfare = 3 persons times \$500 per flight times 2 = \$3,000.

Local travel for case manager to visit the jails for outreach.

Two trips of 9 miles per week times 104 weeks times \$.50 = \$936

**Total Travel Costs - \$8,436 for two years**

**SUPPLIES:**

Supplies consist of office supplies such as pens, paper, clips, staplers, staple, etc. = \$3,000

The LS/CMI assessment tool = \$2,000

**Total Supplies Cost = \$5,000 for two years**

**OTHER COSTS:**

**Equipment** – 3 computers, mice, keyboards and monitor at \$1,000 each. = \$3,000

**Communications** – Land lines and 3cell phone usage charges = \$5,500

**Rent** – 10% of the rent charge at 1885 Mission St., San Francisco, Ca. = \$87,000

**Utilities** – 10% of the utilities expense at 1885 Mission St., San Francisco, Ca = \$6,500

**Bldg. Maintenance & Repairs** - 10% of the bldg. maintenance & repairs at 1885 Mission St., San Francisco, Ca. = \$4,500

**Client Transportation** – Tokens and other transportation assistance to help clients keep their medical, legal and other crucial appointments = \$4,000

**Food** – Food for the clients while they are at the facility serves as an incentive to have them participate in the program. It also helps to keep them more alert and engaged. = \$4,500

**Insurance** – The programs fair share of the corporate insurance necessary to operate the program. (General, Crime, Umbrella, Vehicle and Building) = \$3,000

**Total Other Cost = \$118,000 for two years**

**DIRECT EXPENSE = \$461,556**

**INDIRECT EXPENSE:**

This is calculated at Walden House's Federal approved indirect cost rate of 11.3% applied to total direct expenses.

**Total Indirect Cost = \$52,156 for two years**

**Total Subcontractor's Cost = \$513,712 for two years**

**TOTAL PROGRAM COSTS: \$599,298**

# San Francisco Sheriff's Department

## Keystone Program

For 24 Months

San Francisco Sheriff's Dept.	Position	Name	Annual Salary	Annual FTE	Allocated Salary
	8304 Deputy	Unknown	86,840	0.25	43,420
	Finance Staff	Unknown	95,000	0.1	19,000
	<b>Total Salaries</b>			<b>0.35</b>	<b>62,420</b>

### Fringe Benefits

SUI	3,504
FICA	5,529
Workers Compensation	2,200
Employee Health Insurance	10,011
Retirement	1,923
<b>Total Fringe Benefits - 38.2%</b>	<b>23,166</b>
<b>Total Salaries &amp; Fringe Benefits</b>	<b>85,586</b>

### Subcontractor - Walden House, Inc.

Program Director	R. Berman	60,000	0.1	12,000
Clinical Manager	L. Hewitt	60,000	0.1	12,000
Case Manager 3	Unknown	45,000	2	180,000
Case Manager 1	Unknown	32,000	0.75	48,000
<b>Total Salaries</b>			<b>2.95</b>	<b>252,000</b>

### Fringe Benefits

SUI	11,814
FICA	18,643
Workers Compensation	7,419
Employee Health Insurance	33,759
Retirement	6,484
<b>Total Fringe Benefits</b>	<b>78,120</b>
<b>Total Salaries &amp; Fringe Benefits</b>	<b>330,120</b>

### Operating Expenses

#### Travel

<b>Local travel for outreach in jails</b>	
(936 miles per year times \$.50 per mile times 2 years)	936

Two - Annual trips to Washington DC for grant conferer 3 staff for 3 days.

Hotel = 3 persons times 6 days times \$250 per day =	4,500
Airfare = 3 persons times \$500 per flight times 2 =	3,000

<b>Total Travel</b>	<b>8,436</b>
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#### Supplies

Office supplies. (pens, paper, clips, staplers, staples, etc.)	3,000
Assessment Tool	2,000
<b>Total Supplies</b>	<b>5,000</b>

<b>Other Costs</b>	
Equipment - 3 Computers, Mouses, Keyboards and Monitors at \$1,000 each.	3,000
Communications - for land lines and 3 cell phone charges	5,500
Rent - at 1885 Mission St. San Francisco, Ca.	87,000
Utilites - at 1885 Mission St. San Francisco, Ca.	6,500
Bldg. Maintenance & Repairs - at 1885 Mission St. San Francisco, Ca.	4,500
Client Transportation - to help clients get to medical and legal appointments	4,000
Food - as an incentive to clients to participate in the program	4,500
Insurance - General, Crime, Umbrella, Vehicle and Building.	3,000
<b>Total Other Costs</b>	<b>118,000</b>
<b>Total Direct Costs</b>	<b>461,556</b>
<b>Walden House - Indirect Costs</b>	
Personnel - 11.3%	37,304
Operations - 11.3%	14,852
<b>Total WH Indirect Costs</b>	<b>52,156</b>
<b>Total Subcontractor's Cost</b>	<b>513,712</b>
<b>Total Expenses</b>	<b>599,298</b>

## Sheriff's Department

### Keystone Program

#### Budget Summary

#### SF Sheriff's Dept.

Personnel	62,420
Fringe Benefits	23,166
<b>Total SFSD Salaries &amp; Benefits</b>	<b>85,586</b>

#### Subcontractor - Walden House, Inc.

Personnel	252,000
Fringe Benefits	78,120
Travel	8,436
Supplies	5,000
Construction	0
Consultants/Contracts	0
Other	118,000
<b>Total Direct Costs</b>	<b>461,556</b>
Indirect Costs - 11.3%	52,156
<b>Total Subcontractors Costs</b>	<b>513,712</b>
<b>Total Program Costs</b>	<b>599,298</b>

## Sheriff's Department

### Keystone Program

#### Budget Summary

<b>SF Sheriff's Dept.</b>	<b>Year One</b>	<b>Year Two</b>	<b>Total</b>
Personnel	31,210	31,210	62,420
Fringe Benefits	11,583	11,583	23,166
<b>Total SFSD Salaries &amp; Benefits</b>	<b>42,793</b>	<b>42,793</b>	<b>85,586</b>

<b>Subcontractor - Walden House, Inc.</b>			
Personnel	126,000	126,000	252,000
Fringe Benefits	39,060	39,060	78,120
Travel	4,218	4,218	8,436
Equipment	3,000	0	3,000
Supplies	5,000	3,000	8,000
Other	53,500	58,500	112,000
<b>Total Direct Costs</b>	<b>230,778</b>	<b>230,778</b>	<b>461,556</b>
Indirect Costs - 11.3%	26,078	26,078	52,156
<b>Total Subcontractors Costs</b>	<b>256,856</b>	<b>256,856</b>	<b>513,712</b>
<b>Total Program Costs</b>	<b>299,649</b>	<b>299,649</b>	<b>599,298</b>





DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Service  
Division of Cost Allocation

DCA Western Field Office  
90 7th Street, Suite 4-600  
San Francisco, CA 94103

David Crawford  
Chief Financial Officer  
Walden House, Inc.  
520 Townsend Street  
San Francisco, CA 94103

NOV 10 2009

Dear Mr. Crawford:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, a proposal for your FY ending 06/30/09, will be due no later than 12/31/09.

Sincerely,

A handwritten signature in cursive script, appearing to read "Wallace Chan", is written over the typed name.

Wallace Chan  
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

Phone: (415) 437-7820 - Fax: (415) 437-7823 - E-mail: dcaef@hhs.gov

## NONPROFIT RATE AGREEMENT

EIN #:

DATE: November 9, 2009

ORGANIZATION:

Walden House, Inc.  
520 Townsend StreetFILING REF.: The preceding  
Agreement was dated  
April 25, 2008

San Francisco

CA 94103

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES\*RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FINAL	07/01/07	06/30/08	11.3	All	All Programs
PROV.	07/01/08	06/30/10	11.3	All	All Programs

\*BASE:

Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), and that portion of each subaward in excess of \$25,000.

ORGANIZATION:  
Walden House, Inc.

AGREEMENT DATE: November 9, 2009

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SECTION II: SPECIAL REMARKS

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TREATMENT OF FRINGE BENEFITS:

This organization charges the actual cost of each fringe benefit direct to Federal projects. However, it uses a fringe benefit rate which is applied to salaries and wages in budgeting fringe benefit costs under project proposals. The fringe benefits listed below are treated as direct costs.

TREATMENT OF PAID ABSENCES:

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are treated as direct costs:

FICA, WORKERS COMPENSATION, GROUP HEALTH/DENTAL PROGRAMS, LIFE INSURANCE, UNEMPLOYMENT INSURANCE, COMPREHENSIVE DISABILITY, AND PROFIT-SHARING PLAN.

ORGANIZATION:  
Walden House, Inc.

AGREEMENT DATE: November 9, 2009

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognisant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-122 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

BY THE ORGANIZATION:  
Walden House, Inc.

(ORGANIZATION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Wallace Chan

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)

November 9, 2009

(DATE) 2554

HIS REPRESENTATIVE: Stanley Huynh

Telephone: (415) 437-7820

## **Attachment 4**

**Project Timeline**

**Position Descriptions**

**Letters of Support**

**Other Supportive Documents:**

Clinical Documentation and Assessment Tools

Sample Memoranda of Understanding

Works Cited

## Keystone Project Timeline

**Project Goal:** To increase public safety and reduce recidivism among offenders with co-occurring disorders (COD) in San Francisco County, California.

**Project Objectives:** To provide motivational enhancement and case management services that reduce criminogenic risk factors of substance abuse, mental illness, and homelessness. Effective implementation of these strategies will engage participants in the recovery process, will motivate them to seek and enroll in treatment, will address their multidimensional life and health needs, and will increase their resiliency for independent, law-abiding lifestyles in the community.

Activity ( <i>deliverables italicized</i> )	Expected Completion Date	Responsible Person or Organization
Contract and funding begin	10/1/10	N/A
Hire qualified and experienced Case Managers	10/16/10	Walden House
Implementation and stakeholder meetings, including policy & procedures development	10/31/10	WH, SF Sheriff's Department, Adult Probation Department, Jail Psychiatric Services
Staff orientation, training, and Jail Clearance credentialing	11/15/10	WH, SFSD
Prepare Keystone office space to welcome participants	11/15/10	WH, Keystone staff
Begin direct services: in-custody engagement and motivational enhancement, re-entry groups, participant enrollment and assessment, transition planning.	11/16/10 – ongoing	Keystone staff
Begin data collection efforts	11/16/10 – ongoing	Keystone staff, SFSD, APD
Participants begin transition from SF County Jail to community-based case management	11/16/10 – ongoing	Keystone staff
All participants assessed for substance abuse treatment needs, using ASI-Lite; 100% who need treatment are referred to programs, and <i>at least 70% enroll.</i>	11/16/10 – ongoing	Keystone staff
All participants assessed for mental health treatment needs, using ANSA; 100% who need treatment are referred to programs, and <i>at least 70% enroll.</i>	11/16/10 – ongoing	Keystone staff
Participants who are homeless are placed in housing or referred to community-based organizations for housing assistance; <i>at least 50% secure housing.</i>	11/16/10 – ongoing	Keystone staff, referral agencies
Quarterly and cumulative data report submitted to OJP	1/15/11 (unless otherwise specified by OJP) – repeated quarterly	SFSD Grant Administrator
Quarterly stakeholder meeting to discuss data and outcomes findings, administrative issues, and changes or adaptations for policies and procedures	1/20/11 – repeated quarterly	SFSD, Keystone staff, APD, JPS, community organizations
Keystone project team attends annual grantee meeting in Washington, D.C.	(as specified by OJP)	SFSD Grant Administrator and designee, Keystone staff designee
<i>Full static caseload capacity (36) achieved, maintained thereafter</i>	1/31/11	Keystone staff
<i>Total cumulative enrollment reaches 72 participants</i>	10/31/11	Keystone Staff
<i>Achieve total enrollment of 145 participants</i>	7/31/12	Keystone staff, JPS
Cost savings of Keystone program evaluated and submitted to SFSD CFO for continuation funding consideration	8/1/12	SFSD Grant Administrator
Final report submitted to OJP, SFSD administration, and stakeholders	(as specified by OJP)	SFSD Grant Administrator



## Department of Human Resources

### Deputy Sheriff (#8304 )

\$32.74-\$41.75 Hourly / \$5,674.00-\$7,237.00 Monthly / \$68,094.00-\$86,840.00 Yearly



Email Me when a Job Opens for the above position(s)

#### Definition

Under general supervision, performs a variety of duties relating to supervision of prisoners in custody; serves as bailiff in civil, criminal and juvenile courts; transports prisoners; serves civil process; supervises work programs and work crews; performs general law enforcement duties; and performs related duties as required.

#### Distinguishing Features

A Deputy Sheriff is a Peace Officer as defined in California Penal Code Section 830, et seq., and may be assigned to: a) supervise prisoners in a county jail or hospital detention facility and perform related custodial duties; b) serve as a bailiff in a civil, criminal or juvenile court; c) serve writs or other legal papers; d) transport prisoners. The class of Deputy Sheriff is distinguished from that of Senior Deputy Sheriff in that a Senior Deputy Sheriff serves as a lead worker in the county jail and detention facilities, or when assigned to a courtroom with Deputy Sheriffs.

#### Examples of Important and Essential Duties

"Class specifications shall be descriptive of the class and shall not be considered a restriction on the assignment of duties not specifically listed." (CSC Rule 7)

1. Supervises prisoners and maintains order in county jails; checks windows, doors and gates for security; regulates the movement of persons and vehicles in and out of facilities; inspects and searches cells; searches for contraband including administering chemical testing of prisoners; escorts prisoners to and from housing units, recreational areas, classrooms and other activities; takes periodic counts of prisoners; examines incoming prisoner mail for contraband; reports irregular occurrences, criminal activity and infractions of institution rules and takes prescribed action for violations; supervises the distribution of food to prisoners and maintains order during meals; supervises visits to prisoners; prevents escapes and injury by prisoners; searches for and recaptures escaped prisoners; supervises prisoners participating in Work Furlough, SWAP and County Parole.
2. Receives, searches and performs complete inspection of prisoners; collects and inspects personal articles, clothing and money, and issues receipts to prisoners; issues jail clothing and bedding; supervises prisoner work crews in culinary, laundry, janitorial, stock handling, garbage, farm and other jail details.
3. Supervises prisoners in courtrooms, hospital and to and from state institutions; operates a variety of motor vehicles in the transportation of prisoners.
4. Books, classifies and releases prisoners; perform incidental clerical work in maintaining records of jail and commissary supplies and in the recording of prisoner's history and jail activities.
5. Under the general direction of a supervisor, acts as a bailiff in the civil, criminal and juvenile courts; conducts jurors to assigned courtroom; opens court session; maintains order by abating any disturbances in or near the courtroom; receives and transmits to the judge special communications or materials for the jury or trial proceedings; supervises prisoners and mentally ill persons in custody and takes prescribed action in the event of violent outbursts or escape attempts; serves jury summons and

executes court orders; maintains surveillance of jury room while the members are deliberating; provides security of jury members during recess, meals, or during sequester and prevents any attempt to influence; escorts prisoners between jails and courts.

6. Executes civil court orders; serves writs, orders and other legal papers on business establishments, banks and private individuals; seizes vehicles and other articles as directed by the courts; executes writs of possession and returns property to plaintiff; searches official records to verify description, location and names of owners of property to be attached or sold; checks all processes to be served for validity, form and possible errors; computes and collects various fees, mileage and related charges for service rendered to attorneys and others.

7. Performs general law enforcement duties as directed by the Sheriff such as criminal and civil arrests, mutual aid, and participating in mass arrests.

8. Uses firearms, standard restraint techniques and non-lethal chemical agents in compliance with existing laws, policies and procedures.

9. Renders first aid and cardiopulmonary resuscitation in emergencies.

10. Drafts and writes reports and correspondence; conducts studies and does research associated with criminal justice problems and issues; maintains statistics and records; conducts background, criminal and internal affairs investigations; assists supervisors at all levels in developing policies, procedures and training programs; utilizes computer equipment.

#### Knowledge, Skills and Abilities

Requires ability to: Deal tactfully and courteously with the public; control prisoners individually and in groups and deal with them on a fair and impartial basis; remain alert at all times and react quickly and calmly in an emergency; speak and write effectively; observe situations correctly and write reports accurately and concisely; maintain records and reports.

Special Requirement: Prior to appointment, candidate must successfully meet the requirements of a San Francisco Sheriff's Department administered background investigation. Additionally, appointees to positions in this class are required to successfully complete the course requirements of a State Certified Peace Officers Standards and Training Academy, a State Certified Basic Jail Training course and the San Francisco Sheriff's Department Training Program.

#### License or Certificate

Requires possession of a valid California Driver License.

#### Disaster Service Workers

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

CLASS: 8304  
EEOC: 4

EST:

REV:  
MEDICAL:

FORMERLY JOB TITLE:

REPLACES JOB TITLE:





## Department of Human Resources

### Senior Administrative Analyst (#1823 )

\$37.21-\$45.22 Hourly / \$6,450.00-\$7,839.00 Monthly / \$77,402.00-\$94,068.00 Yearly



[Email Me when a Job Opens for the above position\(s\)](#)

#### Definition

Under general direction, the Senior Administrative Analyst conducts, leads and/or supervises difficult and complex professional-level analytical work to support the operations of City departments, agencies and programs in areas such as: the development and administration of the annual budget; financial/fiscal and economic analysis, planning and reporting; grant monitoring and administration; development of complex contracting systems and administration of complex contractual agreements; development and evaluation of important administrative/management systems, policy and procedures, including evaluation of the impact of legislation, regulations, law, court decisions and memoranda of understanding; and/or major program development and evaluation.

#### Distinguishing Features

Class 1823 Senior Administrative Analyst is the senior journey level in the Administrative Analyst series with responsibility for directing and performing difficult, complex, and/or sensitive projects for departmental management. This class is distinguished from class 1822 Administrative Analyst in that class 1822 is the journey-level class working under general supervision. Class 1823 is distinguished from class 1824 Principal Administrative Analyst in that class 1824 has greater and/or more complex financial responsibilities, greater consequence of error and independence of action, and is assigned more difficult, complex, and sensitive projects.

#### Supervision Exercised

Class 1823 Senior Administrative Analysts may supervise a small staff performing moderately complex analytical work.

#### Examples of Important and Essential Duties

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this class and are not intended to be an inclusive list.

1 Plans, organizes and conducts complex and detailed analytical work to support the functions and operations of assigned department; confers with managers, departmental personnel and other individuals/experts to discuss, evaluate and make recommendations on a variety of complex administrative, organizational, policy, budget, fiscal, and other issues related to important functions of the department; responds to informational requests, including those of a sensitive nature; may supervise clerical, technical and subordinate professional staff; may coordinate and/or direct complex financial or operational activities; may act as executive assistant and provide administrative analysis to high-level managers or a department head; may assist management in coordinating and/or negotiating complex administrative, organizational, policy, budget, fiscal, and other issues related to important functions of assigned department with outside departments, agencies and organizations; may represent the department to the Mayor's Office, Board of Supervisors, Controller's Office, other City officials, outside agencies or the general public. Researches, analyzes and formulates policy recommendations on a variety of difficult and complex management-level budget, fiscal, policy, program, organizational and related issues; confers with managers, departmental personnel and others to clarify needs, issues and parameters; develops, conducts and documents findings from detailed and comprehensive surveys,

studies, and other processes to analyze data and information from multiple sources; researches and evaluates complex data/information from internet, databases and other sources, consults with subject matter experts, develops complex evaluative processes, creates spreadsheets, documents findings, analyzes alternatives and formulates recommendations; conducts complex analyses, such as revenue/expense analysis, cost/benefit analysis, needs analysis, trend analysis, variance analysis, net present value analysis, rate and modeling analysis, statistical analysis, program analysis, organizational analysis and legislative/policy analysis; prepares clear, comprehensive management reports, including logical and coherent financial/policy recommendations and appropriate supporting documentation; presents reports, including formal presentations to groups.

2 Analyzes and evaluates the effect of existing, newly enacted and proposed legislation, regulations, law, court decisions and/or memoranda of understanding for policy and financial impact on the department; prepares and presents report to management with recommendations on how to comply with existing and proposed legislation, regulations, law, court decisions and/or memoranda of understanding, mitigate adverse action against the department or maximize potential revenues; develops, implements and monitors new and revised reporting systems required by legislation.

3 Develops and conducts comprehensive studies, surveys and other evaluative processes to analyze existing and proposed administrative, management, program and organizational needs, systems, functions, policies and procedures; identifies and analyzes important issues, processes, patterns and trends, makes related projections, documents findings, develops recommendations; prepares and presents reports for senior management outlining findings and presenting recommendations for development and implementation of systems, policies and procedures; may coordinate implementation and evaluation of new systems, policies and procedures.

4 Conducts complex and comprehensive analyses to evaluate existing and proposed programs; works with management, outside experts and others to clarify overall mission, goals, problems and issues; develops and analyzes performance outcome measures to evaluate new programs and related policies; develops and recommends policies, procedures and work processes for new programs; prepares reports for senior management outlining findings and presenting recommendations; assists management in the implementation and/or ongoing evaluation of new programs.

5 Conducts complex financial, fiscal and/or economic analyses to evaluate the overall fiscal/financial condition of a department/program and provide information/data for financial reporting, projection and planning; conducts complex economic and/or financial analyses, including forecasting, revenue and/or expense projections, rate analysis, statistical analysis, modeling and cost/benefit analysis; prepares financial statements and financial/statistical reports, with recommendations and appropriate documentation, for management, Mayor's Office, Board of Supervisors, Controllers Office and various funding agencies; assists in debt management and administration, calculates debt capacity and evaluates financing alternatives; analyzes capital requirements and assists in capital planning; may conduct financial auditing and/or assist in preparation of audit schedules.

6 Conducts complex analyses to assist management in budget development, administration, monitoring, and reporting; conducts complex revenue/expense, trend and statistical analyses for budget monitoring, projection and reporting; develops guidelines and prepares budget line item narratives, analyses, recommendations and justifications for annual and supplemental requests; develops, coordinates, administers and monitors a departmental budget of moderate complexity with multiple funding sources or assists in the development and management of a departmental budget of greater complexity; negotiates budget proposals within the department and with the Mayor's Office, Board of Supervisors and other agencies; prepares budget-related financial and statistical reports for the Mayor's Office, Board of Supervisors and/or senior department managers; prepares background information and documentation in preparation for producing major budget-related reports and/or presentations.

