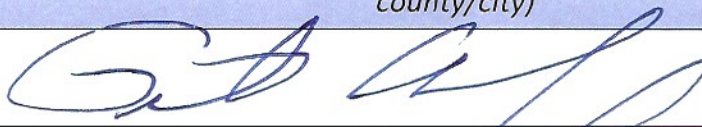


# ATTACHMENT 1: APPLICATION COVER SHEET

## Mental Health Student Services Act of 2019

### Grant Application Cover Sheet

Provide the name of the entity submitting the Application in the table below.

Name of Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
San Francisco Department of Public Health Community Behavioral Health Services	GRANT COLFAX, MD DIRECTOR OF HEALTH	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date
		2/20/20

Name of Lead Agency, if not County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	
3.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1. San Francisco Unified School District	Name: KEVIN GOGIN	February 22, 2020
	Signature: <i>Kevin R. Gogin</i>	
2.	Name:	
	Signature:	
3.	Name:	
	Signature:	

Name of all school districts in the county partnership in the application <i>(Add lines as needed)</i>
1.
2.
3.
4.



County or City Lead Grant Coordinator Contact Information:

Name:	<b>Alison Lustbader, LCSW</b>
Title:	<b>Program Manager, Intensive Services</b>
Email:	<b>alison.lustbader@sfdph.org</b>
Phone Number:	<b>(415) 225 7022</b>

## ATTACHMENT 2: INTENT TO APPLY

This Attachment is required to be submitted by the due state stated in Table V-I Key Action Dates.

The form may be submitted by email to the Procurement Official below, but the original signed copy must be submitted with the final Application.

Procurement Official:

Cheryl Ward  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814  
[Cheryl.Ward@mhsoac.ca.gov](mailto:Cheryl.Ward@mhsoac.ca.gov)

We intend to submit an Application and choose (select one):

**Category 1 – Existing Partnership** – County collaborative partnership has been in existence at least 2 years from the date the RFA is released.

**Category 2– New or Emerging Partnership** – County collaborative partnership has been in existence less than 2 years from the date the RFA is released.

The individual to whom all information regarding this solicitation shall be transmitted is:

Name:	Alison Lustbader		
Address:	1380 Howard Street		
City, State and ZIP Code:	SF CA 94114		
Telephone:	415 255 3567	FAX:	415 255 3567
E-Mail:			

List all counties, and/or city mental health/behavioral health departments covered under this Intent to Bid. If this is a joint effort, the lead county shall be listed first and sign the Intent to Apply. (Add lines as needed)

Counties, and/or city mental health/behavioral health departments	
1.	San Francisco

2.	
3.	
4.	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Educational entities (County Office of Education and/or Charter School(s))	
1.	Life Learning Academy (Possibly)
2.	
3.	
4.	

List all School Districts participating in this application. *(Add lines as needed)*

School Districts	
1.	San Francisco Unified
2.	
3.	
4.	
5.	
6.	

Authorized Signor:

 \_\_\_\_\_, LCSW

Name (Signature)  
Alison Lustbader, LCSW Program Manager

Name and Title (Print)  
alison.lustbader@sfdph.org

Email

1/6/19 \_\_\_\_\_

Date  
San Francisco

County  
415 225 7022

Telephone

## ATTACHMENT 3: MINIMUM REQUIREMENTS

Category	
<b>VII. B.i.</b>	<p>Check the box below if selecting Category 1:</p> <p>An existing Partnership for purposes of this RFA is one that has been in existence for at least 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> <li>• County Office of Education</li> <li>• Charter school</li> <li>• School district</li> </ul> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
<b>VII. B.ii.</b>	<p>Check the box below if selecting Category 2:</p> <p>A New or Emerging Partnership for purposes of this RFA is one that was not in existence prior to this RFA or has been in existence for less than 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> <li>• County Office of Education</li> <li>• Charter School</li> <li>• School district</li> </ul> <p style="text-align: center;"><input type="checkbox"/></p>
Evidence of Established Collaborative	
<b>VII. B.iii.1.</b>	<p>State the number of years the Partnership has been in existence:</p> <p style="text-align: center;">_____ <b>36</b> _____ years</p>
<b>VII. B.iii.2.</b>	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support of when the Partnership started. Support can be an MOU, service agreement, or other type of agreement between all of the entities formalizing the Partnership and dated.</p> <p><b>As described in Section VII.C.i.1. below, California Assembly Bill (AB) 3632, passed in 1984, required county mental health departments in California to provide adequate mental health services to school students in collaboration with local school districts. A summary of this mandating legislation is attached. While we do not have access to any original agreements dating back to 1984, San Francisco faithfully followed the law from its inception.</b></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
<b>VII. B.iii.3.</b>	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support that the Partnership is in existence as of the application due date. This can include an MOU, service agreement, or other type of agreement between all of the entities with a current 2020 date.</p>