7 Conducts analysis and coordinates activities related to the application for and management of multiple-source capital projects and/or grants; analyzes and monitors compliance with funding, legal, service and other requirements; monitors detailed and complex grant budgets, ensures expenditures remain within the budget, shifts funds within guidelines, and prepares financial/statistical reports for management; provides analysis for and prepares reports to funding agencies, including subvention of funds to contracting organizations; provides technical assistance and oversight to recipients of grants awarded by the department/agency; may coordinate preparation of City-wide single audit report.

8 Conducts analysis for development, processing and administration of moderately- to highly-complex contractual agreements with multiple funding sources; confers with management to prepare cost estimates, specifications and terms for new and existing contractual agreements; conducts competitive solicitation, review and selection processes, including receipt and review of bids, negotiation with potential contractor/vendors, and review/processing of approvals; meets with contractors to negotiate requests for additional costs and assists in analyzing costs related to change orders and modifications; reviews, analyzes and prepares cost estimates and terms for proposed change orders and modifications; reviews new and/or existing contract provisions, conducts site visits, and meets with engineers, inspectors and/or program managers; provides information and technical assistance to staff and contractors on departmental contracting policies, procedures and requirements; develops procedures to review and implement local/state code requirements; conducts analysis for monitoring and enforcement of contractual agreements to ensure compliance, including development of computerized systems to track contract status;

prepares contract status reports.

9. Performs related duties as assigned.

#### Knowledge, Skills and Abilities

**Knowledge of :** the principles, procedures, standards and law related to government management and operations that are required to provide professional-level analytical assistance to management staff in such areas as: the development and administration of the annual budget; financial/fiscal and economic analysis and reporting; grant monitoring and administration; development of complex contracting systems and administration of complex contractual agreements; development and evaluation of important administrative/management systems, functions, policy and procedures; evaluation of the impact of existing, newly enacted and proposed legislation, regulations, law, court decisions and memoranda of understanding; and/or major program evaluation and planning.

**Ability to:** collect, synthesize, and analyze a wide variety of information; conduct difficult analytical studies involving complex administrative and financial systems and procedures; work with authority to identify and define problems, determine methodology, evaluate data, make recommendations with appropriate justification and develop/implement a plan of action; effectively prioritize and organize multiple assignments and projects; exercise sound judgment; coordinate work/projects with other programs and departments; establish and maintain effective working relationships with staff, senior management, representatives of other departments/agencies, officials, contractors and the general public; negotiate effectively; speak clearly and concisely to communicate work-related information in a manner that is understandable to the intended audience; listen and effectively elicit information; prepare clear, accurate, effective, well-organized and understandable written documents and management reports; use a computer to research, access, extract and process data and information; create and maintain records; and prepare correspondence, reports and other documentation, including statistical data; assign, train, direct and monitor the work of assigned staff.

#### Experience and Training

- 1 Possession of a graduate degree (master's degree or higher) from an accredited college or university, and three (3) years verifiable full-time-equivalent experience performing professional-level analytical work as described in Note A; **OR**
- 2 Possession of a graduate degree (master's degree or higher) from an accredited college or university with major college coursework as described in Note B, and two (2) years verifiable full-time-equivalent experience performing professional-level analytical work as described in Note A; **OR**
- 3 Possession of a baccalaureate degree from an accredited college or university, and four (4) years verifiable full-time-equivalent experience performing professional-level analytical work as described in Note A; **OR**
- 4 Possession of a baccalaureate degree from an accredited college or university with major college coursework as described in Note B, and three (3) years verifiable full-time-equivalent experience performing professional-level analytical work as described in Note A; **OR**

An equivalent combination of education and experience

#### Notes on Qualifying Experience and Education:

- A. Qualifying professional-level analytical experience must be in one or more of the following functional areas: complex budget analysis, development and administration; complex financial/fiscal analysis and reporting; development of complex contracting systems and administration of competitive bid processes and complex contractual agreements; development and**

evaluation of complex management/administrative policy; complex grant administration and monitoring; complex program evaluation and planning; complex legislative analysis; complex economic analysis; or other functional areas related to the duties of positions in Class 1823, where the primary focus of the job is complex professional-level analysis for evaluation, recommendation, development and implementation of major programs and functions of department/organization. Analytical experience equivalent to the duties of Class 1822 is considered qualifying.

**B. Coursework** applicable to a baccalaureate or higher degree in specialized subject matter areas such as public or business administration, management, business law, contract law, public policy, urban studies, economics, statistical analysis, finance, accounting or other fields of study closely related to the essential functions of positions in Class 1823.

**Effective Date :** 8/26/65

**Amended dates :** 11/4/91; 11/7/95; 12/2/99; 02/23/2007

**Reason for Amendment:** To accurately reflect the current tasks, knowledge, skills, and abilities defined in the most recent job analysis conducted for this job code.

#### Disaster Service Workers

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

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**CLASS:** 1823  
**EEOC:** 2

**EST:**

**REV:**  
**MEDICAL:**

**FORMERLY JOB TITLE:**

**REPLACES JOB TITLE:**



# WALDEN HOUSE

## JOB DESCRIPTION

### 1. VITAL STATISTICS

JOB TITLE	WH Bridges/Keystone Project Director	SUPERVISOR TITLE	Managing Director of Mental Health
SALARY RANGE	\$60,000 - \$70,000/year	FSLA STATUS	
PROGRAM	Mental Health	PRIMARY LOCATION	1895 Mission St.
EEO CODE		REVISION DATE	05/01/09

### 2. JOB SUMMARY

The Project Director will provide program oversight, assure compliance with contract obligations, and generally ensure the quality of clinical work conducted by program staff. The project director will manage work flow, supervise staff, represent the project with various stakeholders, and maintain liaison with correctional and other agencies. In cooperation with other Walden House staff, the Project Director will develop policies and procedures, take part in program development activities, manage program resources, and may provide direct services to program clients.

### 3. ESSENTIAL FUNCTIONS:

- Develop policies and procedures
- Hire staff and manage personnel issues
- Schedule program activities
- Provide clinical and administrative supervision to program staff
- Represent the program at outside meetings with stakeholders
- Engage in program development activities
- Provide direct services to agency clients

### 4. ADDITIONAL FUNCTIONS

- Attend meetings and staff trainings as required
- Participate on committees for quality improvement initiatives as required

### 5. EDUCATION KNOWLEDGE AND SKILLS REQUIRED

- California licensure as a clinical social worker (LCSW) or Marriage and Family Counselor for a minimum of two years
- Maintain a minimum of 15 hours of CE credits in clinical supervision in every licensing cycle
- Clinical experience working with seriously mentally ill clients

### 6. EDUCATION KNOWLEDGE AND SKILLS DESIRED

- Experience working with parolees or other clients involved in the criminal justice system
- Knowledge of recovery-based clinical approaches
- Knowledge of Dialectical Behavior Therapy



# WALDEN HOUSE inc

## JOB DESCRIPTION

### 1. VITAL STATISTICS

JOB TITLE	Bridges/Keystone Clinical Manager	SUPERVISOR TITLE	Project Director
SALARY RANGE	\$55,000 - \$60,000	FSLA STATUS	
PROGRAM	Bridges/Keystone	PRIMARY LOCATION	Multi
EEO CODE		REVISION DATE	11/5/09 (MG)

### 2. JOB SUMMARY

The Clinical Manager provides clinical supervision and program development support to the project along with providing case management and conducting individual and group services. In conjunction with the Project Director, the Clinical Manager functions as a liaison and program representative with correctional and other key stakeholders. Additionally, this position assumes responsibility for various program aspects as assigned by the project director, including conducting "In-Reach" activities at local prisons and jails.

### 3. ESSENTIAL FUNCTIONS

Provides clinical supervision for program staff according to the standards established by the Board of Behavioral Sciences, the Board of Psychology, and Walden House  
Performs individual and group-based intensive case management, mental health, and substance abuse services  
Assists the director in program development activities including scheduling, implementing new clinical strategies, developing clinical and administrative protocols, and assisting the program to meet paperwork standards  
Conducts orientations and clinical assessments at Walden House and area prisons and jails  
Functions as a liaison with correctional and other stakeholders  
Conducts in-service training and consultation for staff

### 4. ADDITIONAL FUNCTIONS

Attends meetings and participates on committees as assigned

### 5. EDUCATION KNOWLEDGE AND SKILLS REQUIRED

LCSW (California Licensure +2 years), OR  
Licensed Psychologist (California Licensure), OR  
MFT (California Licensure + 2 years);  
Two years or more of previous managerial experience with case management for forensic populations  
Two years or more of experience working with serious mental illness and co-occurring disorders

### 6. EDUCATION KNOWLEDGE AND SKILLS DESIRED

Knowledge and experience working with Dialectical Behavior Therapy, Seeking Safety, Motivational Interviewing, and WRAP



# WALDEN HOUSE inc

## JOB DESCRIPTION

### 1. VITAL STATISTICS

JOB TITLE	Case Manager III	SUPERVISOR TITLE	Program Director
SALARY RANGE	\$43,000 - \$45,000/year	FSEA STATUS	Exempt
PROGRAM	Keystone	PRIMARY LOCATION	Multi
EEO CODE	Professional	REVISION DATE	05/01/09

### 2. JOB SUMMARY

The Case Manager III will provide case management services to a caseload of participants with co-occurring disorders who have been released from SF County Jail. The CM III will conduct classes, skills training and counseling sessions as needed. The CM III is responsible for assessing the needs of participants, developing personal services plans, linking clients to all needed services in the system of care and following up to ensure that services have been established. Duties include linking participants to primary care, providing housing referrals, and assisting participants to establish benefits and entitlements. The CM III assumes primary responsibility for coordinating care and creating transition and service plans, and routinely schedules case conferences with stakeholders and other treatment providers in order to ensure progress towards clinical goals. The CM III also assists participants with vocational and educational goals.

### 3. ESSENTIAL FUNCTIONS

- Conducts behavioral health and case management needs assessments
- Provide case management to participants
- Provide linkage and referral to system of care resources.
- Provide referrals and assistance to obtain permanent housing
- Conducts classes, clinical groups, and skills training
- Coordinates care with stakeholders and other treatment providers
- Provides crisis intervention services
- Documents all services as required by the project contract and Walden House standards

### 4. ADDITIONAL FUNCTIONS

- Attend meetings and staff trainings as required.

### 5. EDUCATION KNOWLEDGE AND SKILLS REQUIRED

- License eligible Associate Social Worker, Marriage and Family Therapist Intern, or psychologist
- Appropriate registration with the Board of Behavioral Sciences or the Board of Psychology
- Clinical experience working with significantly mentally ill clients
- Case management experience

### 6. EDUCATION KNOWLEDGE AND SKILLS DESIRED

- Experience working with parolees or other clients involved in the criminal justice system
- Knowledge of Dialectical Behavior Therapy
- Knowledge of integrated and recovery oriented approaches to treating substance abuse and mental health problems



# WALDEN HOUSE inc

## JOB DESCRIPTION

### 1. VITAL STATISTICS

JOB TITLE	Case Manager I	SUPERVISOR TITLE	Project Director
SALARY RANGE	\$32,000 - \$34,000/year	FSLA STATUS	Non-Exempt
PROGRAM	Keystone	PRIMARY LOCATION	Evans St.
EEO CODE		REVISION DATE	02/08/08

### 2. JOB SUMMARY

The Case Manager I will provide clinical services to a caseload of participants with co-occurring disorders who have been released from SF County Jail. Duties will include leading classes, conducting skills training, case management, and organizing and leading recreational and social activities.

### 3. ESSENTIAL FUNCTIONS

- Engage in individual and group counseling
- Conduct classes and skills groups
- Conduct case management
- Organize and lead recreational and social activities
- Engage in crisis intervention strategies
- Participate with case coordination efforts
- Document services according to contract requirements and Walden House standards

### 4. ADDITIONAL FUNCTIONS

- Attend meetings and staff trainings as required

### 5. EDUCATION KNOWLEDGE AND SKILLS REQUIRED

- Clinical experience working with significantly mentally ill clients
- Registration in a drug and alcohol certification program

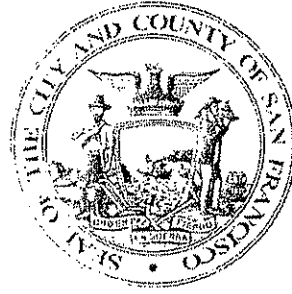
### 6. EDUCATION KNOWLEDGE AND SKILLS DESIRED

- Bachelor's degree in social work, psychology, or counseling preferred
- Certification as a drug and alcohol counselor
- Knowledge of Dialectical Behavior Therapy
- Knowledge of integrated and recovery-oriented approaches to treating substance abuse and mental health problems



# City and County of San Francisco

## OFFICE OF THE SHERIFF



Michael Hennessey  
SHERIFF

(415) 554-7225

May 14, 2010

U.S. Department of Justice  
Bureau of Justice Assistance  
310 Seventh Street NW  
Fourth Floor  
Washington, D.C. 20531

Re: BJA-2010-2701 Letter of Support

To Whom It May Concern:

The City and County of San Francisco Sheriff's Department (SFSD) submits this Letter of Support as the lead organization for the attached application for funding for a Second Chance Act Reentry Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders for Fiscal Year 2010. SFSD operates the San Francisco jail system and is very familiar with the urgent need for services among offenders with substance abuse and mental health disorders. During this time of budget constrictions and service cuts, SFSD applauds the U.S. Department of Justice for funding this initiative.

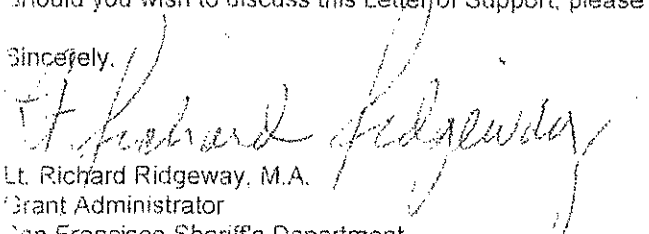
As the lead organization, SFSD will be responsible for the operational aspects of the project and will oversee the work of the subcontracting agency, Walden House, Inc. and all collaborating partners. In my capacity as the Grant Administrator at the SFSD, I certify that the agency has consulted with other local parties regarding the mission and purpose of the proposed program.

The agency (SFSD) agrees to provide individual criminal history information for all participants to evaluators, unless prohibited by law. The data will be provided in response to periodic requests throughout the period of performance of this project to capture both criminal histories prior to the program enrollment and subsequent recidivism.

I believe that the program proposed in the attached application will provide meaningful and valuable services to a population in the San Francisco jail system that truly needs them to decrease their risk of re-arrest and re-incarceration, and to pro-socially reintegrate into our community.

Should you wish to discuss this Letter of Support, please contact me at 415-554-7270.

Sincerely,

  
Lt. Richard Ridgeway, M.A.  
Grant Administrator  
San Francisco Sheriff's Department



*'Giving Hope \* Changing Lives'*

1550 Evans Avenue \* San Francisco, CA 94124 \* Phone: (415) 970-7503 \* Fax: (415) 970-7569

May 26, 2010

U.S. Department of Justice  
Bureau of Justice Assistance  
310 Seventh Street NW  
Fourth Floor  
Washington, D.C. 20531

Re: BJA-2010-2701 Letter of Support

To Whom It May Concern:

Walden House, Inc. submits this Letter of Support for the San Francisco Sheriff's Department's (SFSD) application for funding for a Second Chance Act Reentry Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders for Fiscal Year 2010. Walden House is a community based behavioral health treatment provider in San Francisco, and is very familiar with the urgent need for re-entry services among offenders with substance abuse and mental health disorders. During this time of budget constrictions and service cuts, Walden House applauds the U.S. Department of Justice for funding this initiative.

As a supporting, subcontracting organization, Walden House will coordinate with SFSD and clinicians from Jail Psychiatric Services, to identify and engage potential program participants in the San Francisco County Jail system and enhance their motivation to engage in treatment services, to provide post-release case management services, and to contribute data collection and administrative efforts to the overall success of the project.

I believe that SFSD's proposed program will provide meaningful and valuable services to a population in the San Francisco jail system that truly needs them to decrease their risk of re-arrest and reincarceration, and to pro-socially reintegrate into our community.

Should you wish to discuss this Letter of Support, please contact me at 415-970-7532.

Sincerely,

Vítka Eisen, MSW, E.L.D.  
President/CEO  
Walden House, Inc.



**City and County of San  
Francisco  
Department of Public Health**

**Jail Health Services  
Office of the Assistant Director  
Director Jail Psychiatric Services  
995-1715**

May 18, 2010

U.S. Department of Justice  
Bureau of Justice Assistance  
810 Seventh Street NW  
Fourth Floor  
Washington, D.C. 20531

Re: BJA-2010-2701 Letter of Support

To Whom It May Concern:

The City and County of San Francisco Jail Psychiatric Services (JPS) submits this Letter of Support for the San Francisco Sheriff's Department's (SFSD) application for funding for a Second Chance Act Reentry Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders for Fiscal Year 2010. JPS operates mental health treatment and services within the San Francisco jail system and is very familiar with the urgent need for re-entry services among offenders with substance abuse and mental health disorders. During this time of budget constrictions and service cuts, JPS applauds the U.S. Department of Justice for funding this initiative.

As a supporting organization, JPS will coordinate with SFSD and clinicians from Walden House, Inc., to identify potential participants for the program and prioritize referrals for those who are assessed to have the greatest need for services, to participate in case conferencing/planning with project staff, and to encourage participation among jail inmates who are eligible for the program.

I believe that SFSD's proposed program will provide meaningful and valuable services to a population in the San Francisco jail system that truly needs them to decrease their risk of re-arrest and reincarceration, and to pro-socially reintegrate into our community.

Should you wish to discuss this Letter of Support, please contact me at 415 995-1715.

Sincerely,

Jo Robinson, MFT  
Director, San Francisco Jail Psychiatric Services

City and County of San Francisco

Adult Probation Department  
Hall of Justice



*Protecting the Community, Serving Justice and  
Changing Lives*

WENDY S. STILL  
Chief Adult Probation Officer

May 21, 2010

U.S. Department of Justice  
Bureau of Justice Assistance  
810 Seventh Street NW  
Fourth Floor  
Washington, D.C. 20531

Re: BJA-2010-2701 Letter of Support

To Whom It May Concern:

The City and County of San Francisco Adult Probation Department (APD) submits this Letter of Support for the San Francisco Sheriff's Department's (SFSD) application for funding for a Second Chance Act Reentry Demonstration Program: Targeting Offenders with Co-occurring Substance Abuse and Mental Health Disorders for Fiscal Year 2010. APD operates community supervision for individuals on San Francisco County Probation, and is very familiar with the urgent need for re-entry services among offenders with substance abuse and mental health disorders. During this time of budget constrictions and service cuts, APD applauds the U.S. Department of Justice for funding this initiative.

As a supporting organization, APD will contribute data collection and reporting efforts to the SFSD project; specifically, APD will utilize its database and resources to report quarterly and ongoing numbers of project participants who violate conditions of their release.

I believe that SFSD's proposed program will provide meaningful and valuable services to a population in the San Francisco jail system that truly needs them to decrease their risk of re-arrest and reincarceration, and to pro-socially reintegrate into our community.

Should you wish to discuss this Letter of Support, please contact me at 415-553-1688.

Sincerely,

A handwritten signature in black ink, appearing to read "Wendy S. Still".

Wendy S. Still, M.A.S.  
Chief Adult Probation Officer

880 Bryant Street, Room 200  
Phone (415) 553-1706

San Francisco

California 94103  
Fax (415) 553-1771



City and County of San Francisco  
Department of Public Health  
COMMUNITY BEHAVIORAL HEALTH SERVICES

ADULT/OLDER ADULT ASSESSMENT  
Long form

Name:

BIS#:

RU#:

Date of assessment: \_\_\_ / \_\_\_ / \_\_\_

**1. PRESENTING PROBLEM** (include identifying info, criteria to justify DSM dx including symptoms, behavior, functional impairments, duration, frequency, and severity, impact on life/behavior leading to individual or family member requesting services. Indicate client's chief goal and cultural explanation of illness in client's own words.)


**1A. Behavioral Health Needs**

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent, 2=causing problems consistent with diagnosable disorder, 3=causing severe problems (if responses are in shaded area, complete specialty Trauma module)

Psychosis	ND	0	1	2	3		Eating disturbance	ND	0	1	2	3
Depression	ND	0	1	2	3		Antisocial behavior	ND	0	1	2	3
Anxiety	ND	0	1	2	3		Sleep disturbance	ND	0	1	2	3
Adjustment to trauma	ND	0	1	2	3		Interpersonal problems	ND	0	1	2	3
Impulse control	ND	0	1	2	3		Mania	ND	0	1	2	3
Anger control	ND	0	1	2	3							

**1B. Life Domain Functioning**

NA=not applicable (employment only), ND=no data, 0=no evidence, 1=history, mild 2=moderate, 3=severe problem in area (if responses are in shaded area, complete appropriate specialty module -- either Employment or Intellectual functioning)

Physical/Medical	ND	0	1	2	3		Sexuality	ND	0	1	2	3
Family functioning	ND	0	1	2	3		Residential stability	ND	0	1	2	3
Recreational	ND	0	1	2	3		Legal	ND	0	1	2	3
Living skills	ND	0	1	2	3		Self-care	ND	0	1	2	3
Employment	NA	ND	0	1	2	3	Social functioning	ND	0	1	2	3
Transportation	ND	0	1	2	3		Intellectual	ND	0	1	2	3



City and County of San Francisco  
Department of Public Health  
COMMUNITY BEHAVIORAL HEALTH SERVICES  
ADULT/OLDER ADULT ASSESSMENT  
Long form

Name:

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RU#:

**2. DANGER TO SELF OR OTHERS** (circle appropriate rating) - (if responses are in shaded area, complete Danger to Self/Others specialty module)

Danger to self	None (0)	History but no recent intent, ideation or feasible plan (1)	Recent ideation, intention, plan that is feasible and/or history of a potentially lethal attempt (2)	Current ideation or command hallucinations re self-harm, current intent, plan that is immediately accessible and feasible, and or history of multiple potentially lethal attempts (3)
Danger to others	None (0)	History but no recent gesture or ideation (1)	Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but not in past 24 hours. Has plan to harm others that is feasible (2)	Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. Or intentionally set fire that placed others at significant risk of harm (3)

**2A. Risk Behaviors**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe (if responses are in shaded area, complete appropriate specialty module - either Sexually Aggressive Behavior or Criminal Behavior module)

Self-injurious behavior	ND	0	1	2	3	Other self harm	ND	0	1	2	3
Command hallucinations	ND	0	1	2	3	Gambling	ND	0	1	2	3
Sexual aggression	ND	0	1	2	3	Exploitation	ND	0	1	2	3
Criminal behavior	ND	0	1	2	3	Grave disability	ND	0	1	2	3

**2B. Risk Assessment** (Elaboration of ALL risk factors, note frustration tolerance, hostility, paranoia, violent thinking, and gambling risk behaviors. Also include factors that might lessen risk, such as client's commitment to self-control and involvement in treatment)


**3. CRIMINAL HISTORY**

Criminal Justice History/ Violent Incidents of Individual and/or Family	Within last 90 days		Past	
	Y	N	Y	N
Assault on persons				
Threat to persons				
Property Damage				
Weapons Involved				
Legal History				

Legal status (if applicable)	Within last 90 days		Past	
	Y	N	Y	N
Probation				
Parole				
Adjudicated				
Diversion				

**3A. Describe criminal justice involvement/incidents** (include estimate of community threat/safety, dates, types of crimes, outcomes)




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#### 4. SUBSTANCE USE

4A. CAGE Substance Abuse Screener		
Have you felt you should cut down or stop [drinking/using substance]?	No	Yes
Has anyone annoyed you or gotten on your nerves by telling you to cut down or stop [drinking/using substance]?	No	Yes
Have you felt guilty or bad about how much you [drink /use substance]?	No	Yes
Have you been waking up wanting to [drink /use substance]?	No	Yes
Any "yes" answer may indicate a problem		

#### 4B. Substance Abuse problem rating

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent 2=causing problems consistent with diagnosable disorder, 3=causing severe problems  
(if responses are in shaded area, complete Substance Abuse specialty module)

Substance use	ND	0	1	2	3

#### 4C. Indicate substances used, if applicable:

☐ Alcohol ☐ Marijuana ☐ Cocaine/Crack ☐ Amphetamines ☐ Benzodiazepines ☐ Opiates  
☐ Prescription Drugs ☐ Caffeine ☐ Tobacco/Nicotine ☐ Inhalants ☐ Other \_\_\_\_\_

Date of last use: \_\_\_\_\_ Longest period sober: \_\_\_\_\_

#### 4D. Substance use history narrative (indicate current/past amount consumed, frequency, duration, treatment received, family history)


#### 5. CLIENT STRENGTHS ND=no data, 0=Significant strength present, 1=Moderate level of strength present, 2=Mild level of strength present, 3=Strength not present

Family	ND	0	1	2	3
Social connectedness	ND	0	1	2	3
Optimism/Hopefulness	ND	0	1	2	3
Talents/interest	ND	0	1	2	3
Educational	ND	0	1	2	3
Volunteering	ND	0	1	2	3
Involvement in Recovery/ Motivation for treatment	ND	0	1	2	3

Job history	ND	0	1	2	3
Spiritual/religious	ND	0	1	2	3
Community connection	ND	0	1	2	3
Natural supports	ND	0	1	2	3
Resiliency	ND	0	1	2	3
Resourcefulness	ND	0	1	2	3



City and County of San Francisco  
Department of Public Health  
COMMUNITY BEHAVIORAL HEALTH SERVICES  
ADULT/OLDER ADULT ASSESSMENT  
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RU#:

5A. Describe Client Strengths


6. PSYCHIATRIC HISTORY – CLIENT & FAMILY

(Current/past conditions, treatment history, level of treatment, family history. Include all mental health services, hospitalizations, residential and day treatment, crisis services, case management, and psychological assessment. Describe most effective treatment and problems with treatment. Include dates, duration, precipitant, and provider contact if known )


6A. \_\_\_\_\_ Number of inpatient hospitalizations/ IMD stays in past year

7. MEDICATIONS

Include all current medications, name of prescriber and known allergies (per client report).  
Include previous medications and OTC medications if relevant. Also note medication compliance issues.

Psychotropic:	
Non-Psychotropic:	

7A. Medication Compliance NA=not applicable, client not on medications, ND=no data, 0=no problem, 1=inconsistent use/reminders needed, 2=somewhat non-adherent,  
3=refusal or abuse of medications

Medication compliance	NA	ND	0	1	2	3
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City and County of San Francisco  
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## 8. PSYCHOSOCIAL & FAMILY HISTORY

### Family History

### Cultural Identification (race, ethnicity, spirituality, sexual orientation)

### Childhood (where, who reared/lived in house where grew up, important/traumatic events, school experience and performance, history of physical/sexual abuse, placement history)

### Adolescence (school and activities, friendships/relationships, sexual experiences, traumas, leaving home, placement history)

### Adulthood (military service, marriage/divorce, children, geographical changes, traumas, current relationship with family/significant others)

### Aging Issues (retirement, grandchildren, support systems, sleep changes, losses)

### Educational and Vocational history (first job, longest job, current structured activities, type of work, date/duration/agency/contact person/parents)

#### 8A. Acculturation

ND=no data, 0=no evidence, 1=minimal needs, 2=moderate needs, 3=severe needs

Language	ND	0	1	2	3	Identity	ND	0	1	2	3
Ritual	ND	0	1	2	3	Cultural stress	ND	0	1	2	3



**City and County of San Francisco**  
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Name: \_\_\_\_\_

BIS#: \_\_\_\_\_

RU#: \_\_\_\_\_

**9. MEDICAL HISTORY** (if physical done within last 12 months, please attach. If no physical, please complete)

A. Last Physical exam: \_\_\_\_\_ By whom/where: \_\_\_\_\_

B. Last dental exam: \_\_\_\_\_ By whom/where: \_\_\_\_\_

Date and results of most recent PPD or chest X-ray, with PPD history: \_\_\_\_\_

Results read by whom/where: \_\_\_\_\_

Treatment (if applicable): \_\_\_\_\_

Allergies: ☐ Food: \_\_\_\_\_ ☐ Medications: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ ☐ N/A

**C. Relevant Medical History** (complete checklist and comment below):

General Information: Weight Changes \_\_\_\_\_ Baseline Weight (if able to obtain) \_\_\_\_\_ BP \_\_\_\_\_

Cardiovascular/Respiratory: ☐ Chest Pain ☐ Hypertension ☐ Hypotension ☐ Palpitation ☐ Smoking

Genital/Urinary/Bladder ☐ Incontinence ☐ Nocturia ☐ Frequency ☐ Retention ☐ Urgency  
☐ Urinary Tract Infection

Gastrointestinal/Bowel: ☐ Heartburn ☐ Diarrhea ☐ Constipation ☐ Nausea ☐ Vomiting  
☐ Ulcers ☐ Laxative Use ☐ Incontinence

Nervous System: ☐ Headaches ☐ Dizziness ☐ Seizures ☐ Memory ☐ Concentration

Musculoskeletal: ☐ Back pain ☐ Stiffness ☐ Arthritis ☐ Mobility/Ambulation

Gynecology: ☐ Pregnant ☐ PID ☐ Menopause ☐ TBI/LOC

Skin: ☐ Scar ☐ Lesion ☐ Lice ☐ Dermatitis ☐ Cancer

Endocrine: ☐ Diabetes ☐ Thyroid ☐ Other: \_\_\_\_\_

Respiratory: ☐ Bronchitis ☐ Asthma ☐ COPD ☐ Other: \_\_\_\_\_

Other: ☐ Significant Accident/Injuries/Surgeries: \_\_\_\_\_

☐ Hospitalizations: \_\_\_\_\_

☐ Physical Disabilities: \_\_\_\_\_

☐ Chronic Illness: \_\_\_\_\_

☐ HIV disease: \_\_\_\_\_

☐ Liver disease: \_\_\_\_\_

If Yes above, please describe \_\_\_\_\_

\_\_\_\_\_

D. Significant family medical history \_\_\_\_\_



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### 10. MENTAL STATUS

A) Attitude, B) Appearance, C) Movement, D) Speech, E) Affect F) Mood, G) Thought process/content, H) Insight/judgment, I) Memory and orientation, J) S/H ideation, K) Intelligence, L) Hallucinations/illusions


### 11. DSM IV DIAGNOSIS

Axis	Code	Description	Check if principal
Axis I: Clinical disorders (include substance abuse dx)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Axis II: Personality & Developmental disorders			<input type="checkbox"/>
			<input type="checkbox"/>
Axis III: Physical disorders			
Axis IV: Psychosocial and Environmental Problems (1-9)			
Axis V: GAF (0-100)			

### 12. CLINICAL IMPRESSION, RECOMMENDATION, DISPOSITION

(including medical necessity, hypothetical reasons/context for presenting problem, disposition):


Diagnosis made by interviewer? ☐ Yes ☐ No Specify other LPHA and date diagnosis made: \_\_\_\_\_

### 13. SIGNATURES:

Staff Name (print): \_\_\_\_\_

\_\_\_\_\_  
Clinician/Staff signature (if not LPHA, must have a LPHA co-signer):

\_\_\_\_\_  
LPHA Signature



**City and County of San Francisco**  
**Department of Public Health**  
**COMMUNITY BEHAVIORAL HEALTH SERVICES**  
**ADULT/OLDER ADULT ASSESSMENT**  
**Long form**

Name:

BIS#:

RU#:

## Specialty Modules – complete only if directed

### TRAUMA MODULE

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe

	Sexual abuse	ND	0	1	2	3
	Physical abuse	ND	0	1	2	3
	Emotional abuse	ND	0	1	2	3
	Medical trauma	ND	0	1	2	3
	Natural disaster	ND	0	1	2	3
	War affected	ND	0	1	2	3
	Terrorism affected	ND	0	1	2	3
	Witness to family violence	ND	0	1	2	3
	Witness to community violence	ND	0	1	2	3
	Victim/Witness – criminal acts	ND	0	1	2	3

### Adjustment to trauma

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent,  
 2=causing problems consistent with diagnosable disorder, 3=causing severe problems

	Affect Regulation	ND	0	1	2	3
	Intrusions	ND	0	1	2	3
	Attachment	ND	0	1	2	3
	Traumatic Grief/ Separation	ND	0	1	2	3
	Re-experiencing	ND	0	1	2	3
	Avoidance	ND	0	1	2	3
	Numbing	ND	0	1	2	3
	Dissociation	ND	0	1	2	3



**City and County of San Francisco**  
**Department of Public Health**  
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**ADULT/OLDER ADULT ASSESSMENT**  
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**EMPLOYMENT/VOCATIONAL/CAREER MODULE**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate problems, 3=severe problems

	Job attendance	ND	0	1	2	3
	Job performance	ND	0	1	2	3
	Job relations	ND	0	1	2	3
	Career aspirations	ND	0	1	2	3
	Job time	ND	0	1	2	3
	Job skills	ND	0	1	2	3

**DEVELOPMENTAL NEEDS/INTELLECTUAL FUNCTIONING MODULE**

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent 2=causing problems consistent with diagnosable disorder, 3=causing severe problems

	Cognition	ND	0	1	2	3
	Communication	ND	0	1	2	3
	Developmental	ND	0	1	2	3

**DANGER TO SELF/OTHERS MODULE**

**Emotional Behavioral Risks**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe

Frustration management	ND	0	1	2	3		Paranoid thinking	ND	0	1	2	3
Hostility	ND	0	1	2	3		Secondary gains from anger	ND	0	1	2	3
Violent thinking	ND	0	1	2	3							

**Resiliency factors regarding danger to self/other**

ND=no data, 0=Significant resiliency factor present 1=Moderate level of resiliency factor present, 2=Mild level of resiliency factor present 3=Resiliency factor not present

Aware of violence potential	ND	0	1	2	3		Commitment to self-control	ND	0	1	2	3
Response to consequences	ND	0	1	2	3		Treatment involvement	ND	0	1	2	3



**City and County of San Francisco**  
**Department of Public Health**  
**COMMUNITY BEHAVIORAL HEALTH SERVICES**  
**ADULT/OLDER ADULT ASSESSMENT**  
**Long form**

Name:

BIS#:

RU#:

**SEXUALLY AGGRESSIVE BEHAVIOR MODULE**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe

	Relationship	ND	0	1	2	3
	Physical force/threat	ND	0	1	2	3
	Planning	ND	0	1	2	3
	Age differential	ND	0	1	2	3
	Type of sex act	ND	0	1	2	3
	Response to accusation	ND	0	1	2	3

**CRIMINAL BEHAVIOR MODULE**

ND=no data, 0=no evidence, 1=history, mild, 2=moderate, 3=severe

	Seriousness	ND	0	1	2	3
	History	ND	0	1	2	3
	Arrests	ND	0	1	2	3
	Planning	ND	0	1	2	3
	Community safety	ND	0	1	2	3
	Legal compliance	ND	0	1	2	3
	Peer influences	ND	0	1	2	3
	Environmental influences	ND	0	1	2	3

**SUBSTANCE USE MODULE**

(indicate current/past, amt consumed, frequency, duration, treatment received, family history)

ND=no data, 0=no evidence, 1=history / sub-threshold, watch/prevent

2=causing problems consistent with diagnosable disorder, 3=causing severe problems

	Severity of use	ND	0	1	2	3
	Duration of use	ND	0	1	2	3
	Stage of recovery	ND	0	1	2	3
	Peer influences	ND	0	1	2	3
	Environmental influences	ND	0	1	2	3



## Level of Service/Case Management Inventory

*By D. A. Andrews, Ph.D., J. L. Bonta, Ph.D., & J. S. Wormith, Ph.D.*

### Profile Report

<b>Name:</b>	<b>J J</b>
ID Number:	24331
Assessment Age:	30
Gender:	Male
Interviewer:	J M
Reason for Assessment:	Institution: Parole Hearing
Interview Date:	March 29, 2005

Client-Based/Clinical Override: No

Administrative/Policy Override: No



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## Introduction

The LS/CMI is a risk and need assessment tool. This report summarizes the results of the LS/CMI administration and provides information pertinent to the assessment of the individual. The results of this inventory can be used in formulating a case management plan for J J. See the LS/CMI User's Manual, published by MHS, for more information about this instrument and its applications.

**Caution:** This computerized report is an interpretive aid and should not be given to the client. The LS/CMI is not intended to be the only instrument used to assess the level of service required by an individual, nor is the LS/CMI to be used as a substitute for sound judgement that utilizes various sources of information.

## Offender History Information

J J is a 30-year-old, male offender who was assessed by J M on March 29, 2005. The context of this assessment was the parole hearing. The following information summarizes J J's offence history.

### Current Offence(s)

Offence	# of Counts	Date	Disposition	Institution	Comments
Sexual Assault	2	Mar 29, 2005			

Total aggregate sentence: No information was provided concerning J J's total aggregate sentence.

### Prior Offence(s)

Offence	# of Counts	Date	Disposition	Institution	Comments
Shop Lifting	2	Mar 29, 2005			

### Circumstances of Current Offence(s)

No information regarding the circumstances of the current offence was recorded.

### Co-accused

No information regarding co-accused was recorded.

### Court Disposition and Recommendations/Probation Conditions

No court dispositions or recommendations were recorded.

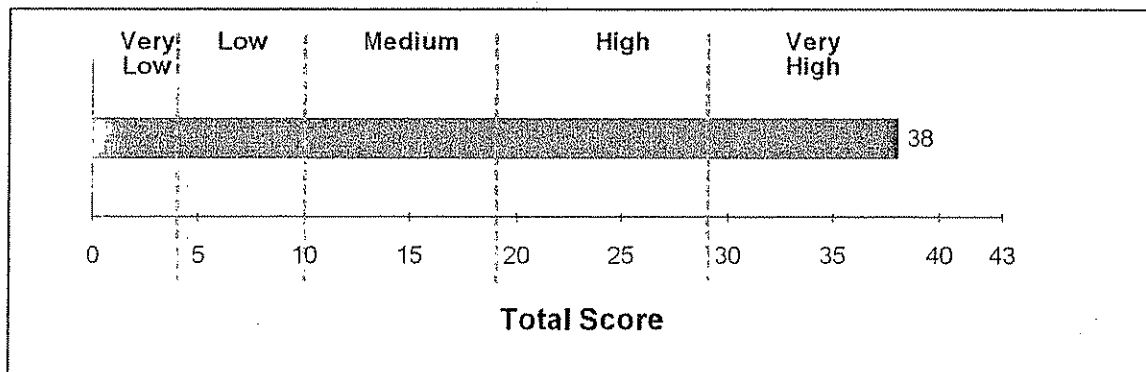


## Section 1: General Risk/Need Factors

The General Risk/Need score reflects the literature's "big eight" risk/need factors (i.e., Criminal History, Education/Employment, Family/Marital, Leisure/Recreation, Companions, Alcohol/Drug Problem, Procriminal Attitude/Orientation, and Antisocial Pattern). The General Risk/Need score can be used in determining J J's level of supervision.

### LS/CMI General Risk/Need Total Score

The graph below displays J J's General Risk/Need Total score and indicates the classification level associated with that score.



### General Risk/Need Assessment Based on General Risk/Need Total Score

The General Risk/Need Total score of 38 places J J in the Very High risk/need level. Based on past research with other inmates in the Very High risk/need level, J J has approximately a 61% chance of recidivating (i.e., being re-incarcerated within one year). The following guidelines represent some supervision options: Consider medium level of supervisions when prison experience is acceptable. Consider management/treatment of risk factors.

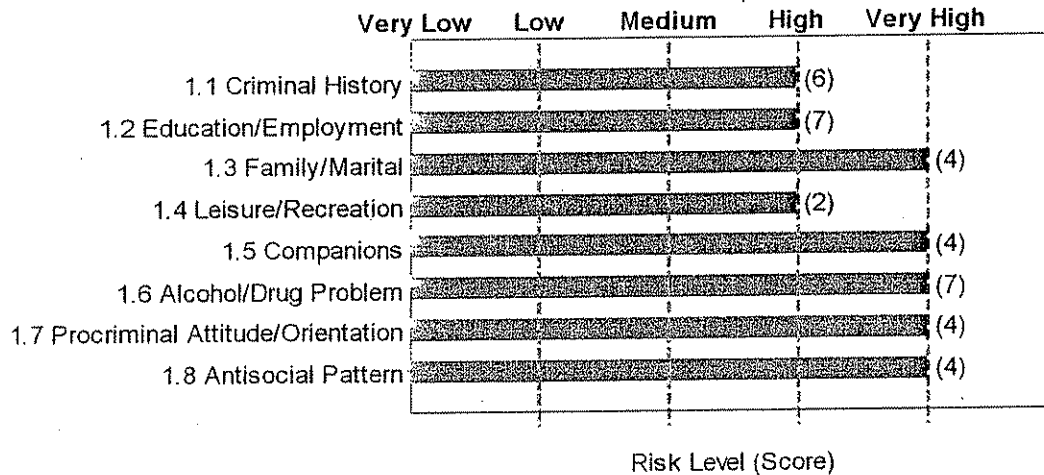
### Comparison to North American Adult Male Inmates

J J's score is as high or higher than 97.7% of the normative group\* of Adult Male Inmates in North America.

\*Note: For details on the normative group, see chapter 4 of the LS/CMI User's Manual.

## Assessment of General Risk/Need Factors

The graph below displays J J's risk level for each General Risk/Need subcomponent.



## Profile Summary

No subcomponents were assessed as Very Low risk.

No subcomponents were assessed as Low risk.

No subcomponents were assessed as Medium risk.

3 subcomponents were assessed as High risk:

- 1.1 Criminal History
- 1.2 Education/Employment
- 1.4 Leisure/Recreation

5 subcomponents were assessed as Very High risk:

- 1.3 Family/Marital
- 1.5 Companions
- 1.6 Alcohol/Drug Problem
- 1.7 Procriminal Attitude/Orientation
- 1.8 Antisocial Pattern

## General Risk/Need Subcomponent Areas of Strength

Each of the eight General Risk/Need subcomponents has been judged by the assessor as to whether or not it represents an area of strength for J J. Research has shown that some conditions (i.e., strengths), by virtue of their presence, may serve as protective factors and actively reduce the chances of antisocial conduct. A subcomponent rated as a strength indicates that the circumstances of level of functioning for that subcomponent are so positive that they may reduce the influence of existing risk factors. J J's strengths should be built upon in service planning.

No subcomponents were identified as areas of strength for J J.

## Details Regarding Subcomponent Risk/Need

This is a list of all endorsed items as well as any notes relating to the subcomponent. An item is considered to be endorsed if it received a "Yes" rating or a rating of 0 or 1 on the following rating scale:

- 3 A satisfactory situation with little opportunity or need for improvement.
- 2 A relatively satisfactory situation, with some room for improvement evident.
- 1 A relatively unsatisfactory situation with a need for improvement.
- 0 A very unsatisfactory situation with a very clear and strong need for improvement.

### 1.1 Criminal History

- 2. Two or more prior youth/adult dispositions/convictions: Yes.
- 3. Three or more prior youth/adult dispositions/convictions: Yes.
- 4. Three or more present offences: Yes. Number of present offences: 3.
- 5. Arrested or charged under age 16: Yes.
- 6. Ever incarcerated upon conviction: Yes.
- 7. Ever punished for institutional misconduct or a behavior report: Yes. Number of times punished for institutional misconduct: 1.

Notes: No notes were recorded for this subcomponent.

### 1.2 Education/Employment

- 9. Currently unemployed: Yes.
- 10. Frequently unemployed: Yes.
- 11. Never employed for a full year: Yes.
- 14. Suspended or expelled at least once: Yes.
- 15. Participation/performance: 0.
- 16. Peer interactions: 0.
- 17. Authority interaction: 0.

Notes: No notes were recorded for this subcomponent.

### 1.3 Family/Marital

- 18. Dissatisfaction with marital or equivalent situation: 1.
- 19. Nonrewarding, parental: 0.
- 20. Nonrewarding, other relatives: 0.
- 21. Criminal-Family/spouse: Yes.

Notes: No notes were recorded for this subcomponent.

## 1.4 Leisure/Recreation

- 22. Absence of recent participation in an organized activity: Yes.
- 23. Could make better use of time: 0.

Notes: No notes were recorded for this subcomponent.

## 1.5 Companions

- 24. Some criminal acquaintances: Yes.
- 25. Some criminal friends: 0.
- 26. Few anticriminal acquaintances: Yes.
- 27. Few anticriminal friends: 0.

Notes: No notes were recorded for this subcomponent.