A copy of a signed contract agreement between SFDPH and SFUSD in the amount of \$870,000 for fiscal year 2018-2019 is attached. Please note that the contract for the current fiscal year is in process in the amount of \$975,000 and will be finalized shortly.



# Purchase Order

Dispatch via Print

**SF UNIFIED SCHOOL DISTRICT**  
 PURCHASING DEPARTMENT  
 135 VAN NESS AVENUE, ROOM 123  
 SAN FRANCISCO CA 94102  
 Office - 415-241-6468  
 Fax - 415-241-6487

<b>Purchase Order</b> SFU-0000139802	<b>Date</b> 03/28/2019	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> NOW	<b>Freight Terms</b> FOB DESTINATION		<b>Ship Via</b> COMMON
<b>Buyer</b> CHAN, SUSAN	<b>Phone</b> x1604	<b>Currency</b> USD	

**Vendor:** 0000042337  
 CITY AND COUNTY OF SAN FRANCISCO  
 DEPARTMENT OF PUBLIC HEALTH  
 1380 HOWARD STREET, 5TH FLOOR  
 SAN FRANCISCO, CA 94103

**Ship To:** SFUSD - SPECIAL EDUCATION SERVICES  
 3045 SANTIAGO STREET  
 SAN FRANCISCO CA 94116  
 United States

**Bill To:** SFUSD - SPECIAL EDUCATION SERVICES  
 3045 SANTIAGO STREET  
 SAN FRANCISCO CA 94116  
 United States

PHONE: 415/255-3439  
 Fax:

Tax Exempt? N	Tax Exempt ID:	PO Reference:	1812-11K46					
Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date	
1- 1	CONSULTANT - STUDENT SUPPLEMENTAL COUNSELING		1.00	DOL	870,000.00	870,000.00	04/27/2019	

DATES OF SERVICE: 7/1/18 - 6/30/19

RESOLUTION NO: 1812-11K46  
 APPROVAL: 12/11/18

SERVICE: CONTRACTED CLINICS THROUGH THE CITY AND COUNTY OF SAN FRANCISCO, DEPARTMENT OF PUBLIC HEALTH, COMMUNITY BEHAVIORAL HEALTH SERVICES DIVISION PROVIDE IEP MANDATED EDUCATIONALLY RELATED MENTAL SERVICES (ERMHS) TO SFUSD STUDENTS WHO ARE ELIGIBLE TO RECEIVE SPECIAL EDUCATION SERVICES UNDER IDEA.

=====

DOLLAR AMOUNT: \$ 870,000.00

=====

CONTACT PERSON: SCOTT OSTENDORF  
 TELEPHONE NO: 415-759-2219

<b>SubTotal PO Amount</b>	870,000.00
<b>Freight</b>	0.00
<b>Total PO Amount</b>	<span style="border: 1px solid black; padding: 2px;">870,000.00</span>

All shipments, shipping papers, contracts, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments and contract modifications will not be accepted unless authorized by Buyer prior to shipment. Bills payable on complete shipments only.