## 1.6 Alcohol/Drug Problem

- 28. Alcohol problem, ever: Yes.
- 29. Drug problem, ever: Yes.
- 30. Alcohol problem, currently: 0.
- 31. Drug problem, currently: 0. Not specified for type of drugs used.
- 32. Law violations: Yes.
- 33. Marital/Family: Yes.
- 35. Medical or other clinical indicators: Yes. Specify: Depression.

Notes: No notes were recorded for this subcomponent.

## 1.7 Procriminal Attitude/Orientation

- 36. Supportive of crime: 0.
- 37. Unfavorable toward convention: 0.
- 38. Poor, toward sentence/offence: Yes.
- 39. Poor, toward supervision/treatment: Yes.

Notes: No notes were recorded for this subcomponent.

## 1.8 Antisocial Pattern

- 40. Specialized assessment for antisocial pattern: Yes.
- 41. Early and diverse antisocial behavior: Yes.
- 42. Criminal attitude: Yes.
- 43. Pattern of generalized trouble: Yes.

Notes: No notes were recorded for this subcomponent.

## Summary of General Risk/Need Item Responses

The assessor entered the following response values for the LS/CMI General Risk/Need section.

Item	Response	Item	Response	Item	Response
1	No	20	0	39	Yes
2	Yes	21	Yes	40	Yes
3	Yes	22	Yes	41	Yes
4	Yes	23	0	41a	Yes
5	Yes	24	Yes	41b	Yes
6	Yes	25	0	41c	No
7	Yes	26	Yes	41d	No
8	No	27	0	42	Yes
9	Yes	28	Yes	42a	Yes
10	Yes	29	Yes	42b	Yes
11	Yes	30	0	42c	Yes
12	No	31	0	43	Yes
13	No	32	Yes	43a	0
14	Yes	33	Yes	43b	Yes
15	0	34	No	43c	Yes
16	0	35	Yes	43d	No
17	0	36	0	43e	Yes
18	1	37	0	43f	Yes
19	0	38	Yes	43g	Yes
				43h	Yes

## Additional Item Information

1. Number of Youth dispositions: 2  
 1. Number of Adult convictions: 2  
 4. Number of present offences: 3  
 7. Number of times punished for institutional misconduct: 1  
 31. Type of drug(s) used: Not Specified  
 35. Specify: Depression  
 43b. Number: Not Specified

## Summary of Omitted Responses

No General/Risk Need Factor items were omitted.

## Section 2: Specific Risk/Need Factors

The Specific Risk/Need Factors section derives from a review of the research literature. It pinpoints items that may not apply to the general offender population. When "specific" items occur in a given case, they may take a prominent role in the assessment of this offender's risk. Note that the items are **not** summed for a total Specific Risk/Need score. Rather, the endorsement of any item should be considered in planning J J's case management plan.

### Personal Problems with Criminogenic Potential

This section focuses on specific attributes and personal characteristics that may be particularly indicative of specific criminogenic needs.

1. Clear problems of compliance (specific conditions).
2. Diagnosis of "psychopathy."
3. Diagnosis of other personality disorder.
4. Threat from third party.
5. Problem-solving/self-management skill deficits.
6. Anger management deficits.
7. Intimidating/controlling.
8. Inappropriate sexual activity.
9. Poor social skills.
10. Peers outside of age range.
11. Racist/sexist behavior.
12. Underachievement.

### History of Perpetration

This section includes a series of historical items that might constitute specific static risk factors. Note that the items refer to history and not simply to the current offence.

No history of perpetration items were endorsed for J J.

## Section 3: Prison Experience - Institutional Factors

The information for this section was not selected for inclusion in this report.

## Section 4: Other Client Issues (Social, Health, and Mental Health)

The information for this section was not selected for inclusion in this report.

## Section 5: Special Responsivity Considerations

The information for this section was not selected for inclusion in this report.

## Section 6: Risk/Need Summary and Override

The information for this section was not selected for inclusion in this report.

## **Section 7: Risk/Need Profile**

The Risk/Need Profile information is presented in the sections of this report entitled "LS/CMI General Risk/Need Total Score" and "Assessment of General Risk/Need Factors."

## **Section 8: Program/Placement Decision**

The information for this section was not selected for inclusion in this report.

Date Printed: Tuesday, March 29, 2005

**End of Report**

# Addiction Severity Index Lite - CF

Clinical/Training Version

Thomas McLellan, Ph.D.

John Cacciola, Ph.D.

Deni Carise, Ph.D.

Thomas H. Coyne, MSW

**Remember: This is an interview, not a test**

Item numbers circled are to be asked at follow-up.

Items with an asterisk\* are cumulative and should be rephrased at follow-up.

Items in a double border gray box are questions for the interviewer.  
Do not ask these questions of the client.

**INTRODUCING THE ASI:** Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime Data

**Patient Rating Scale:** Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

If you are uncomfortable giving an answer, then don't answer.

**Please do not give inaccurate information!**

## INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.  
N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

**HALF TIME RULE:** If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

**CONFIDENCE RATINGS:** ⇒ Last two items in each section.  
⇒ Do not over interpret.  
⇒ Denial does not warrant misrepresentation.  
⇒ Misrepresentation = overt contradiction in information.

**Probe and make plenty of comments!**

## HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

## LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol. Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants,  
Ulcer Meds = Zantac, Tagamet  
Asthma Meds = Ventolin Inhaler, Theodor  
Other Meds = Antipsychotics, Lithium

## ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ "How to ask these questions:
- "How many days in the past 30 have you used....?"
- "How many years in your life have you regularly used....?"



**Addiction Severity Index *Lite* - Training Version**  
**GENERAL INFORMATION**

G1. ID No.:

G2. SS No.:    -   -

G3. Program No: \_\_\_\_\_

G4. Date of Admission:   /   /

G5. Date of Interview:   /   /

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person 2. Telephone (Intake ASI must be in person) 3. Mail ☐

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No.:

G12. Special: 1. Patient terminated 2. Patient refused 3. Patient unable to respond ☐

Name

Address 1

Address 2

City  State  Zip Code  Tel. No.

G14. How long have you lived at this address?  Years  Months

G16. Date of birth:   /   /      
 (Month/Day/Year)

G17. Of what race do you consider yourself? ☐  
 1. White (not Hisp) 5. Asian/Pacific 9. Other Hispanic  
 2. Black (not Hisp) 6. Hispanic-Mexican  
 3. American Indian 7. Hispanic-Puerto Rican  
 4. Alaskan Native 8. Hispanic-Cuban

G18. Do you have a religious preference? ☐  
 1. Protestant 3. Jewish 5. Other  
 2. Catholic 4. Islamic 6. None

G19. Have you been in a controlled environment in the past 30 days? ☐  
 1. No 4. Medical Treatment  
 2. Jail 5. Psychiatric Treatment  
 3. Alcohol/Drug Treat. 6. Other: \_\_\_\_\_  
 •A place, theoretically, without access to drugs/alcohol.

G20. How many days?    
 •"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

(Clinical/Training Version)

## MEDICAL STATUS

**M1.** \* How many times in your life have you been hospitalized for medical problems?

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of *overnight* hospitalizations for medical problems.

**M3.** Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes ☐

- If "Yes", specify in comments.
- A chronic medical condition is a serious physical condition that requires regular care. (i.e., medication, dietary restriction) preventing full advantage of their abilities.

**M4.** Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes ☐

- If Yes, specify in comments.
- Medication prescribed by a MD for medical conditions; *not* psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

**M5.** Do you receive a pension for a physical disability? 0 - No 1 - Yes ☐

- If Yes, specify in comments.
- Include Workers' compensation, exclude psychiatric disability.

**M6.** How many days have you experienced medical problems in the past 30 days?

- Do not include ailments directly caused by drugs/alcohol.
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask the patient to use the Patient Rating scale:

**M7.** How troubled or bothered have you been by these medical problems in the past 30 days? ☐

- Restrict response to problem days of Question M6.

**M8.** How important to you *now* is treatment for these medical problems? ☐

- Refers to the need for *new* or *additional* medical treatment by the patient.

## CONFIDENCE RATINGS

Is the above information significantly distorted by:

**M10.** Patient's misrepresentation? 0 - No 1 - Yes ☐

**M11.** Patient's inability to understand? 0 - No 1 - Yes ☐

## MEDICAL COMMENTS

(Include question number with your notes)

## EMPLOYMENT/SUPPORT STATUS

**E1. Education completed:**

- GED = 12 years, note in comments.
- Include formal education only.

Years

Months

**E2. Training or Technical education completed:**

- Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.

--	--

  
Months

E4. Do you have a valid driver's license?  
 • Valid license; not suspended/revoked. 0 - No 1 - Yes ☐

**E5.** Do you have an automobile available?  
 • If answer to E4 is "No", then E5 must be "No". 0 - No 1 - Yes ☐  
 Does not require ownership, only requires availability on a regular basis.

E6. How long was your longest full time job?

• Full time = 35+ hours weekly;  
does not necessarily mean most recent job.

/    
Yrs / Mos

E7. Usual (or last) occupation?  
(specify) \_\_\_\_\_ ☐  
(use Hollingshead Categories Reference Sheet)

E9 Does someone contribute the majority of your support? 0 - No 1 - Yes ☐

E10. Usual employment pattern, past three years? ☐

1. Full time (35+ hours)	5. Service
2. Part time (regular hours)	6. Retired/Disability
3. Part time (irregular hours)	7. Unemployed
4. Student	8. In controlled environment

• Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.

**E11** How many days were you paid for working in the past 30 days? □ □

▪ Include "under the table" work, paid sick days and vacation.

**EMPLOYMENT/SUPPORT COMMENTS**  
(Include question number with your notes)

## EMPLOYMENT/SUPPORT (cont.)

For questions E12-17: How much money did you receive from the following sources in the past 30 days?

E12 Employment? ☐☐☐☐☐☐  
 • Net or "take home" pay, include any "under the table" money.

E13 Unemployment Compensation? ☐☐☐☐☐☐

E14 Welfare? ☐☐☐☐☐☐  
 • Include food stamps, transportation money provided by an agency to go to and from treatment.

E15 Pensions, benefits or Social Security? ☐☐☐☐☐☐  
 • Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

E16 Mate, family, or friends? ☐☐☐☐☐☐  
 • Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record *cash* payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.).

E17 Illegal? ☐☐☐☐☐☐  
 • *Cash* obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. **Do not** attempt to convert drugs exchanged to a dollar value.

E18 How many people depend on you for the majority of their food, shelter, etc.? ☐☐  
 • Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19 How many days have you experienced employment problems in the past 30? ☐☐  
 • Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Question E20, ask the patient to use the Patient Rating scale.

E20 How troubled or bothered have you been by these employment problems in the past 30 days? ☐  
 • If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.

E21 How important to you *now* is counseling for these employment problems? ☐  
 • The patient's ratings in Questions E20-21 refer to Question E19.  
 • Stress help in finding or preparing for a job, not giving them a job.

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23 Patient's misrepresentation 0-No 1-Yes ☐

E24 Patient's inability to understand? 0-No 1-Yes ☐

## EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

## ALCOHOL/DRUGS

### Route of Administration Types:

1. Oral    2. Nasal    3. Smoking    4. Non-IV injection    5. IV

• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

	Past 30 Days	Lifetime (years)	Route of Admin
D1 Alcohol (any use at all)	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2 Alcohol (to intoxication)	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3 Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4 Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5 Other Opiates/Analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6 Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7 Sedatives/Hypnotics/ Tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8 Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9 Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10 Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11 Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12 Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>
D13 More than 1 substance per day (including alcohol)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

[illegible]

## ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for :

D19\* Alcohol abuse?

D20\* Drug abuse?

• Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

How many of these were detox only:

D21. Alcohol?

D22. Drugs?

• If D19 = "00", then question D21 is "NN"  
If D20 = "00", then question D22 is "NN"

How much money would you say you spent during the past 30 days on:

D23. Alcohol?

D24. Drugs?

• Only count actual *money* spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? • Include AA/NA

For Questions D28-D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

How many days in the past 30 have you experienced:

D26. Alcohol problems?

How troubled or bothered have you been in the past 30 days by these:

D28. Alcohol problems?

How important to you *now* is treatment for these:

D30. Alcohol problems?

How many days in the past 30 have you experienced:

D27. Drug problems?

• Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

How troubled or bothered have you been in the past 30 days by these:

D29. Drug problems?

How important to you *now* is treatment for these:

D31. Drug problems?

## CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Patient's misrepresentation? 0-No 1-Yes

D35. Patient's inability to understand? 0-No 1-Yes

## ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

## LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system?

0 - No 1 - Yes

☐

• Judge, probation/parole officer, etc.

L2. Are you on parole or probation?

• Note duration and level in comments.

0 - No 1 - Yes

☐

How many times in your life have you been arrested and charged with the following:

L3\* Shoplift/Vandal

L10\* Assault

L4\* Parole/Probation

L11\* Arson

L5\* Drug Charges

L12\* Rape

L6\* Forgery

L13\* Homicide/Mansl.

L7\* Weapons Offense

L14\* Prostitution

L8\* Burglary/Larceny/B&E

L15\* Contempt of Court

L9\* Robbery

L16\* Other:

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.

L17\* How many of these charges resulted in convictions?

- If L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

How many times in your life have you been charged with the following:

L18\* Disorderly conduct, vagrancy, public intoxication?

L19\* Driving while intoxicated?

L20\* Major driving violations?

- Moving violations: speeding, reckless driving, no license, etc.

L21\* How many months were you incarcerated in your life?

- If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L24 Are you presently awaiting charges, trial, or sentence?

0 - No 1 - Yes

☐

L25 What for?

- Use the number of the type of crime committed: 03-16 and 18-20
- Refers to Q. L24. If more than one, choose most severe.
- Don't include civil cases, unless a criminal offense is involved.

L26 How many days in the past 30, were you detained or incarcerated?

- Include being arrested and released on the same day.

## LEGAL COMMENTS

(Include question number with your notes)

### LEGAL STATUS (cont.)

(L27) How many days in the past 30 have you engaged in illegal activities for profit?

- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section.

For Questions L28-29, ask the patient to use the Patient Rating scale.

L28 How serious do you feel your present legal problems are?

- Exclude civil problems

(L29) How important to you *now* is counseling or referral for these legal problems? ☐

- Patient is rating a need for **additional** referral to legal counsel for defense against criminal charges.

## CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31	Patient's misrepresentation?	0 - No 1 - Yes	
-----	------------------------------	----------------	--

L32 Patient's inability to understand? 0 - No 1 - Yes

## LEGAL COMMENTS

(Include question number with your notes)



## FAMILY/SOCIAL RELATIONSHIPS

## FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

**F1. Marital Status:** ☐

1-Married 3-Widowed 5-Divorced  
2-Remarried 4-Separated 6-Never Married  
• Common-law marriage = 1. Specify in comments.

**F3. Are you satisfied with this situation?** ☐

0-No 1-Indifferent 2-Yes  
• Satisfied = generally liking the situation. - Refers to Questions F1 & F2.

**F4. Usual living arrangements (past 3 years):** ☐

1-With sexual partner & children 6-With friends  
2-With sexual partner alone 7-Alone  
3-With children alone 8-Controlled Environment  
4-With parents 9-No stable arrangement  
5-With family

• Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

**F6. Are you satisfied with these arrangements?** ☐

0-No 1-Indifferent 2-Yes

### Do you live with anyone who:

**F7. Has a current alcohol problem?** 0-No 1-Yes ☐

**F8. Uses non-prescribed drugs?** 0-No 1-Yes ☐

**F9. With whom do you spend most of your free time?** ☐

1-Family 2-Friends  
Alone

• If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

**F10. Are you satisfied with spending your free time this way?** ☐

0-No 1-Indifferent 2-Yes  
• A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.

### Have you had significant periods in which you have experienced serious problems getting along with:

	0 - No Past 30 days	1 - Yes In Your Life
<b>F18. Mother</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F19. Father</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F20. Brother/Sister</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F21. Sexual Partner/Spouse</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F22. Children</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F23. Other Significant Family (specify) _____</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F24. Close Friends</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F25. Neighbors</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F26. Co-workers</b>	<input type="checkbox"/>	<input type="checkbox"/>

• "Serious problems" mean those that endangered the relationship.  
• A "problem" requires contact of some sort, either by telephone or in person.

### Did anyone abuse you?

	0 - No Past 30 days	1 - Yes In Your Life
<b>F28. Physically?</b> • Caused you physical harm.	<input type="checkbox"/>	<input type="checkbox"/>
<b>F29. Sexually?</b> • Forced sexual advances acts.	<input type="checkbox"/>	<input type="checkbox"/>

## FAMILY/SOCIAL (cont.)

How many days in the past 30 have you had serious conflicts:

F30. With your family? ☐ ☐

For Questions F32-34, ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F32. Family problems? ☐

How important to you now is treatment or counseling for these:

F34. Family problems? ☐

• Patient is rating *his/her* need for counseling for family problems, not whether the family would be willing to attend.

How many days in the past 30 have you had serious conflicts:

F31. With other people (excluding family)? ☐ ☐

For Questions F33-35, ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F33. Social problems? ☐

How important to you now is treatment or counseling for these:

F35. Social problems? ☐

• Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

### CONFIDENCE RATING

Is the above information significantly distorted by:

F37. Patient's misrepresentation? 0-No 1-Yes ☐

F38. Patient's inability to understand? 0-No 1-Yes ☐

## FAMILY/SOCIAL COMMENTS

(Include question number with your notes)





# Walden House Treatment Opening Form

Treatment Beginning Date \_\_\_\_/\_\_\_\_/\_\_\_\_

WH ID<sup>R</sup>: \_\_\_\_\_ BIS #<sup>C</sup>: \_\_\_\_\_ CDCR #<sup>C</sup>: \_\_\_\_\_ MH ID<sup>C</sup>: \_\_\_\_\_ Date of Birth<sup>R</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name<sup>R</sup>: \_\_\_\_\_ Social Security #<sup>C</sup>: \_\_\_\_\_  
*First Middle Last*

Staff Completing Paperwork \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_

## CLIENT ADDRESS PRIOR TO ADMISSION

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

## NEXT OF KIN / EMERGENCY CONTACT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Relation: \_\_\_\_\_ ☐ Newsletter  
 Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

ALIASES	EMPLOYMENT (Prior to admission)	LIVING SITUATION (Prior to admission, check one only)	REFERRAL SOURCE (check one only)
1. _____ 2. _____	<input type="checkbox"/> FT emp & student <input type="checkbox"/> FT student <input type="checkbox"/> Full time emp <input type="checkbox"/> Incarcerated <input type="checkbox"/> Part time emp <input type="checkbox"/> Unemp/disabled <input type="checkbox"/> Unemp/no seek <input type="checkbox"/> Unemp/seeking <input type="checkbox"/> Volunteer	<input type="checkbox"/> Homeless – Outdoors/Transient <input type="checkbox"/> Homeless – Shelter bed <input type="checkbox"/> Homeless – Transient w/friends/family <input type="checkbox"/> Dependent – Community treatment bed <input type="checkbox"/> Dependent – Correctional Institute bed <input type="checkbox"/> Dependent – Stable housing w/family <input type="checkbox"/> Independent – Rent alone w/tenant rights <input type="checkbox"/> Independent – Rent others w/tenant rights <input type="checkbox"/> Independent – Homeowner	<input type="checkbox"/> BASN <input type="checkbox"/> CDCR-UCC <input type="checkbox"/> CPS <input type="checkbox"/> Drug Court <input type="checkbox"/> Employer <input type="checkbox"/> Family/Friend <input type="checkbox"/> FOTEP <input type="checkbox"/> Medical facility <input type="checkbox"/> Mental Health Clinic/Provider <input type="checkbox"/> Mental Health Access (MHA) <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Prop 36 <input type="checkbox"/> SAP <input type="checkbox"/> SASCA <input type="checkbox"/> School <input type="checkbox"/> Self-Referred <input type="checkbox"/> Social Services <input type="checkbox"/> TAP <input type="checkbox"/> Other: _____
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Male <input type="checkbox"/> Transgender - FTM <input type="checkbox"/> Transgender - MTF	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
RACE (check one only)	INCOME SOURCE (check all that apply)	EDUCATION LEVEL (check one only)	
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Mixed Race <input type="checkbox"/> Native American <input type="checkbox"/> White/European American <input type="checkbox"/> Other (Arab, North African, Iranian, Aborigine, Afghani, etc.) _____	<input type="checkbox"/> Disability - SDI <input type="checkbox"/> Disability - SSI <input type="checkbox"/> Earned Through Employment <input type="checkbox"/> General/Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> None <input type="checkbox"/> Other (VA Benefits, Rent, Interest Alimony, etc.) _____	Highest year completed 0-30 _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary Degree	
SEXUAL ORIENTATION (check one only)	INCOME LEVEL (legally earned only)	PRIOR TREATMENT	
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Undecided/Unsure <input type="checkbox"/> Declined to state	<input type="checkbox"/> Under 10,000 <input type="checkbox"/> 10,001 - 20,000 <input type="checkbox"/> 20,001 - 40,000 <input type="checkbox"/> 40,001 - 60,000 <input type="checkbox"/> 60,001 - 80,000 <input type="checkbox"/> Over 80,000	Number of prior treatment admits, detox included? _____	
MARITAL STATUS (check one only)	VETERAN STATUS	CHILDREN (if applicable)	DISABILITY (check all that apply)
<input type="checkbox"/> Divorced <input type="checkbox"/> Domestic partner -Registered <input type="checkbox"/> Domestic partner -Unregistered <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	Is the client a veteran of the US Armed forces <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where did they serve? <input type="checkbox"/> Afganistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Iraq <input type="checkbox"/> Other _____	How many children does the client have? Age 0-5 _____   Age 6-17 _____ Age 18+ _____ How many minor children with CPS involvement? _____ a. Of these, how many live with client? _____ b. How many are placed in foster care? _____	<input type="checkbox"/> Developmental <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Visual <input type="checkbox"/> None Other(s): _____
		INCARCERATION/ARREST HISTORY	
		Number of adult incarcerations? _____ Number of juvenile incarcerations? _____ Number of arrests in the past year? _____ How many days incarcerated in the past year? _____ Number of times incarcerated in the past 5 years? _____ Longest period not incarcerated within the past 5 years? _____	

## SUBSTANCE ABUSE

PRIMARY DRUG (check one only)		SECONDARY DRUG (check one only)		TERTIARY DRUG (check one only)	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin/Opiates	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin/Opiates	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Heroin/Opiates
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cocaine	<input type="checkbox"/> PCP	<input type="checkbox"/> Cocaine	<input type="checkbox"/> PCP	<input type="checkbox"/> Cocaine	<input type="checkbox"/> PCP
<input type="checkbox"/> Crack	<input type="checkbox"/> Tranquilizers	<input type="checkbox"/> Crack	<input type="checkbox"/> Tranquilizers	<input type="checkbox"/> Crack	<input type="checkbox"/> Tranquilizers
<input type="checkbox"/> Hallucinogens	<input type="checkbox"/> No drug use	<input type="checkbox"/> Hallucinogens	<input type="checkbox"/> No drug use	<input type="checkbox"/> Hallucinogens	<input type="checkbox"/> No drug use
skip if no drug use		skip if no secondary drug use		skip if no tertiary drug use	
ROUTE (check one only)	FREQUENCY OF USE (check one only)	ROUTE (check one only)	FREQUENCY OF USE (check one only)	ROUTE (check one only)	FREQUENCY OF USE (check one only)
<input type="checkbox"/> Injection	<input type="checkbox"/> Daily	<input type="checkbox"/> Injection	<input type="checkbox"/> Daily	<input type="checkbox"/> Injection	<input type="checkbox"/> Daily
<input type="checkbox"/> Ingestion	<input type="checkbox"/> 1-3 per week	<input type="checkbox"/> Ingestion	<input type="checkbox"/> 1-3 per week	<input type="checkbox"/> Ingestion	<input type="checkbox"/> 1-3 per week
<input type="checkbox"/> Nasal	<input type="checkbox"/> 4+ per week	<input type="checkbox"/> Nasal	<input type="checkbox"/> 4+ per week	<input type="checkbox"/> Nasal	<input type="checkbox"/> 4+ per week
<input type="checkbox"/> Smoking	<input type="checkbox"/> Not in past month	<input type="checkbox"/> Smoking	<input type="checkbox"/> Not in past month	<input type="checkbox"/> Smoking	<input type="checkbox"/> Not in past month
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Age when this drug was first used?		Age when this drug was first used?		Age when this drug was first used?	

How many cigarettes does the client smoke per day?				
<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21+

Number of supportive people in the client's life who do not use drugs?				
<input type="checkbox"/> 0	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11+

## MENTAL HEALTH

Have you ever been diagnosed or treated for a mental health issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been prescribed medications for a mental health issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been hospitalized for a mental health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you may have had a mental health issue in the past, but did not seek help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you may have a mental health problem at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## MEDICAL

Do you currently have a primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used Emergency Room services within the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on: <input type="checkbox"/> methadone detox <input type="checkbox"/> methadone maintenance <input type="checkbox"/> Buprenorphine	
Do you ever have unprotected sex (without a condom) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use drugs intravenously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you share needles? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your HIV status? <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to answer Date last tested? _____	
How would you describe your current state of physical health?	<input type="checkbox"/> Healthy <input type="checkbox"/> A few health issues <input type="checkbox"/> Unhealthy, many health issues



# Walden House Treatment Update Form

☐ No Update Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WH ID#: \_\_\_\_\_ Client Name<sup>R</sup>: \_\_\_\_\_ Date of Birth<sup>R</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Middle Last

Staff Completing Paperwork: \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_ Care Manager: \_\_\_\_\_

	Date of Occurrence		Date of Occurrence
<b>EMPLOYMENT:</b>		<b>HOUSING:</b>	
<input type="checkbox"/> Full-time permanent		<input type="checkbox"/> Stable housing w/ family	
<input type="checkbox"/> Part-time permanent		<input type="checkbox"/> Renting apartment or house	
<input type="checkbox"/> Full-time temporary		<input type="checkbox"/> Renting SRO room	
<input type="checkbox"/> Part-time temporary		<input type="checkbox"/> Lost housing/nov homeless	
<b>OTHER INCOME:</b>		<b>SUBSTANCE USE:</b>	
<input type="checkbox"/> Obtained SSI		<input type="checkbox"/> Client used AOD	
<input type="checkbox"/> Obtained SDI		<input type="checkbox"/> Client quit smoking	
<input type="checkbox"/> Obtained VA benefits			
<b>VOLUNTEER WORK:</b>		<b>CRIMINAL JUSTICE:</b>	
<input type="checkbox"/> External volunteer service		<input type="checkbox"/> Client discharged off parole	
<b>EDUCATION:</b>		<b>MEDICAL/MENTAL HEALTH:</b>	
<input type="checkbox"/> Acquired GED		<input type="checkbox"/> Diagnosed with HIV	
<input type="checkbox"/> Enrolled in college		<input type="checkbox"/> Diagnosed with Hepatitis C	
<input type="checkbox"/> Enrolled in trade school/job training program		<input type="checkbox"/> Diagnosed mental health condition	
		<input type="checkbox"/> Prescribed medicine for mental health condition	
		<input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine	
<b>CHILDREN:</b>		<b>Date of Occurrence</b>	
<input type="checkbox"/> Developed reunification plan with CPS			
<input type="checkbox"/> Participated in Parenting Services			
<input type="checkbox"/> Established contact with CPS			
<input type="checkbox"/> Began reunification process with family members with whom child is living (for non-CPS children)			
<b>HOSPITALIZATION/INCARCERATION:</b>		<b>Number of days</b>	<b>Date of Occurrence</b>
<input type="checkbox"/> Hospitalized for a medical condition			
<input type="checkbox"/> Hospitalized for a mental health condition			
<input type="checkbox"/> Incarcerated			
<b>New or confirmed mental health diagnosis (Check all that apply)</b>			
<input type="checkbox"/> Anxiety/ Panic Disorder	<input type="checkbox"/> Dysthymic Disorder	<input type="checkbox"/> Schizophrenia	
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Major Depression	<input type="checkbox"/> Other Axis 1	
<input type="checkbox"/> Borderline Personality Disorder	<input type="checkbox"/> PTSD	<input type="checkbox"/> Other Axis 2	
<b>CLIENT ADDRESS:</b>		<b>EMERGENCY CONTACT:</b>	
Address: _____		Address: _____	
City: _____		City: _____	
State: _____ Zip Code: _____		State: _____ Zip Code: _____	
County: _____		Relationship: _____	
Home Phone: _____ Cell Phone: _____		Home Phone: _____ Cell Phone: _____	
Email: _____		Email: _____	



# Walden House Treatment Closing Form

Treatment Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_

WH ID<sup>R</sup>: \_\_\_\_\_ BIS #<sup>C</sup>: \_\_\_\_\_ CDCR #<sup>C</sup>: \_\_\_\_\_ MH ID<sup>C</sup>: \_\_\_\_\_ Date of Birth<sup>R</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name<sup>R</sup>: \_\_\_\_\_ Social Security #<sup>C</sup>: \_\_\_\_\_  
*First Middle Last*

Staff Completing Paperwork \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_ Care Manager: \_\_\_\_\_

<b>EMPLOYMENT</b> <i>(At time of discharge, check one only)</i> <input type="checkbox"/> FT emp & student <input type="checkbox"/> FT student <input type="checkbox"/> Full time emp <input type="checkbox"/> Incarcerated <input type="checkbox"/> Part time emp <input type="checkbox"/> Unemp/disabled <input type="checkbox"/> Unemp/no seek <input type="checkbox"/> Unemp/seeking <input type="checkbox"/> Volunteer		<b>INCOME SOURCE</b> <i>(check all that apply)</i> <input type="checkbox"/> Disability - SDI <input type="checkbox"/> Disability - SSI <input type="checkbox"/> Earned Through Employment <input type="checkbox"/> General/Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> None <input type="checkbox"/> Other (VA Benefits, Rent, Interest Alimony, etc.)		<b>LIVING SITUATION</b> <i>(At time of discharge, check one only)</i> <input type="checkbox"/> Homeless - Outdoors/Transient <input type="checkbox"/> Homeless - Shelter bed <input type="checkbox"/> Homeless - Transient w/ friends/family <input type="checkbox"/> Dependent - Community treatment bed <input type="checkbox"/> Dependent - Correctional Institute bed <input type="checkbox"/> Dependent - Stable housing w/ family <input type="checkbox"/> Independent - Rent alone w/ tenant rights <input type="checkbox"/> Independent - Rent others w/ tenant rights <input type="checkbox"/> Independent - Homeowner		<b>LINKAGES</b> <i>(check all that apply)</i> <input type="checkbox"/> 12 - Step <input type="checkbox"/> Childcare <input type="checkbox"/> Eldercare <input type="checkbox"/> Entitlement Advocacy <input type="checkbox"/> FOTEP <input type="checkbox"/> Housing Services <input type="checkbox"/> Job Training <input type="checkbox"/> Legal Services <input type="checkbox"/> Mental Health Clinic <input type="checkbox"/> Other Support Group <input type="checkbox"/> Primary Care Clinic <input type="checkbox"/> SASCA <input type="checkbox"/> School <input type="checkbox"/> Supportive Employment <input type="checkbox"/> Other: _____					
<b>INCOME LEVEL</b> <i>(legally earned only)</i> <input type="checkbox"/> Under 10,000 <input type="checkbox"/> 10,001 - 20,000 <input type="checkbox"/> 20,001 - 40,000 <input type="checkbox"/> 40,001 - 60,000 <input type="checkbox"/> 60,001 - 80,000 <input type="checkbox"/> Over 80,000			<b>EDUCATION LEVEL</b> <i>(check one only)</i> Highest year completed 0-30 _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary Degree								
<b>QUALITY OF LIFE</b> The next 5 questions ask the client to compare their life before they came to Walden House to their life today. <table border="1"> <tr> <td>1 = Very poor</td> <td>5 = Somewhat satisfactory</td> <td>10 = Excellent</td> </tr> <tr> <td></td> <td>Prior to admission</td> <td>Today</td> </tr> </table>						1 = Very poor	5 = Somewhat satisfactory	10 = Excellent		Prior to admission	Today
1 = Very poor	5 = Somewhat satisfactory	10 = Excellent									
	Prior to admission	Today									
Their mental health		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10							
Their overall quality of life		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10							
Their relationships with others		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10							
Their ability to use positive coping skills		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10							
Their outlook for the future		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10							
<b>CHILDREN</b> <i>(If applicable)</i>											
Did client participate in Parenting Services?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Has client established contact with CPS (for CPS involved children)?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Has client developed a reunification plan for CPS involved children?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Has client begun the reunification process with other parent, family members or friends with whom non-CPS involved child(ren) are living?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Has client made steps toward meeting child support obligations?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Did client participate in a vocational training program?											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
How much savings did the client have at the time of departure?											
Did client discharge off of parole at the time of departure? <i>(If applicable)</i>											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
How many family members were involved in the client's treatment episode?											

## SUBSTANCE ABUSE

Has client relapsed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many times?	
How many cigarettes does the client smoke per day?		Number of supportive people in the client's life who do not use drugs?	
<input type="checkbox"/> 0	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21+	<input type="checkbox"/> 0	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 11+

## MENTAL HEALTH

Client was diagnosed with a mental health issue(s) during treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client was prescribed medication for a mental health issue during treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client was hospitalized for a mental health problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No



San Francisco Department of Public Health  
Behavioral Health Services

## Drug & Alcohol Services

### Client Registration Form

NEW ☐  
UPDATE ☐

Reporting Unit: <input type="text"/>		Client Number: <input type="text"/>	
Last Name <input type="text"/>		First Name <input type="text"/>	
Birthdate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MI <input type="text"/> Generation <input type="text"/>	
Month Day Year		Sex <input type="text"/> Social Security Number <input type="text"/> No SSN <input type="text"/>	
Education: <input type="text"/> Language: <input type="text"/>		Hispanic Origin: <input type="text"/> Enter Address (Y/N): <input type="text"/>	
Disability: <input type="text"/> Ethnicity: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Marital Status: <input type="text"/> Enter Significant Other (Y/N): <input type="text"/>	
<b>Aliases</b>			
Last Name <input type="text"/>		First Name <input type="text"/> MI <input type="text"/>	
Last Name <input type="text"/>		First Name <input type="text"/> MI <input type="text"/>	
<b>Client Birth Name</b>			
Last Name <input type="text"/>		First Name <input type="text"/>	
Mother's First Name: <input type="text"/>		Birth Place: <input type="text"/> <input type="text"/> County State	
		Driver's License: <input type="text"/> Number State	
<b>Other Client Data</b> Sexual Orientation: <input type="text"/> Transgender: <input type="text"/>			
<b>Client Address</b>			
Street No. <input type="text"/>		Direction <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	
Zip Code <input type="text"/>		CalOMS Zip Code <input type="text"/>	
Street Name <input type="text"/>		Type (e.g. ST) <input type="text"/>	
		Apt <input type="text"/>	
Phone Number <input type="text"/>		Ext <input type="text"/>	
<b>Significant Others (Optional)</b>			
Last Name <input type="text"/>		First Name <input type="text"/>	
Relationship to Client <input type="text"/>		Effective Date: <input type="text"/> <input type="text"/> <input type="text"/> Mo Day Year	
Significant Other Address: <input type="text"/>		Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> Mo Day Year	
Street No. <input type="text"/>		Direction <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	
Zip Code <input type="text"/>		Home # <input type="text"/>	
Work # <input type="text"/>		Comment: <input type="text"/>	
Emergency Contact (Y/N): <input type="text"/>		Family Member (Y/N): <input type="text"/>	
Client's Guardian (Y/N): <input type="text"/>		Do Not Display on Reports (Y/N): <input type="text"/>	





San Francisco Department of Public Health  
Behavioral Health Services

Drug & Alcohol Services

Episode Opening

Page 1 of 2

New ☐  
Update ☐  
CalOMS Update ☐

Last Name		First Name		MI	Update Date		
Client Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Reporting Unit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Admit Date: <input type="text"/> <input type="text"/> Mo <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year			Client Pregnant at Admission: <input type="text"/> <input type="text"/>				
Staff I.D.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Client Homeless at Admission: <input type="text"/>				
Axis I (Primary): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			Arrests in Last 24 Months: <input type="text"/> <input type="text"/>				
Axis II (Secondary): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			Special Contract County: <input type="text"/> <input type="text"/>				
Referred From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Special Contract Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Admission Status: <input type="text"/>			<b>Coded Remarks</b> CDC Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Veteran: <input type="text"/> <input type="text"/> Medi-Cal: <input type="text"/> <input type="text"/> <b>CalWORKs</b> Recipient: <input type="text"/> <input type="text"/> Sub Abuse Trmt: <input type="text"/> <input type="text"/>				
Initial Admission (Y/N): <input type="text"/>							
Admission Legal Status: <input type="text"/> <input type="text"/>							
Admission Employment Status: <input type="text"/> <input type="text"/>							
<b>Substance Abusers Only:</b>							
In the Last 30 Days		Primary		Secondary		Tertiary	
Problem:		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
No. of Prior Admits: <input type="text"/> <input type="text"/>		Usual Route of Admin:		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
Medication Prescribed: <input type="text"/> <input type="text"/>		Frequency of Use:		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
Needles Used Past Year: <input type="text"/> <input type="text"/>		Age of First Use:		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	
Specify Other Drug Name:							
<b>Methadone Prgrms Only</b> Emergency Methadone Admit (Y/N): <input type="text"/>						<b>Detox Programs Only</b> Detox Schedule (A): <input type="text"/>	
<b>In The Last 30 Days:</b>							
Alcohol Frequency: <input type="text"/> <input type="text"/>		Number of Arrests: <input type="text"/> <input type="text"/>		Days Of 12 Steps/Other: <input type="text"/> <input type="text"/>			
IV Use: <input type="text"/> <input type="text"/>		Days In Jail: <input type="text"/> <input type="text"/>		Days Living w/Substance User: <input type="text"/> <input type="text"/>			
Paid Days Work: <input type="text"/> <input type="text"/>		Days In Prison: <input type="text"/> <input type="text"/>		Conflict Days With Family: <input type="text"/> <input type="text"/>			



## Drug & Alcohol Services

### Episode Opening

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Client Number:

Reporting Unit:

#### In the Last 30 Days

##### Physical Health Problem

Emergency Room Visits:

Hospital Overnights:

Days Of Physical Problems:

##### Mental Health Problem

Outpatient Emergency Svcs :

Hospital/Psychiatric Facility Visits:

Prescribed MH Medication Taken (Y/N):

Consent For Future Contact (Y/N):

Treatment Waiting Days:

Enrolled In Job Training:

Enrolled In School:

HIV/AIDS Result:

Prior MH Diagnosis:

\*Children Aged 17 Or Less:

Children Aged 5 Or Less:

Children In CPS Placement:

Children In Placement  
With No Parental Rights:

Parolee Services Network:

FOTP Parolee:

FOTP Priority Status:

##### Diagnosed With

Tuberculosis:

Hepatitis C:

Sexually Transmitted  
Disease:

HIV/AIDS Tested:

Living Arrangement / Expanded:

Primary Source of Income:

Recent Physical Health Assessment (Y/N):

Receiving Physical Health Care (Y/N):

Recent Mental Health Assessment (Y/N):

Receiving Mental Health Treatment (Y/N):

Do You Use Tobacco (Y/N):

#### In the Last 30 Days

You must use the codes in the back of the form

Used Medically Prescribed Marijuana:

Prescribed Physical Health Medications Taken:

Used Sexual Protection with High Risk Partner:

Used Needle Hygiene on Shared Needles :

How many days have you consumed at least 5 drinks in one sitting (00 to 30):



San Francisco Department of Public Health  
Behavioral Health Services

Page 1 of 2

Drug & Alcohol Services

Episode Closing

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Client Number:

Reporting Unit:

Discharge Date:

(Date of Last Service)

Mo

Day

Year

Discharge Status:

Referred To:

Employment Status:

Pregnant During Treatment:

Client Homeless at Discharge:

**In The Last 30 Days:**

You must use the codes in the back of the form

Primary Problem:

Secondary Problem:

Primary Route of Administration:

Secondary Route of Administration:

Primary Frequency of Use:

Secondary Frequency of Use:

Specify Other Drug Name:

\_\_\_\_\_

Specify Other Drug Name:

\_\_\_\_\_

**In The Last 30 Days:**

You must use the codes in the back of the form

Alcohol Frequency:

IV Use:

Paid Days Work:

Number of Arrests:

Days In Jail:

Days In Prison:

Days Of 12 Steps/Other:

Days Living With Substance User:

Conflict Days With Family:

**Physical Health Problem:**

Emergency Room Visits:

Hospital Overnights:

Days Of Physical Problem:

**Mental Health Problem:**

Outpatient Emergency Services :

Hospital/Psychiatric Facility Visits:

Prescribed MH Medication Taken (Y/N):



San Francisco Department of Public Health  
Behavioral Health Services

Page 2 of 2

**Drug & Alcohol Services**

**Episode Closing**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Client Number:

--	--	--	--	--	--	--	--	--	--

Reporting Unit:

--	--	--	--	--	--

**You must use the codes in the back of the form**

Consent For Future Contact (Y/N):

--	--

Prior Mental Health Diagnosis:

--	--

Enrolled In Job Training:

--	--

Children Aged 17 Or Less:

--	--

Enrolled In School:

--	--

Children Aged 5 Or Less:

--	--

HIV/AIDS Tested:

--	--

Children in CPS Placement:

--	--

HIV/AIDS Result:

--	--

Children in Placement With  
No Parental Rights:

--	--

Living Arrangement / Expanded:

--	--

Primary Source of Income:

--

Physical Health Assessment (Y/N):

--	--

Receiving Physical Health Care (Y/N):

--	--

Mental Health Assessment (Y/N):

--	--

Receiving Mental Health Treatment (Y/N):

--	--

Do You Use Tobacco (Y/N):

--	--

**In the Last 30 Days**

**You must use the codes in the back of the form**

Used Medically Prescribed Marijuana:

--	--

Prescribed Physical Health Medications Taken:

--	--

Used Sexual Protection with High Risk Partner:

--	--

Used Needle Hygiene on Shared Needles:

--	--

How many days have you consumed at least 5 drinks in one sitting (00 to 30):

--	--



## Keystone Case Management Supplemental Form

The "Intake" section of this form is to be completed by the Case Manager at the time of admission to Keystone Case Management services. If the participant has children under the age of 18 (captured on WH Treatment Opening Form), complete this Supplemental Form and place it in the clinical file with all other intake documentation.

The "Update" sections of this form should be updated during every individual case management session.

Intake				
Child's first name	Child's county of residence	Required to pay child support? (Y/N)	Currently paying child support? (Y/N)	Has ever paid child support? (Y/N; if Y, dates)

Update				
Date of Update	Child's first name	Child's county of residence	Required to pay child support? (Y/N)	Currently paying child support? (Y/N)

Participant Name: \_\_\_\_\_

## BREATHALYZER/UA-DRUG TESTING RESULTS

Please print a new copy of this page if additional space is needed.

Enter Test Date, and Test Results as indicated by the codes below. If Test Results are POSITIVE, mark the drug(s) which returned positive, otherwise leave the *Positively-Tested Drugs* section blank.

P = Positive  
 N = Negative  
 T = Sample was Tampered  
 U = Sample is Un-Testable  
 Q = Quantity Not Sufficient to Confirm

Test Type	Test Date	Test Results	Positively-Tested Drugs		
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____
<input type="checkbox"/> UA <input type="checkbox"/> Breathalyzer			Amphetamine _____ Methamphetamine _____ Cocaine _____	Morphine _____ Codeine _____ Barbiturates _____	PCP _____ Alcohol _____ THC _____

## INTEGRATED PROGRESS NOTES

Person Served Name:	WH ID #:
---------------------	----------

**NOTE TYPE:**      **A:** Admission      **P:** Parenting      **CM:** Case Mgmt.      **D:** Didactic      **DN:** D/C Note      **F:** Family  
                          **G:** Group      **I:** Individual      **IO:** Info. Only      **TP:** Tx Planning      **TR:** Tx Review      **V:** Vocational

[illegible]

**SOAP NOTE FORMAT INCLUDES:**

S: SUBJECTIVE      O: OBJECTIVE      A: ASSESSMENT      P: PLAN

PLACE IN CLIENT CHART IN DOCUMENTATION SECTION BEHIND MASTER RECORD  
PLACE MOST CURRENT PROGRESS NOTE ON TOP



## MEMORANDUM OF UNDERSTANDING (MOU)/ LETTERS OF CO-OPERATION (LOC)

WALDEN HOUSE is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 1550 Evans Avenue, San Francisco, CA 94124 and Compass Community Services, 49 Powell Street, 3rd Floor, San Francisco, CA 94102.