**Authorized Signature**



**BOARD APPROVED "K" RESOLUTIONS**

**DATE: 12/11/2018**

SITE	CONSULTANT NAME	AMOUNT	APPROVAL #
Special Education Services	Cost change, reduction in services needed. <b>AMEND186-26K104; 188-28K41</b> City and County of San Francisco, Department of Public Health, Community Behavioral Health Services (CBHS)	(\$70,000.00) Credit	1812-11K46
Department of Technology	Cost change, additional services needed. <b>AMEND 186-12K5</b> Student1	\$22,000.00	1812-11K47
Department of Technology	Cost change, additional services needed. <b>AMEND 186-12K6</b> Edutelligentsia LLC	\$40,000.00	1812-11K48

**ONLINE K Resolutions**

School/Department	Contractor Name	Amendment No.	Amended Amount	Total Amount	Approval No
Translation and Interpretation Unit Muir, John Elementary School ExCEL After School Programs	Leafa T. Taumoepeau			\$1,274.00	1812-11K1
	Buchanan YMCA			\$36,295.00	1812-11K2
	<b>AMENDMENTS</b>				
Translation and Interpretation Unit	Maria Barrios Filipino Language Consulting	186-26K1	\$5,000.00	\$40,000.00	1812-11K3
Translation and Interpretation Unit Taylor, E.R. Elementary School ExCEL After School Programs	Lan Do & Associates, LLC	186-26K2	\$71,841.00	\$99,665.00	1812-11K4
Student, Family, and Community Support Department	Bay Area Community Resources	186-12K10	\$100,980.00	\$388,358.00	1812-11K5
	QBS, Inc.	188-14K4	\$25,000.00	\$55,175.00	1812-11K6
Department of Technology	West Interactive Services Corporation DBA SchoolMessenger f/k/a Reliance Communications, LLC.	186-12K17; 189-25K11	(\$1,525.00)	\$79,863.00	1812-11K7
Translation and Interpretation Unit	Syntex Global, LLC	186-26K10	\$77,500.00	\$427,500.00	1812-11K8
Translation and Interpretation Unit	Language Circle of California, Inc.	186-26K11	\$10,000.00	\$160,000.00	1812-11K9
Translation and Interpretation Unit	Source To Target Translations	186-26K9	\$650,000.00	\$1,040,000.00	1812-11K10

SUBJECT: Consultant Services  Individual  Organization

**FOR BOARD OFFICE USE ONLY**  Vendor has multiple contracts for the current fiscal school year.

**DATE OF BOARD MEETING:** December 11, 2018

**AMENDMENT TO RESOLUTION(s):** 186-26K104, 188-28K41

List original and all previous amendment resolution numbers.

*Explain why the amendment is needed: Choose from list below:  
or other comments: Reducing funds*

**SERVICE/PROGRAM DESCRIPTION:** (What the service and program description are; why the services are required; how the services will benefit the District)

**1812-11K46**

Contracted clinics through the City and County of San Francisco, Department of Public Health, Community Behavioral Health Services Division provide IEP mandated Educationally Related Mental Services (ERMHS) to SFUSD students who are eligible to receive special education services under IDEA. Students are provided ERMHS services after an ERMHS assessment has been conducted and it has been determined by the IEP team that the student requires ERMHS services to access his/her educational program. ERMHS is considered a related IEP service. ERMHS services may include individual and group counseling, parent counseling and training, and agency linkages services.

**Category:** Student Supplemental Counseling **Code:** 21

**School Site/ and or Department:** Special Education Services

**Participants:** (Those students, sites, or personnel who will be directly served by this consultant) Students in Special Education who have been assessed and found eligible to receive ERMHS services.

**Original Dates of Service:** 07/01/2018 - 06/30/2019

**Amended Dates of Service:** N/A

**Cost of this Amendment Request:** \$(70,000.00) Credit

**Funding Source(s)/Program Title:**  
AB114: Special Education - Mental Health Services

**SACS Code(s):**  
05-65120-2019-5001-3120-5100-065

	<b>Cost of this Request</b>
a) <b>Name of Consultant:</b> City and County of San Francisco, Department of Public Health, Community Behavioral Health Services (CBHS)	\$(70,000.00) Credit
b) <b>Evaluation: (if applicable)</b>	\$0.00

<u>Background</u>	
c) Original Cost Adopted	\$990,000.00
d) Previous Amendment(s) if any	\$(50,000.00)
<b>Total Program Cost To Date</b> (Add Items a to d)	<b><u>\$870,000.00</u></b>

**DISTRICT GOALS AND EVALUATION:**

- DISTRICT GOALS:**
- Goal 1: Access & Equity – Make social justice a reality.
  - Goal 2: Student Achievement – Engage high achieving and joyful learners.
  - Goal 3: Accountability – Keep our promises to students and families.