### I. Scope of Work

A. **Compass Community Services** agrees to provide homeless and at-risk family services (shelter, transitional housing, family counseling/education) to clients referred by Walden House as space permits and subject to the rules and restrictions which govern its operations. **Compass Community Services** agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

B. **Walden House** agrees to provide the services as described hereto under Appendix A – Description of Scope of Work and incorporated herein by reference to clients referred by **Compass Community Services**, as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Walden House agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

### II. Term

(a) The term of the MOU/LOC shall be effective from the date signed for two calendar years, and shall be extended yearly thereafter, without limitation, until either party decides to terminate or amend this MOU/LOC at any time by giving thirty (30) days written notice to the other party. Any modification of this MOU/LOC will be effective only if it is in writing by the undersigned parties. This partnership does not include any fiscal agreement, each party agrees to terms as partners without compensation or liability to one another.

### III. Modifications and Termination

(a) Both Parties agree that this MOU/LOC is the complete and exclusive statement of understanding between the parties and supersedes all proposals, oral or written, all negotiations, conversations, or discussions between or among parties relating to the subject matter of this Agreement and all past dealing or industry custom. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

### IV. Variation

(a) No variation of this Agreement (or of any of the documents referred to in this Agreement) shall be valid unless it is in writing and signed by or on behalf of each of the parties to it. The expression "variation" shall include any variation, supplement, deletion or replacement however effected.

### V. Miscellaneous Terms

(a) A person who is not a party to this Agreement shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.

(b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venture, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.

(c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.





(d) This MOU/LOC shall be governed by and construed under the laws of the State of California and the United States. Any disputes will be settled by arbitration in San Francisco, California (which arbitration shall be binding and enforceable in any court of competent jurisdiction) in accordance with the rules of the American Arbitration Association (AAA). In any action or proceeding to enforce rights under this Agreement, the prevailing party shall be entitled to recover costs and attorneys' fees.

## VI. Confidentiality and Release of Information

(a) To ensure confidentiality of client information, each program will maintain separate confidential client files. Each Party shall maintain release forms signed by the client, which indicates the client's willingness to allow service providers from each program to share specific categories of information.

(b) Both Parties shall maintain policies to comply with all federal, state, and county governmental agencies regulations and requirements regarding confidentiality policies, and not limited to:

1. 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records
2. California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues
3. Health and Safety Code Section 11812(c).
4. Health Insurance Portability Accountability Act of 1996 ("HIPAA") - federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164 ("HIPAA" or the "Privacy Rule")

### Walden House

Signature

4 Rod Libbey, President/CEO

Print Name

415-554-1100

Telephone Number

415-970-7564

Fax Number

rlibbey@waldenhouse.org

Email

### Compass Community Services

Signature

Erica Kisch, LCSW - Executive Director

Print Name

(415) 644-0504 x303

Telephone Number

(415) 644-0514

Fax Number

ekisch@compass-sf.org

Email

DATE OF EXECUTION = 10/1/09



## Appendix A – Description of Walden House Services

☒ 815 – Gender Responsive Women’s Residential Substance Abuse Treatment Program: A trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts female San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women’s paths to addiction. Each woman’s treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

☒ 890 – Gender Responsive Men’s Residential Substance Abuse Treatment Program: A gender responsive residential substance abuse treatment program for men. This program accepts male San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each man’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

☒ 214 Stabilization & Linkage – Short Term Residential Stabilization Program for Co-Occurring Disorders: A short term stabilization program for individuals who have moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. Participants are often very recently or currently intoxicated at the time of intake, and the program partially functions as a residential social detoxification facility. Once stabilized, participants are linked to continuing support and services before discharge.

☒ 214 Dual Recovery – Residential Treatment Program for Co-Occurring Disorders: A variable term program for individuals with moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. The target population includes participants who do not thrive in larger, more substance abuse focused programs because of the severity of their mental illness. Caseload and group sizes are smaller, and more therapists are available to provide individual therapy and crisis intervention. Interventions and clinical practices are chosen to address participants’ substance abuse and mental illness concurrently to promote dual recovery.

☒ Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program: A trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals’ paths to addiction. Each individual’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

☒ Redwood Center Residential Treatment for High Users of Multiple Systems: A variable term residential program for individuals who have been identified by CBHS as the most frequent users of public emergent and urgent care services. This program is designed to engage participants in treatment that addresses clinically intensive co-occurring disorders, including substance abuse, mental health, physical health and disability diagnoses, in order to reduce participants’ reliance on and use of emergency services.

- ☒ **Pomeroy House:** A residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness.
  
- ☒ **Behavioral Health Integrated and Full-Service Outpatient Services:** Integrated outpatient services that address substance abuse, mental health, and/or co-occurring disorders for participants who do not have a clinical need for residential treatment. Services range from low-threshold outreach and engagement activities, to clinic-based individual and group counseling and treatment services, to high-threshold intensive case management and assertive community treatment. Participants may be any age over 18, from transitional age youth through older adult populations.
  
- ☒ **Perinatal Outpatient Set-Aside Services:** Clinic-based outpatient substance abuse treatment services for women who may or may not have young children in treatment with them. This program provides child care and child treatment, in addition to substance abuse treatment for the mothers.
  
- ☒ **Peer-based Wellness and Recovery Center:** A voluntary daily and drop-in program that promotes age-appropriate peer support, empowerment, socialization, rehabilitative and therapeutic engagement activities to residents of the Bayview Hunter's Point area in San Francisco. Participants may or may not be homeless, and will have substance abuse and/or mental health issues that prevent them from comfortably relating to traditional modes of treatment and services that follow structured program designs. The center enhances wellness and recovery while decreasing isolation and alienation.



## MEMORANDUM OF UNDERSTANDING (MOU)/ LETTERS OF CO-OPERATION (LOC)

WALDEN HOUSE is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 1550 Evans Avenue, San Francisco, CA 94124 and La Casa de las Madres, 1663 Mission Street, Suite 225, San Francisco, CA 94103

### **I. Scope of Work**

A. La Casa de las Madres agrees to provide Domestic Violence Counseling and family supportive services to clients referred by Walden House as space permits and subject to the rules and restrictions which govern its operations. La Casa de las Madres agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

B. Walden House agrees to provide the services as described hereto under Appendix A – Description of Scope of Work and incorporated herein by reference to clients referred by La Casa de las Madres, as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Walden House agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

### **II. Term**

(a) The term of the MOU/LOC shall be effective from the date signed for two calendar years, and shall be extended yearly thereafter, without limitation, until either party decides to terminate or amend this MOU/LOC at any time by giving thirty (30) days written notice to the other party. Any modification of this MOU/LOC will be effective only if it is in writing by the undersigned parties. This partnership does not include any fiscal agreement, each party agrees to terms as partners without compensation or liability to one another.

### **III. Modifications and Termination**

(a) Both Parties agree that this MOU/LOC is the complete and exclusive statement of understanding between the parties and supersedes all proposals, oral or written, all negotiations, conversations, or discussions between or among parties relating to the subject matter of this Agreement and all past dealing or industry custom. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

### **IV. Variation**

(a) No variation of this Agreement (or of any of the documents referred to in this Agreement) shall be valid unless it is in writing and signed by or on behalf of each of the parties to it. The expression "variation" shall include any variation, supplement, deletion or replacement however effected.

### **V. Miscellaneous Terms**

(a) A person who is not a party to this Agreement shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.

(b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venture, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.

(c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.

(d) This MOU/LOC shall be governed by and construed under the laws of the State of California and the United States. Any disputes will be settled by arbitration in San Francisco, California (which arbitration shall be binding and enforceable in any court of competent jurisdiction) in accordance with the rules of the American Arbitration Association (AAA). In any action or proceeding to enforce rights under this Agreement, the prevailing party shall be entitled to recover costs and attorneys' fees.


#### **VI. Confidentiality and Release of Information**

(a) To ensure confidentiality of client information, each program will maintain separate confidential client files. Each Party shall maintain release forms signed by the client, which indicates the client's willingness to allow service providers from each program to share specific categories of information.

(b) Both Parties shall maintain policies to comply with all federal, state, and county governmental agencies regulations and requirements regarding confidentiality policies, and not limited to:

1. 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records
2. California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues
3. Health and Safety Code Section 11812(c).
4. Health Insurance Portability Accountability Act of 1996 ("HIPAA") - federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164 ("HIPAA" or the "Privacy Rule")

**Walden House**

  
\_\_\_\_\_  
Signature

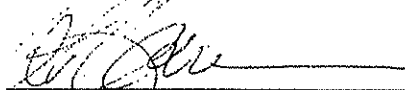
Rod Libbey, President/CEO  
\_\_\_\_\_  
Print Name

415-554-1100  
\_\_\_\_\_  
Telephone Number

415-970-7564  
\_\_\_\_\_  
Fax Number

[rlibbey@waldenhouse.org](mailto:rlibbey@waldenhouse.org)  
\_\_\_\_\_  
Email

**La Casa de las Madres**

  
\_\_\_\_\_  
Signature

Kathy Black, Executive Director  
\_\_\_\_\_  
Print Name

415-503-0500  
\_\_\_\_\_  
Telephone Number

415-503-0301  
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Fax Number

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Email

DATE OF EXECUTION: 10/2/09



## Appendix A – Description of Walden House Services

☒ 815 – Gender Responsive Women’s Residential Substance Abuse Treatment Program: A trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts female San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women’s paths to addiction. Each woman’s treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

☒ 890 – Gender Responsive Men’s Residential Substance Abuse Treatment Program: A gender responsive residential substance abuse treatment program for men. This program accepts male San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each man’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

☒ 214 Stabilization & Linkage – Short Term Residential Stabilization Program for Co-Occurring Disorders: A short term stabilization program for individuals who have moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. Participants are often very recently or currently intoxicated at the time of intake, and the program partially functions as a residential social detoxification facility. Once stabilized, participants are linked to continuing support and services before discharge.

☒ 214 Dual Recovery – Residential Treatment Program for Co-Occurring Disorders: A variable term program for individuals with moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. The target population includes participants who do not thrive in larger, more substance abuse focused programs because of the severity of their mental illness. Caseload and group sizes are smaller, and more therapists are available to provide individual therapy and crisis intervention. Interventions and clinical practices are chosen to address participants’ substance abuse and mental illness concurrently to promote dual recovery.

☒ Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program: A trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals’ paths to addiction. Each individual’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

☒ Redwood Center Residential Treatment for High Users of Multiple Systems: A variable term residential program for individuals who have been identified by CBHS as the most frequent users of public emergent and urgent care services. This program is designed to engage participants in treatment that addresses clinically intensive co-occurring disorders, including substance abuse, mental health, physical health and disability diagnoses, in order to reduce participants’ reliance on and use of emergency services.

☒ Pomeroy House: A residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-



informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness.

☒ **Behavioral Health Integrated and Full-Service Outpatient Services:** Integrated outpatient services that address substance abuse, mental health, and/or co-occurring disorders for participants who do not have a clinical need for residential treatment. Services range from low-threshold outreach and engagement activities, to clinic-based individual and group counseling and treatment services, to high-threshold intensive case management and assertive community treatment. Participants may be any age over 18, from transitional age youth through older adult populations.

☒ **Perinatal Outpatient Set-Aside Services:** Clinic-based outpatient substance abuse treatment services for women who may or may not have young children in treatment with them. This program provides child care and child treatment, in addition to substance abuse treatment for the mothers.

☒ **Peer-based Wellness and Recovery Center:** A voluntary daily and drop-in program that promotes age-appropriate peer support, empowerment, socialization, rehabilitative and therapeutic engagement activities to residents of the Bayview Hunter's Point area in San Francisco. Participants may or may not be homeless, and will have substance abuse and/or mental health issues that prevent them from comfortably relating to traditional modes of treatment and services that follow structured program designs. The center enhances wellness and recovery while decreasing isolation and alienation.



## MEMORANDUM OF UNDERSTANDING (MOU)/ LETTERS OF CO-OPERATION (LOC)

WALDEN HOUSE is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 1550 Evans Avenue, San Francisco, CA 94103 and St. Vincent de Paul - Ozanam Center, 1175 Howard Street, San Francisco, CA 94103

### **I. Scope of Work**

**A. St. Vincent de Paul - Ozanam Center** agrees to provide services to clients referred by Walden House as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. **St. Vincent de Paul - Ozanam Center** agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

**B. Walden House** agrees to provide the services as described hereto under Appendix A – Description of Scope of Work and incorporated herein by reference, as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Walden House agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

### **II. Term**

(a) The term of the MOU/LOC shall be effective from the date signed for two calendar years, and shall be extended yearly thereafter, without limitation, until either party decides to terminate or amend this MOU/LOC at any time by giving thirty (30) days written notice to the other party. Any modification of this MOU/LOC will be effective only if it is in writing by the undersigned parties. This partnership does not include any fiscal agreement, each party agrees to terms as partners without compensation or liability to one another.

### **III. Modifications and Termination**

(a) Both Parties agree that this MOU/LOC is the complete and exclusive statement of understanding between the parties and supersedes all proposals, oral or written, all negotiations, conversations, or discussions between or among parties relating to the subject matter of this Agreement and all past dealing or industry custom. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

### **IV. Variation**

(a) No variation of this Agreement (or of any of the documents referred to in this Agreement) shall be valid unless it is in writing and signed by or on behalf of each of the parties to it. The expression "variation" shall include any variation, supplement, deletion or replacement however effected.

### **V. Miscellaneous Terms**

(a) A person who is not a party to this Agreement shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.

(b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venture, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.



(c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.

(d) This MOU/LOC shall be governed by and construed under the laws of the State of California and the United States. Any disputes will be settled by arbitration in San Francisco, California (which arbitration shall be binding and enforceable in any court of competent jurisdiction) in accordance with the rules of the American Arbitration Association (AAA). In any action or proceeding to enforce rights under this Agreement, the prevailing party shall be entitled to recover costs and attorneys' fees.

#### **VI. Confidentiality and Release of Information**

(a) To ensure confidentiality of client information, each program will maintain separate confidential client files. Each Party shall maintain release forms signed by the client, which indicates the client's willingness to allow service providers from each program to share specific categories of information.

(b) Both Parties shall maintain policies to comply with all federal, state, and county governmental agencies regulations and requirements regarding confidentiality policies, and not limited to:

1. 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records
2. California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues
3. Health and Safety Code Section 11812(c).
4. Health Insurance Portability Accountability Act of 1996 ("HIPAA") - federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164 ("HIPAA" or the "Privacy Rule")

Walden House

  
Signature

Rod Libbey, President/CEO

Print Name

415-554-1100

Telephone Number

415-970-7564

Fax Number

[rllibey@waldenhouse.org](mailto:rllibey@waldenhouse.org)

Email

St. Vincent de Paul - Ozanam Center

  
Signature

Vickey Proctor, Director

Print Name

415-864-3057

Telephone Number

415-864-3163

Fax Number

[svdp-ozanam@sbcglobal.net](mailto:svdp-ozanam@sbcglobal.net)

Email



## Appendix A – Description of Walden House Services

☒ 815 – Gender Responsive Women’s Residential Substance Abuse Treatment Program: A trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts female San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women’s paths to addiction. Each woman’s treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

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☒ 214 Stabilization & Linkage – Short Term Residential Stabilization Program for Co-Occurring Disorders: A short term stabilization program for individuals who have moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. Participants are often very recently or currently intoxicated at the time of intake, and the program partially functions as a residential social detoxification facility. Once stabilized, participants are linked to continuing support and services before discharge.

☒ 214 Dual Recovery – Residential Treatment Program for Co-Occurring Disorders: A variable term program for individuals with moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. The target population includes participants who do not thrive in larger, more substance abuse focused programs because of the severity of their mental illness. Caseload and group sizes are smaller, and more therapists are available to provide individual therapy and crisis intervention. Interventions and clinical practices are chosen to address participants’ substance abuse and mental illness concurrently to promote dual recovery.

☒ Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program: A trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals’ paths to addiction. Each individual’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

☒ Redwood Center Residential Treatment for High Users of Multiple Systems: A variable term residential program for individuals who have been identified by CBHS as the most frequent users of public emergent and



urgent care services. This program is designed to engage participants in treatment that addresses clinically intensive co-occurring disorders, including substance abuse, mental health, physical health and disability diagnoses, in order to reduce participants' reliance on and use of emergency services.

☒ Pomeroy House: A residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness.

☒ Behavioral Health Integrated and Full-Service Outpatient Services: Integrated outpatient services that address substance abuse, mental health, and/or co-occurring disorders for participants who do not have a clinical need for residential treatment. Services range from low-threshold outreach and engagement activities, to clinic-based individual and group counseling and treatment services, to high-threshold intensive case management and assertive community treatment. Participants may be any age over 18, from transitional age youth through older adult populations.

☒ Perinatal Outpatient Set-Aside Services: Clinic-based outpatient substance abuse treatment services for women who may or may not have young children in treatment with them. This program provides child care and child treatment, in addition to substance abuse treatment for the mothers.

☒ Peer-based Wellness and Recovery Center: A voluntary daily and drop-in program that promotes age-appropriate peer support, empowerment, socialization, rehabilitative and therapeutic engagement activities to residents of the Bayview Hunter's Point area in San Francisco. Participants may or may not be homeless, and will have substance abuse and/or mental health issues that prevent them from comfortably relating to traditional modes of treatment and services that follow structured program designs. The center enhances wellness and recovery while decreasing isolation and alienation.



## MEMORANDUM OF UNDERSTANDING (MOU)/ LETTERS OF CO-OPERATION (LOC)

WALDEN HOUSE is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 1550 Evans Avenue, San Francisco, CA 94124 and San Francisco Community Clinic Consortium, 1550 Bryant Street, Suite 450, San Francisco, CA 94103.

### I. Scope of Work

A. San Francisco Community Clinic Consortium agrees to work cooperatively with Walden House to ensure that services are delivered to populations with severe needs. San Francisco Community Clinic Consortium member clinics may participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary. Member Clinics include: Curry Senior Center, Haight Asbury Free Clinics, Glide Health Services, Lyon Martin Health Services, Mission Neighborhood Health Center, Native American Health Center, North East Medical Services, St. Anthony Free Medical Clinic, SF Free Clinic, and South of Market Health Center.

B. Walden House agrees to provide the services as described hereto under Appendix A – Description of Scope of Work and incorporated herein by reference to clients referred by San Francisco Community Clinic Consortium member clinics, as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Walden House agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

### II. Term

(a) The term of the MOU/LOC shall be effective from the date signed for two calendar years, and shall be extended yearly thereafter, without limitation, until either party decides to terminate or amend this MOU/LOC at any time by giving thirty (30) days written notice to the other party. Any modification of this MOU/LOC will be effective only if it is in writing by the undersigned parties. This partnership does not include any fiscal agreement, each party agrees to terms as partners without compensation or liability to one another.

### III. Modifications and Termination

(a) Both Parties agree that this MOU/LOC is the complete and exclusive statement of understanding between the parties and supersedes all proposals, oral or written, all negotiations, conversations, or discussions between or among parties relating to the subject matter of this Agreement and all past dealing or industry custom. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

### IV. Variation

(a) No variation of this Agreement (or of any of the documents referred to in this Agreement) shall be valid unless it is in writing and signed by or on behalf of each of the parties to it. The expression "variation" shall include any variation, supplement, deletion or replacement however effected.

### V. Miscellaneous Terms

(a) A person who is not a party to this Agreement shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.

(b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venture, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.

(c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.

(d) This MOU/LOC shall be governed by and construed under the laws of the State of California and the United States. Any disputes will be settled by arbitration in San Francisco, California (which arbitration shall be binding and enforceable in any court of competent jurisdiction) in accordance with the rules of the American Arbitration Association (AAA). In any action or proceeding to enforce rights under this Agreement, the prevailing party shall be entitled to recover costs and attorneys' fees.

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1. 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records
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4. Health Insurance Portability Accountability Act of 1996 ("HIPAA") - federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164 ("HIPAA" or the "Privacy Rule")

Walden House

Signature

Date

Rod Libbey, President/CEO

Print Name

415-554-1100

Telephone Number

415-970-7564

Fax Number

[rllibey@waldenhouse.org](mailto:rllibey@waldenhouse.org)

Email

San Francisco Community Clinic Consortium

Signature

Date

John Gressman, President/CEO

Print Name

415-355-2222

Telephone Number

415-865-9960

Fax Number

[jgressman@sfgccc.org](mailto:jgressman@sfgccc.org)

Email



## Appendix A – Description of Walden House Services

☒ 815 – Gender Responsive Women’s Residential Substance Abuse Treatment Program: A trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts female San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women’s paths to addiction. Each woman’s treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

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## MEMORANDUM OF UNDERSTANDING (MOU)/ LETTERS OF CO-OPERATION (LOC)

WALDEN HOUSE Prevention Services is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 520 Townsend Street, San Francisco, CA 94103 and Tom Waddell Health Center (TWHC)/SFDPH, 50 Lech Walesa (Ivy) Street, San Francisco, CA 94102.

### I. Scope of Work

**(1) : Tom Waddell Health Center/SFDPH will provide:**

- ✓ Safe Meeting Place for Client Services
- ✓ On site Primary Medical Clinic
- ✓ Access to kitchen for Meal Distribution
- ✓ Staff Support as Needed

**Additional Considerations:**

- ✓ Walden House Prevention Services Team will be provided with prompt and appropriate intervention from TWHC staff and/or security personnel when safety issues arise.
- ✓ TWHC will provide the appropriate facility courtesies to Walden House staff (i.e. restroom or building access) to maintain professional boundaries with clients
- ✓ Non-crisis cancellations initiated by TWHC will be communicated to the Walden House co-facilitators and the Walden House Prevention Services Manager with 24-hour notice.
- ✓ The TWHC Transgender Team Leader will promptly contact WH Preventions Services Manager when clinical concerns affecting either agency arises.

**(2) : Walden House will provide:**

- ✓ Weekly Co-facilitated HIV Prevention Education and Support Group
- ✓ Integrated Prevention Case Management and Risk Reduction Counseling
- ✓ Referrals for Walden House Substance Abuse Treatment Services
- ✓ Food and Beverages for Weekly Group

**Additional Considerations:**

- ✓ The TWHC Transgender Support Group will be co-facilitated by trained and certified Walden House clinicians. No peer educators will provide services.
- ✓ Discussions by Walden House co-facilitators pertaining to medical interventions will be expressed as their opinion, and linkages and referrals to appropriate medical and/or mental health providers will be stressed.
- ✓ Changes in facilitators or scheduling must be communicated to the TWHC Transgender Program team leader prior to any session affected by the change.
- ✓ Changes in support group facilitators require the new facilitator to attend the TWHC Transgender Program team meeting for introductions and briefings.
- ✓ If there are any medical issues or acute mental health issues involving participants that arise during the group, the leaders will inform the TWHC Transgender Team Leader.



- ✓ The support group facilitators will attend at least one TWHC Transgender Team meeting quarterly to share information and concerns affecting the service agreement.
- ✓ Walden House will ensure that its employees will have yearly tuberculosis testing/review of symptoms.

## **II. Term**

- (a) The term of the MOU/LOC shall be effective from the date signed for one calendar year, and shall be extended yearly, without limitation, until either party decides to terminate or amend this MOU/LOC at any time by giving thirty (30) days written notice to the other party. Any modification of this MOU/LOC will be effective only if it is in writing by the undersigned parties.

## **III. Modifications and Termination**

- (a) Both Parties agree that this MOU/LOC is the complete and exclusive statement of understanding between the parties and supersedes all proposals, oral or written, all negotiations, conversations, or discussions between or among parties relating to the subject matter of this Agreement and all past dealing or industry custom. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights.

## **IV. Variation**

- (a) No variation of this Agreement (or of any of the documents referred to in this Agreement) shall be valid unless it is in writing and signed by or on behalf of each of the parties to it. The expression "variation" shall include any variation, supplement, deletion or replacement however effected.

## **V. Miscellaneous Terms**

- (a) A person who is not a party to this Agreement shall have no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any of its terms.
- (b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venturer, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.
- (c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.
- (d) Indemnification: Both Parties understand that each party shall keep, defend, indemnify, and hold harmless the other party and all of the officers, agents, and employees of such other party from and against claims, damages, expenses or liabilities for loss or damage of property, or from death or injury to any person or persons in proportion to or to the extent such claims, damages, expenses or liabilities are caused or result from negligent or intentional acts or omissions of the party, its officers, agent or employees.

## **VI. Confidentiality and Release of Information**

- (a) To ensure confidentiality of client information, each program will maintain separate confidential client files. Each Party shall maintain release forms signed by the client, which indicates the client's willingness to allow service providers from each program to share specific categories of information.
- (b) Both Parties shall maintain policies to comply with all federal, state, and county governmental agencies regulations and requirements regarding confidentiality policies, and not limited to:
  - (1) 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records

- (2) California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues
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Walden House, Inc

  
Authorized Signature

Rod Libbey  
Name (print)

CEO

Title

10/27/08

Date

415-355-2501

Telephone

415-431-0793

Fax

Tom Waddell Health Center/SFDPH

  
Authorized Signature

BARBARA Wagner  
Name (print)

Medical Director

Title

10/23/08

Date

415 355 7420

Telephone

415 355 7407

Fax

**MEMORANDUM OF UNDERSTANDING (MOU)/  
LETTERS OF CO-OPERATION (LOC)**

WALDEN HOUSE is pleased to write this memorandum of understanding (MOU) which defines the responsibilities of, and the relationship between, Walden House Inc., 1550 Evans Avenue, San Francisco, CA 94124 and Westside Community Services, 1153 Oak Street, San Francisco, CA 94117

**I. Scope of Work**

**A. Westside Community Services** agrees to provide services to clients referred by Walden House as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Westside Community Services agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

**B. Walden House** agrees to provide the services as described hereto under Appendix A – Description of Scope of Work and incorporated herein by reference to clients referred by Westside Community Services, as space permits and subject to the rules and restrictions which govern its operations, to provide social supports, primary care, substance abuse treatment, housing, vocational and employment services, benefits advocacy, legal assistance, harm reduction counseling, and community integration. Walden House agrees to participate in case conferences as needed to facilitate coordinated services and provide consultation as necessary.

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(b) Notwithstanding any provision hereof, for all purposes of this Agreement each party shall be and act as an independent contractor and not as partner, joint venture, or agent of the other and shall not bind nor attempt to bind the other to any contract or obligation.



(c) Programs shall comply with all federal, state, county and municipal laws, regulations, and ordinances applicable to the performance of this MOU/LOC and shall keep in effect all required licenses, permits, notices, and certificates.

(d) This MOU/LOC shall be governed by and construed under the laws of the State of California and the United States. Any disputes will be settled by arbitration in San Francisco, California (which arbitration shall be binding and enforceable in any court of competent jurisdiction) in accordance with the rules of the American Arbitration Association (AAA). In any action or proceeding to enforce rights under this Agreement, the prevailing party shall be entitled to recover costs and attorneys' fees.

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(a) To ensure confidentiality of client information, each program will maintain separate confidential client files. Each Party shall maintain release forms signed by the client, which indicates the client's willingness to allow service providers from each program to share specific categories of information.

(b) Both Parties shall maintain policies to comply with all federal, state, and county governmental agencies regulations and requirements regarding confidentiality policies, and not limited to:

1. 42 CFR Part 2 regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records
2. California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues
3. Health and Safety Code Section 11812(c).
4. Health Insurance Portability Accountability Act of 1996 ("HIPAA") - federal Standards for Privacy of Individually Identifiable Health Information, located at 45 C.F.R. parts 160 and 164 ("HIPAA" or the "Privacy Rule")

Walden House

Signature

Rod Libbey, President/CEO

Print Name

415-554-1100

Telephone Number

415-970-7564

Fax Number

rllibey@waldenhouse.org

Email

Westside Community Services

Signature

Bob Rybicki, Chief Executive Officer

Print Name

415-431-9000

Telephone Number

415-431-1813

Fax Number

brybicki@westside-health.org

Email

DATE OF EXECUTION: 9/15/09

## **Appendix A – Description of Walden House Services**

- ☒ 815 – Gender Responsive Women’s Residential Substance Abuse Treatment Program: A trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts female San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women’s paths to addiction. Each woman’s treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.
- ☒ 890 – Gender Responsive Men’s Residential Substance Abuse Treatment Program: A gender responsive residential substance abuse treatment program for men. This program accepts male San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each man’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.
- ☒ 214 Stabilization & Linkage – Short Term Residential Stabilization Program for Co-Occurring Disorders: A short term stabilization program for individuals who have moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. Participants are often very recently or currently intoxicated at the time of intake, and the program partially functions as a residential social detoxification facility. Once stabilized, participants are linked to continuing support and services before discharge.
- ☒ 214 Dual Recovery – Residential Treatment Program for Co-Occurring Disorders: A variable term program for individuals with moderate to severe acuity of substance abuse and mental illness symptoms, and many also have HIV and/or other physical health diagnoses. The target population includes participants who do not thrive in larger, more substance abuse focused programs because of the severity of their mental illness. Caseload and group sizes are smaller, and more therapists are available to provide individual therapy and crisis intervention. Interventions and clinical practices are chosen to address participants’ substance abuse and mental illness concurrently to promote dual recovery.
- ☒ Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program: A trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals’ paths to addiction. Each individual’s treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.
- ☒ Redwood Center Residential Treatment for High Users of Multiple Systems: A variable term residential program for individuals who have been identified by CBHS as the most frequent users of public emergent and urgent care services. This program is designed to engage participants in treatment that addresses clinically



intensive co-occurring disorders, including substance abuse, mental health, physical health and disability diagnoses, in order to reduce participants' reliance on and use of emergency services.

☒ **Pomeroy House:** A residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness.

☒ **Behavioral Health Integrated and Full-Service Outpatient Services:** Integrated outpatient services that address substance abuse, mental health, and/or co-occurring disorders for participants who do not have a clinical need for residential treatment. Services range from low-threshold outreach and engagement activities, to clinic-based individual and group counseling and treatment services, to high-threshold intensive case management and assertive community treatment. Participants may be any age over 18, from transitional age youth through older adult populations.

☒ **Perinatal Outpatient Set-Aside Services:** Clinic-based outpatient substance abuse treatment services for women who may or may not have young children in treatment with them. This program provides child care and child treatment, in addition to substance abuse treatment for the mothers.

☒ **Peer-based Wellness and Recovery Center:** A voluntary daily and drop-in program that promotes age-appropriate peer support, empowerment, socialization, rehabilitative and therapeutic engagement activities to residents of the Bayview Hunter's Point area in San Francisco. Participants may or may not be homeless, and will have substance abuse and/or mental health issues that prevent them from comfortably relating to traditional modes of treatment and services that follow structured program designs. The center enhances wellness and recovery while decreasing isolation and alienation.

## WESTSIDE



### COMMUNITY SERVICES

1153 OAK STREET  
SAN FRANCISCO  
CALIFORNIA  
94117-2216

TELEPHONE  
415.431.9000

FACSIMILE  
415.431.1813

[www.westside-health.org](http://www.westside-health.org)

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is made on September 7, 2009 between Walden House and Westside Community Services Programs, including Westside Crisis, Outpatient, ACT, SAP, Ajani, ICYF, and CTL Programs. It is effective upon signing and shall remain in effect until termination by either party with 30 day written notice.

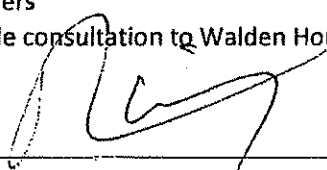
Walden House and Westside share a common goal of integration and of ensuring successful access to and coordinating mental health, substance abuse, HIV/AIDS, and primary care services.

#### Walden House will:

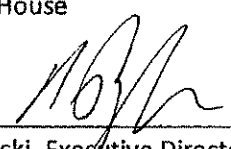
- Accept referrals from Westside programs for substance abuse treatment
- Refer clients to Westside programs for Crisis and ongoing mental health care
- Communicate with and inform Westside staff of any changes in treatment plan, client status or medication prescribed
- In collaboration as part of CBHS' Integration Partnership, work to ensure cross-training of all staff in dual diagnosis treatment of co-occurring disorders
- Provide consultation to Westside staff when needed

#### Westside will:

- Accept referrals from Walden House for Crisis and ongoing mental health care
- Refer clients to Walden House substance abuse treatment programs when appropriate
- Communicate with and inform Walden House staff of any changes in treatment plan, mental health status, or medications prescribed
- Coordination of care and follow-up with any community issues and facilitate family meetings, especially in Outpatient, ACT, SAP, Ajani, and ICYF programs
- In collaboration as part of CBHS' Integration Partnership, work to ensure cross-training of all staff in dual diagnosis treatment of co-occurring disorders
- Provide consultation to Walden House Staff when needed

  
\_\_\_\_\_  
ROD LIBBEY, EXECUTIVE DIRECTOR  
Walden House

9/15/09  
Date

  
\_\_\_\_\_  
Bob Rybicki, Executive Director  
Westside Community Services

9/15/09  
Date

City and County of San Francisco  
Department of Public Health



Mayor Gavin Newsom

Forensic AIDS Project  
Jail Health Services  
798 Brannan St.  
San Francisco, CA 94103  
Phone: (415) 581-3100  
FAX: (415) 581-3199

**Memorandum of Understanding**  
between  
**Walden House Inc. HIV Prevention Services**  
and  
**Forensic AIDS Project**

This memorandum of understanding (MOU) serves as a written agreement between the San Francisco Department of Public Health Forensic AIDS Project (FAP) and Walden House Inc. HIV Prevention Services for the purpose of coordinating the delivery of prevention outreach and support services to incarcerated transgender identified individuals throughout San Francisco County jails. Each agency agrees to the following:

Walden House Inc. Preventative Health Services is responsible for the following:

- Will lead and facilitate a group with transgender clients in CJ1 on the 4th Thursday of each month from 10:30AM-11:30AM. Staff will come prepared with a curriculum for the group on that day.
  - Staff will provide case management on the 4th Thursday of the month from following the group to transgender clients housed in SF County Jail #1.
  - Staff will ensure that Walden House case management clients sign a release of information for FAP, and when necessary will fax to the FAP CoE Case Manager.
  - Walden House case manager will communicate with the FAP CoE regarding coordination of services for HIV+ transgender client cases, as needed.
- Staff will call main FAP phone number (581-3100) to notify of absence or tardiness.

FAP Counseling, Testing and Linkage agrees to provide the following:

- Coordination of weekly Health Education workshop to incarcerated transwomen housed at County Jail #1;
- Educational material and information to participants as needed;
- FAP staff will arrive before the group and assist with gathering the clients in the group room and handle any issues with jail staff;
- Provide support and assistance to Walden House staff coming into the jails;
- FAP staff will call Walden House case manager in the event that group is cancelled or staff are tardy.

The Forensic AIDS Project (FAP) Center of Excellence (CoE) agrees to provide the following:

- Provide discharge planning for all HIV+ transgender clients who are being followed by Walden House case manager;
- Provide medical clearance, if needed;
- Prepare and provide supply of medications for release from custody;
- Case manager will check in with HIV+ transgender clients per CoE protocol;
- Check-in with Walden House case manager as needed.



**Fiscal Agreement**

In agreeing to the responsibilities outlined in this MOU, the following fiscal arrangements have been agreed to:

1. This partnership does not include any fiscal agreement; each party agrees to the terms of partners without compensation or liability to one another.
2. The following agreement has been made for services to be delivered.

**LIFE OF UNDERSTANDING**

This memorandum of understanding is valid for two years from the date signed and may be renewed by mutual understanding and execution of a new Memorandum of Understanding. The effective date is the date this MOU signed by both parties.

**TERMINATION**

Any party may cancel this understanding by giving thirty days written notice to the other party of the intention to so cancel. Cause includes, but is not limited to, a change in agency, state, federal, or local directive.

**SIGNATURES**

These responsibilities are agreed to by the following authorized signatories:

  
Kate Monico Klein, FAP Director

  
Date

  
Rod Libbey, President and CEO, Walden House Inc.

  
Date

## Works Cited

- Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP) Series, Number 29*. DHHS Pub. No. (SMA) 96-3332. Washington, D.C.: U.S. Government Printing Office, 1998b.
- McNiel, D.E.; Binder, R.L.; and Robinson, J.C. (2005). Incarceration Associated with Homelessness, Mental Disorder, and Co-occurring Substance Abuse. *Psychiatric Services*, 56 (7): 840-846.
- McNiel, D.E. and Binder, R.L. (2007). Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence. *American Journal of Psychiatry*, 164 (9): 1395-1403.
- Ventura, L.A.; Cassel, C.A.; Jacoby, J.E.; and Huang, B. (1998). Case Management and Recidivism of Mentally Ill Persons Released From Jail. *Psychiatric Services*, 49 (10): 1330-1337.

## **Attachment 5**

**Certification of Clinical Appropriateness and of  
Coordination with SSA and MHA**

**Documentation of Provider Organization Compliance  
and Licensure**



## San Francisco Department of Public Health

Barbara A. Garcia, Deputy Director of Health,  
Director of Community Programs

Gavin Newsom, Mayor

May 25, 2010

U.S. Department of Justice  
Bureau of Justice Assistance  
810 Seventh Street NW, 4<sup>th</sup> Floor  
Washington, D.C. 20531

Re: BJA-2010-2701 Application submitted by San Francisco Sheriff's Department

To Whom It May Concern:

This letter certifies that the San Francisco Sheriff's Department (SFSD) has coordinated with the Single State Authority for Substance Abuse and the State Mental Health Authority in developing its application to implement a Reentry Demonstration Program Targeting Offenders with Substance Abuse and Mental Health Disorders under the FY 2010 Second Chance Act grant solicitation. It further certifies that SFSD's proposal to subcontract with Walden House, Inc., to provide offenders with co-occurring disorders with in-custody engagement and treatment-motivation enhancement services, and with post-release case management, linkage, and referral to treatment and services, is clinically appropriate for the population and for the goals of reducing recidivism and increasing public safety.

As the Deputy Director of Health and the Director of Community Programs at the San Francisco Department of Public Health, I represent San Francisco County for both the California Department of Alcohol and Drug Programs (ADP), which is the Single State Authority for Substance Abuse, and for the California Department of Mental Health (DMH), which is the State Mental Health Authority. Both state agencies have instructed county representatives to issue coordination certifications regarding the FY 2010 Second Chance Act grant solicitation.

Should you have questions or wish to contact me, please call 415-255-3525.

Sincerely,

A handwritten signature in dark ink, appearing to read "Barbara A. Garcia".

Barbara A. Garcia, MPA  
Deputy Director, Health  
Director of Community Programs

State of California

Department of Alcohol and Drug Programs

**License and Certification**

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Alcohol and Drug Programs hereby licenses and certifies:

**WALDEN HOUSE, INC.**

to operate and maintain an adult residential alcohol and/or drug abuse recovery or treatment facility using the following name and location:

**WALDEN HOUSE ADULT RESIDENTIAL PROGRAM**  
**214 HAIGHT STREET**  
**SAN FRANCISCO, CALIFORNIA 94102**  
(Facility Relocation Effective 04/02/2009)

This license and certification extends to the following services:

**INDIVIDUAL SESSIONS; RECOVERY OR TREATMENT PLANNING;**  
**GROUP SESSIONS; AND EDUCATIONAL SESSIONS**

Limitations or conditions are listed as follows:

Treatment/Recovery Capacity: 54

Total Occupancy for location is limited to: 54

(Increase in Treatment/Recovery Capacity and Total Occupancy from 26 Effective 04/02/2009)

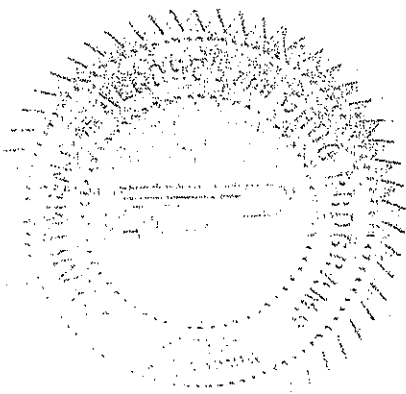
**MALES AND FEMALES**

License/Certification Number:

**380019GN**

Effective Date: 04/01/2009

Expiration Date: 03/31/2011



  
Authorized Representative

Complaints regarding services provided in this facility should be directed to:  
Complaint Coordinator, Program Compliance Branch  
1700 K Street, Sacramento, California 95811-4037  
(916) 322-2911 FAX: (916) 324-4505 E-mail: [LCBcomp@adp.state.ca.us](mailto:LCBcomp@adp.state.ca.us)

**Post in a prominent location. This License and Certification is not transferable.**

State of California,  
Department of Alcohol and Drug Programs  
**License**

*In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Alcohol and Drug Programs hereby licenses:*

**WALDEN HOUSE, INC.**

*to operate and maintain an adult residential alcohol and/or drug abuse/ recovery or treatment facility using the following name and location:*

**WALDEN HOUSE ADULT RESIDENTIAL PROGRAM  
815 BUENA VISTA WEST  
SAN FRANCISCO, CALIFORNIA 94117**

*This license extends to the following services:*

**INDIVIDUAL SESSIONS; RECOVERY OR TREATMENT PLANNING;  
GROUP SESSIONS; AND EDUCATIONAL SESSIONS**

*Limitations or conditions are listed as follows:*

**Treatment/Recovery Capacity: 108**

**Total Occupancy for location is limited to: 108**

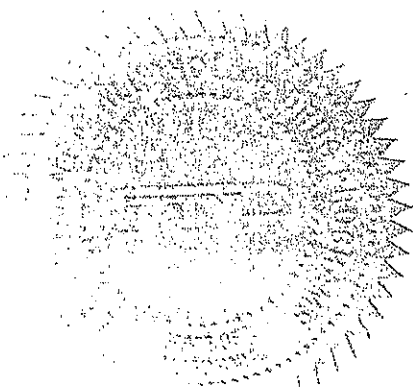
**MALES AND FEMALES**

**License Number:**

**380019LN**

**Effective Date: 07/03/2008**

**Expiration Date: 06/30/2010**



A handwritten signature in cursive script, reading "Ann M. McDowell", is written over a horizontal line.

**Authorized Representative**

**Complaints regarding services provided in this facility should be directed to:**

**Complaint Coordinator, Program Compliance Branch**

**1700 K Street, Sacramento, California 95811-4037**

**(916) 322-2911 FAX: (916) 324-4505 E-mail: [LCBcomp@adp.state.ca.us](mailto:LCBcomp@adp.state.ca.us)**

**Post in a prominent location. This License is not transferable.**

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95814-4037  
TDD (916) 322-2911



May 11, 2010

Mr. Bruce Patrick, Licensing Manager  
Walden House  
Walden House  
1550 Evans Street  
San Francisco, California 94124

Dear Mr. Patrick:

**NOTICE OF CLEARED DEFICIENCIES – 380019AN**

The corrections you submitted as a result of the notice of deficiency and certification report dated March 30, 2010 for Walden House, located at 890 Hayes Street, San Francisco, California 94117, has been received. Your corrections have been reviewed and approved as submitted.

Thank you for your cooperation in this matter. If you have any questions, please contact me at (916) 445-3425 or email me at [rmoyer@adp.ca.gov](mailto:rmoyer@adp.ca.gov)

Sincerely,

RAY MOYER  
Licensing and Certification Analyst  
Field Operations Branch

cc: James Stillwell, Administrator  
San Francisco County Department of Public Health  
Community Behavioral Health Services



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY  
For energy saving tips, visit the Flex Your Power website at  
<http://www.flexyourpower.ca.gov>

**State of California**

**Department of Alcohol and Drug Programs**

**Certification**

*In accordance with applicable provisions of the Health and Safety Code of California  
and its rules, regulations, and standards,  
the Department of Alcohol and Drug Programs hereby certifies:*

**WALDEN HOUSE, INC.**

*to operate and maintain an alcohol and/or other drug abuse/recovery or  
treatment facility using the following name and location:*

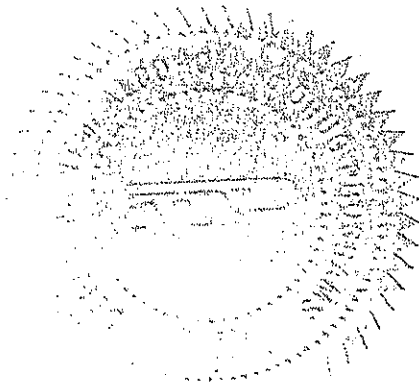
**WALDEN HOUSE – OUTPATIENT SERVICES  
1885 MISSION STREET  
SAN FRANCISCO, CALIFORNIA 94103**

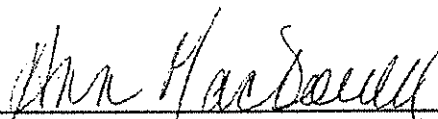
*This certification extends to the following services:*

**OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES**

**Certification Number:  
380019CN**

**Effective Date: 08/01/2008  
Expiration Date: 07/31/2010**





**Authorized Representative**

Complaints regarding services provided in this facility should be directed to:  
Complaint Coordinator, Program Compliance Branch  
1700 K Street, Sacramento, California 95811-4037  
(916) 322-2911 FAX: (916) 324-4505 E-mail: [LCBcomp@adp.state.ca.us](mailto:LCBcomp@adp.state.ca.us)

**Post in a prominent location. This Certification is not transferable.**



City and County of San Francisco  
Gavin Newsom, Mayor  
Department of Public Health



James T. Gilday  
Performance and Compliance  
1380 Howard Street, 2nd Floor  
San Francisco, CA 94103

Tel: (415) 255-2988 FAX: (415) 252-3001  
jim.gilday@sfdph.org

4/30/2009

Mardell Gavriel, Ph.D.  
Walden House Inc.  
1550 Evans Street  
San Francisco, CA 94124

Dear Dr. Gavriel,

The San Francisco Mental Health Plan has reviewed your application for Provider No. 38AK, Walden House Inc., 1550 Evans Street, San Francisco, CA 94124, to become certified as an Outpatient Medi-Cal Specialty Mental Health Services provider. This letter is to inform you of the results of the onsite program certification review conducted on 4/22/2009.

The San Francisco Mental Health Plan has approved your request and the certification is effective 4/1/2009, and will continue for three years from this date. The Mental Health Plan will schedule a recertification review on or about the end of the three year period.

A provider's certification in the Medi-Cal program is contingent upon compliance with all federal, state and local laws and regulations pertaining to rehabilitative services for persons with mental illness.

Should you have any questions, or require additional assistance, please contact me at the above number.

Sincerely,

A handwritten signature in cursive script that reads "James T. Gilday".

James T. Gilday  
Community Behavioral Health Services

cc: Sean Nguyen  
Patcharin Reynolds

**Contractor: WALDEN HOUSE INC.**

**Appendix A-14**

**Program: Adult Outpatient Mental Health & Medication Services (Medi-Cal)**

**City Fiscal Year (CBHS only): 7/1/2009 through 06/30/2010**

**1. Program Name: Adult Outpatient Mental Health & Medication Services (Medi-Cal)**

**Program Site I**

1550 Evans Avenue  
San Francisco, CA 94124  
T: (415) 970-7500  
F: (415) 970-7575

**Program Site II**

815 Buena Vista West  
San Francisco, CA 94117  
T: (415) 554-1450  
F: (415) 863-1305

**Program Site III**

890 Hayes Street  
San Francisco, CA 94117  
T: (415) 701-5100  
F: (415) 863-1305

**Program Site IV**

214 Haight Street  
San Francisco, CA 94102  
T: (415) 554-1480  
F: (415) 934-6867

2.

**3. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**4. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

**5. Target Population**

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. Walden House serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other WH programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or Short-Doyle

**6. Modalities/Interventions**

Assessment Services  
Collateral Services  
Case Management Services  
Crisis Intervention

Group Therapy Services  
Medication Support Services  
Individual Therapy Services  
(Provided in CRDC)

**7. Methodology**

Walden House is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. Walden House emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The WH environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of Walden House reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site.

DPH STANDARDIZED CONTRACT PROGRAM NARRATIVE  
FORMAT

Document Date 05/27/09

Page 1 of 13



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY PROGRAMS  
BUSINESS OFFICE – CONTRACT COMPLIANCE SECTION  
Performance, Compliance & Support – PCS Unit

## MONITORING REPORT SUMMARY

### Mental Health Providers

Agency: Walden House, Inc.

Program Reviewed: WH Adult Adult Service Center MH

RU Numbers: 38AK3 , 38AK4

Site: 1550 Evans Street  
San Francisco, CA 94124

Review Period: FY0809

Report ID: 117

Program/Contract Director: Mardell Gavriel, Psy.D.

Date of Report: 4/1/2010

CBHS Program Manager: Sean Nguyen

Contract Amount: \$362,491.00

#### RATING SCALE

4 = Commendable/Exceeds Standards

3 = Acceptable/Meets Standards

2 = Improvement Needed/Below Standards

1 = Unacceptable

#### CATEGORY RATINGS

**4.00** Performance **4.00** Compliance **4.00** Satisfaction

#### SUBCATEGORIES REVIEWED

##### I. Program Performance

I-1.Outcome Objectives

I-2.Units Of Service Delivered

##### II. Program Compliance

II-1.Completion of Provider Declaration

II-2.Submission of Provider Declaration

II-3.Submission of Plan of Correction

II-4.Implementation of Plan of Correction

##### III. Client Satisfaction

III-1. Adult & Older Adult Survey

III-2.Youth & Family Survey

III-3.Alternative Survey

\* DNA = Data Not Available

## PROGRAM DESCRIPTION

38Ak2 Day Treatment serves individuals in the community who have Medi-CAL benefits covering mental health services, whose treatment is usually complicated by co-morbid substance abuse or dependence. 38 AK3 is a Outpatient Mental Health program that serves individuals who present with longstanding psychiatric histories, numerous psychiatric hospitalizations, and crisis episodes. Other individuals are seeking treatment for mental health or co-occurring disorders for the first time. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law.

## FINDINGS

Program Performance (Category I) received a Commendable/Exceeds Standards score of 4.0.  
Program Compliance (Category II) received a Commendable/Exceeds Standards score of 4.  
Client Satisfaction (Category III) received a Commendable/Exceeds Standards score of 4.

In Subcategory I-1, the program met 100% of the Outcome Objectives for the period under review. In Subcategory I-2, the program delivered 118% of the projected Units of Service for the period under review. In Subcategory II-1, the Provider Declaration of Compliance was completed according to PCS guidelines. In Subcategory II-2, the Provider Declaration of Compliance was submitted within PCS timelines. The program exceeded standards in the applicable Client Satisfaction section of Category III.

## RECOMMENDATIONS, COMMENDATIONS AND PLAN OF CORRECTION

Signature of Author of this Report      Date

Sean Nguyen Program Manager

Name and Title

Signature of Authorizing DPH-CP Reviewer      Date

Carlos Balladares PCS Unit Director

Name and Title

## CONTRACTOR/PROVIDER RESPONSE

PLEASE CHECK ALL BOXES THAT APPLY

- ☒ I have received the Monitoring Report, acknowledge findings and recommendations.  
☐ I have received Monitoring Report, disagree with findings and/or recommendations.  
☐ I have attached a Plan of Correction. (if required)

Denise Z      4/9/10  
Authorizing Provider Representative      Date

Denise Williams, Contracts  
Director



## MONITORING REPORT SUMMARY

### Substance Abuse Providers

Agency: Walden House, Inc.

Program Reviewed: WH Adult Residential Hayes Street

RU Numbers: 38062

Site: 890 Hayes Street  
San Francisco, CA 94117

Review Period: FY0809

Report ID: 25

Program/Contract Director: Fermain Loza

Date of Report: 4/1/2010

CBHS Program Manager: Sean Nguyen

Contract Amount: \$1,999,598.00

### RATING SCALE

4 = Commendable/Exceeds Standards

3 = Acceptable/Meets Standards

2 = Improvement Needed/Below Standards

1 = Unacceptable

### CATEGORY RATINGS

**4.00** Performance **4.00** Compliance **4.00** Satisfaction

### SUBCATEGORIES REVIEWED

#### I. Program Performance

I-1. Outcome Objectives

I-2. Units Of Service Delivered

#### II. Program Compliance

II-1. Completion of Provider Declaration

II-2. Submission of Provider Declaration

II-3. Submission of Plan of Correction

II-4. Implementation of Plan of Correction

#### III. Client Satisfaction

III-1. Adult & Older Adult Survey

III-2. Youth & Family Survey

III-3. Alternative Survey

\* DNA = Data Not Available

## PROGRAM DESCRIPTION

## FINDINGS

Program Performance (Category I) received a Commendable/Exceeds Standards score of 4.0.  
Program Compliance (Category II) received a Commendable/Exceeds Standards score of 4.  
Client Satisfaction (Category III) received a Commendable/Exceeds Standards score of 4.

In Subcategory I-1, the program met 100% of the Outcome Objectives for the period under review. In Subcategory I-2, the program delivered 100% of the projected Units of Service for the period under review. In Subcategory II-1, the Provider Declaration of Compliance was completed according to PCS guidelines. In Subcategory II-2, the Provider Declaration of Compliance was submitted within PCS timelines. The program exceeded standards in the applicable Client Satisfaction section of Category III.

## RECOMMENDATIONS, COMMENDATIONS AND PLAN OF CORRECTION

Signature of Author of this Report      Date

Sean Nguyen Program Manager

Name and Title

Signature of Authorizing DPH-CP Reviewer      Date

Carlos Balladares PCS Unit Director

Name and Title

## CONTRACTOR/PROVIDER RESPONSE

PLEASE CHECK ALL BOXES THAT APPLY

- ☒ I have received the Monitoring Report, acknowledge findings and recommendations.  
☐ I have received Monitoring Report, disagree with findings and/or recommendations.  
☐ I have attached a Plan of Correction. (if required)

Denise Z      4/9/10  
Authorizing Provider Representative      Date

Denise Williams, Contracts  
Name and Title      Director



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY PROGRAMS  
BUSINESS OFFICE — CONTRACT COMPLIANCE SECTION  
Performance, Compliance & Support — PCS Unit

## MONITORING REPORT SUMMARY

### Substance Abuse Providers

Agency: Walden House, Inc.

Program Reviewed: WH Adult Residential Buena Vista

RU Numbers: 38342

Site: 815 Buena Vista West  
San Francisco, CA 94117

Review Period: FY0809

Report ID: 12

Program/Contract Director: Gretchen Richardson

Date of Report: 4/1/2010

CBHS Program Manager: Sean Nguyen

Contract Amount: \$1,999,598.00

### RATING SCALE

4 = Commendable/Exceeds Standards

3 = Acceptable/Meets Standards

2 = Improvement Needed/Below Standards

1 = Unacceptable

### CATEGORY RATINGS

**4.00**

**Performance**

**4.00**

**Compliance**

**4.00**

**Satisfaction**

### SUBCATEGORIES REVIEWED

#### I. Program Performance

I-1. Outcome Objectives

I-2. Units Of Service Delivered

#### II. Program Compliance

II-1. Completion of Provider Declaration

II-2. Submission of Provider Declaration

II-3. Submission of Plan of Correction

II-4. Implementation of Plan of Correction

#### III. Client Satisfaction

III-1. Adult & Older Adult Survey

III-2. Youth & Family Survey

III-3. Alternative Survey

\* DNA = Data Not Available

## PROGRAM DESCRIPTION

Clients receive room and board, substance abuse counseling, psychiatric treatment, education, parenting classes, vocational training, legal and social services support and health and fitness activities. Hours: 24/7. An orientation meeting is open, for San Francisco residents only, on Monday mornings at 8:45 a.m. at 1899 Mission Street. For more information, call 554-1131.

## FINDINGS

Program Performance (Category I) received a Commendable/Exceeds Standards score of 4.0.  
Program Compliance (Category II) received a Commendable/Exceeds Standards score of 4.  
Client Satisfaction (Category III) received a Commendable/Exceeds Standards score of 4.

In Subcategory I-1, the program met 100% of the Outcome Objectives for the period under review. In Subcategory I-2, the program delivered 109% of the projected Units of Service for the period under review. In Subcategory II-2, the Provider Declaration of Compliance was submitted within PCS timelines. The program exceeded standards in the applicable Client Satisfaction section of Category III.

## RECOMMENDATIONS, COMMENDATIONS AND PLAN OF CORRECTION

Signature of Author of this Report      Date

Sean Nguyen Program Manager

Name and Title

Signature of Authorizing DPH-CP Reviewer      Date

Carlos Balladares PCS Unit Director

Name and Title

## CONTRACTOR/PROVIDER RESPONSE

PLEASE CHECK ALL BOXES THAT APPLY

- ☒ I have received the Monitoring Report, acknowledge findings and recommendations.  
☐ I have received Monitoring Report, disagree with findings and/or recommendations.  
☐ I have attached a Plan of Correction. (if required)

Denise      2  
Authorizing Provider Representative      Date

4/9/10      Denise Williams, Contracts  
Date      Name and Title  
Director





**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**  
COMMUNITY PROGRAMS  
BUSINESS OFFICE – CONTRACT COMPLIANCE SECTION  
Performance, Compliance & Support – PCS Unit

## MONITORING REPORT SUMMARY

### Substance Abuse Providers

**Agency:** Walden House, Inc.

**Program Reviewed:** WH OASIS

**RU Numbers:** 87351

**Site:** 1550 Evans Street  
San Francisco, CA 94124

**Review Period:** FY0809

**Report ID:** 227

**Program/Contract Director:** Arturo

**Date of Report:** 4/1/2010

**CBHS Program Manager:** Sean Nguyen

**Contract Amount:** \$498,561.00

#### RATING SCALE

4 = Commendable/Exceeds Standards

3 = Acceptable/Meets Standards

2 = Improvement Needed/Below Standards

1 = Unacceptable

#### CATEGORY RATINGS

**4.00** Performance **4.00** Compliance **4.00** Satisfaction

#### SUBCATEGORIES REVIEWED

##### I. Program Performance

I-1. Outcome Objectives

I-2. Units Of Service Delivered

##### II. Program Compliance

II-1. Completion of Provider Declaration

II-2. Submission of Provider Declaration

II-3. Submission of Plan of Correction

II-4. Implementation of Plan of Correction

##### III. Client Satisfaction

III-1. Adult & Older Adult Survey

III-2. Youth & Family Survey

III-3. Alternative Survey

\* DNA = Data Not Available

## **PROGRAM DESCRIPTION**

The target population served by Walden House Outpatient Addiction Specialized Integrated Services (OASIS) are adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). Walden House serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18 24, gays, lesbians, bisexuals and transgenders; veterans; individuals involved in the criminal justice system; persons with Behavioral health who are are San Francisco residents whom maybe Homeless and Indigent persons in the "Central City" designation.

- ☐ Substance dependent persons in the "Central City" designation.

## **FINDINGS**

Program Performance (Category I) received a Commendable/Exceeds Standards score of 4.0.  
Program Compliance (Category II) received a Commendable/Exceeds Standards score of 4.  
Client Satisfaction (Category III) received a Commendable/Exceeds Standards score of 4.

In Subcategory I-1, the program met 88% of the Outcome Objectives for the period under review. In Subcategory I-2, the program delivered 114% of the projected Units of Service for the period under review. In Subcategory II-1, the Provider Declaration of Compliance was completed according to PCS guidelines. In Subcategory II-2, the Provider Declaration of Compliance was submitted within PCS timelines. The program exceeded standards in the applicable Client Satisfaction section of Category III.

## **RECOMMENDATIONS, COMMENDATIONS AND PLAN OF CORRECTION**

Signature of Author of this Report      Date

Sean Nguyen Program Manager

Name and Title

Signature of Authorizing DPH-CP Reviewer      Date

Carlos Balladares PCS Unit Director

Name and Title

## CONTRACTOR/PROVIDER RESPONSE

PLEASE CHECK ALL BOXES THAT APPLY

☒ I have received the Monitoring Report, acknowledge findings and recommendations.

☐ I have received Monitoring Report, disagree with findings and/or recommendations.

☐ I have attached a Plan of Correction. (if required)

Dennis Z      4/9/01  
Authorizing Provider Representative      Date

Contracts Director  
Name and Title

**State of California**

**Department of Alcohol and Drug Programs**

**Certification**

*In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Alcohol and Drug Programs hereby certifies:*

**HAIGHT ASHBURY FREE CLINICS, INC.**

*to operate and maintain an alcohol and/or other drug abuse recovery or treatment facility using the following name and location:*

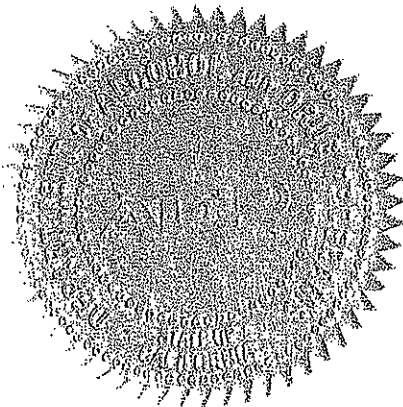
**HAIGHT ASHBURY FREE CLINICS, INC.  
1735 MISSION STREET  
SAN FRANCISCO, CALIFORNIA 94103**

*This certification extends to the following services:*

**NONRESIDENTIAL DETOXIFICATION SERVICES AND  
OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES**

**Certification Number:  
380016ACN**

**Effective Date: 12/01/2009  
Expiration Date: 11/30/2011**



*Junda Bradley*

**Authorized Representative**

Complaints regarding services provided in this facility should be directed to:  
Complaint Coordinator, Program Compliance Branch  
1700 K Street, Sacramento, California 95811-4037  
(916) 322-2911 FAX: (916) 324-4505 E-mail: [LCBcomp@adp.ca.gov](mailto:LCBcomp@adp.ca.gov)

**Post in a prominent location. This Certification is not transferable.**

License: 550000486  
Effective: 05/23/2009  
Expires: 05/22/2010

*State of California*  
*Department of Public Health*

In accordance with applicable provisions of the Health and Safety Code of California  
and its rules and regulations, the Department of Public Health hereby issues

*this License to*

**Haight Ashbury Free Clinics, Inc.**

to operate and maintain the following Community Clinic

**HAIGHT ASHBURY INTEGRATED CARE CENTER**  
1735 MISSION STREET  
SAN FRANCISCO, CA 94103



This **LICENSE** is not transferable and is granted solely upon the following conditions, limitations and comments:  
None

Mark B. Horton, MD, MSPH

DIRECTOR

Diana Marana

Diana Marana

(AUTHORIZED REP.)

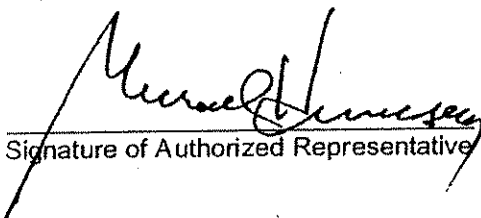
Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and  
Certification, Daly City District Office, 350 90th Street, 2nd Floor, Daly City, CA 94015, (650)301-9971

POST IN A PROMINENT PLACE

**Appendix 1**  
**Statement of Assurance**  
(Submit with the application as an attachment)

As the authorized representative of *[insert name of applicant organization]*  
Sheriff Michael Hennessey, I assure BJA that all  
collaborating service provider organizations listed in this application meet applicable licensing,  
accreditation, and certification requirements.

- A letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Attachment 4 of the application, that has agreed to participate in the project;
- Official documentation that all service provider organizations collaborating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- Official documentation that all collaborating service provider organizations are in compliance with all local (city, county) and state/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable state/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

  
Signature of Authorized Representative

6-2-10  
Date

# City and County of San Francisco

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## OFFICE OF THE SHERIFF

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Michael Hennessey  
SHERIFF

(415) 554-7225

May 27, 2010

Ref: 10-053

Mr. James H Burch, II  
Acting Director  
U.S. Department of Justice  
Office of Justice Programs' Bureau of Justice Assistance  
Bureau of Justice Assistance  
810 Seventh Street NW,  
Washington, DC 20531

Re: Department of Justice (BJA-2010-2700)

Dear Mr. Burch:

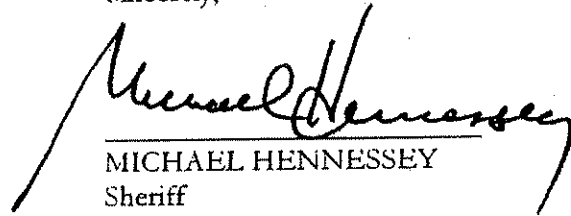
I write to urge your favorable consideration of the San Francisco Sheriff's Department's application for funding of the under the Second Chance Act Family-Based Prisoner Substance Abuse Treatment Program for the One Family Reentry Initiative, a family-based substance abuse treatment and family strengthening program designed to provide comprehensive services for incarcerated parents in the San Francisco County jail and their families before and after release into the community.

The One Family Reentry Initiative was developed in collaboration with the San Francisco Children of Incarcerated Parents Partnership, Community Works, Walden House and San Francisco's Department of Public Health, Adult Probation Department, Superior Court's Dependency Drug Court, and Human Services Agency. It is designed to strengthen San Francisco's jail and community-based family treatment programs and enhance coordination between our agencies on behalf of families served. Collectively we recognize that strong parent-child relationships aid in children's adjustment to their parents' incarceration, help to mitigate many of the negative outcomes for children of incarcerated parents, improve the parents' reentry process, and reduce recidivism.

The Sheriff's Department is pleased to be the lead agency for this effort and will be primarily responsible for the operational aspects of the program for the duration of the grant period. In addition, we agree to provide individual criminal history information as needed to evaluators, to the extent allowable by law.

The One Family Reentry Initiative builds on parenting and child visitation programs already in place and represents the next, and much needed, step in supporting families after incarceration. Thank you for your consideration of our proposal.

Sincerely,



MICHAEL HENNESSEY  
Sheriff



**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):  San Francisco Board of Supervisors	City elective office(s) held:  Members, San Francisco Board of Supervisors
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Walden House	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
Please see the attached list of Walden House's Board of Directors	
Contractor address: 1550 Evans Avenue San Francisco, CA	
Date that contract was approved:	Amount of contract: \$513,712.00
Describe the nature of the contract that was approved: The project will strive to reduce recidivism among offenders and increase public safety.	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: BOS.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

**Walden House  
Board of Directors**

The Honorable Harlan Grossman	Chair
Victor R. Ortiz	Vice Chair
Michael B. Batesole	Secretary
Stephen Bach	Member
Dianne Fong-Torres	Member
Deborah Broyles	Member
Susan B. Christian	Member
Louise McGinnis-Barber	Member
Tamara Mason-Williams	Member
Liam Mayclem	Member
Graham Gunst	Member

**Management Team**

Vitkan Eisen	Chief Executive Officer
David Cranford	Chief Financial Officer