- EVALUATION:**
- Level I : Complete Task
  - Level II : Complete Task, Provide Feedback and/or Produce Product
  - Level III: Complete Task, Provide Feedback and/or Produce Product, and Show Evidence that Services are Successful
  - Level IV: Complete Task, Provide Feedback and/or Produce Product, Show Evidence that Services are Successful, and Show Evidence of Transference of Skills and Capacity Building

**SELECTION PROCESS:**

Community Behavioral Health Services has been providing mental health services to our students and families for many years. CBHS is SF County's Medi-Cal provider, which approximately 50-60% of our students and families receiving ERMHS access for service delivery.

**DEGREE OF STUDENT CONTACT:**

- Limited Contact    More Than Limited Contact    No Student Contact

**PREPARED BY:** Erika Vargas

**SUBMITTED BY:** Scott Ostendorf

**SCHOOL SITE/and or DEPARTMENT:** Special Education Services

**SERVICES AGREEMENT  
BETWEEN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
AND THE CITY AND COUNTY OF SAN FRANCISCO**

This Services Agreement between the San Francisco Unified School District and the City and County of San Francisco ("Agreement" as defined below) is dated for convenience **January 24, 2019** and is entered into between the **City and County of San Francisco by and on behalf of its Department of Public Health Community Behavioral Health Services Division** (hereinafter "City") and the San Francisco Unified School District (hereinafter "District" or "SFUSD"), collectively "Parties."

**RECITALS**

Whereas, the District desires City to provide the services as detailed herein,, and

Whereas, City represents itself able and, for a consideration, willing to perform the services for/at **Special Education Services**,

Now, therefore, the Parties enter into this Agreement for City to, in return for a consideration, provide District with services as detailed herein. This Agreement attaches and incorporates by reference as though fully set forth herein the following documents: Approved Board of Education Resolution, W-9 Form, Appendix A – Obligations of the Parties, Appendix B – Calculation of Charges, and General Conditions (collectively the "Agreement"). In addition to the documents listed above, the following City document shall be attached to this Agreement: **Letter of Self-insurance**.

**A. TERM / EFFECTIVE DATE**

Subject to Section 1 of the attached General Conditions, the term of this Agreement shall be the term set forth in the approved Board of Education Resolution for services to be provided by City under this Agreement.

Notwithstanding the foregoing, this Agreement shall become effective only upon approval in writing by the Board of Education, proper execution by the parties and certification by the District's Chief Financial Officer as to the availability of funds.

**B. SERVICES CITY AGREES TO PERFORM**

City agrees to perform the services provided for in the attached Appendix A ("Obligations of the Parties").

**C. COMPENSATION**

Compensation to the City shall not exceed **Eight Hundred Seventy Thousand dollars (\$870,000.00)**. The breakdown of costs and payment schedule associated with this Agreement appears in the attached **Appendix B "Calculation of Charges."** Upon receipt of invoice for payment, payments shall be made in a reasonable time upon approval by the District Site or Department Head, that the services, set forth in **Appendix A "Obligations of the Parties"** of this Agreement, have been rendered satisfactorily, and in a professional and timely manner in accordance with this Agreement. If the District and City mutually agree to modify the scope of work or compensation under this Agreement, such modification shall only be effective upon proper Board Resolution approval and execution of a duly authorized written modification in accordance with **Section 23 ("Modification of Agreement")**. Any work performed in excess of said amount shall not be compensated. **In no event shall the District be liable for interest or late charges for late payments.**

**D. NOTICE TO PARTIES**

All notices to be given by the parties hereto shall be in writing and served by depositing the same in the United States Post Office as follows:

**TO THE DISTRICT:**

SITE/DEPARTMENT	<b>Special Education Services</b>
HEAD OF SITE/DEPARTMENT	<b>Jean Robertson</b>
CONTACT PERSON	<b>Scott Ostendorf</b>
STREET ADDRESS	<b>3045 Santiago Street</b>
CITY, STATE, ZIP	<b>San Francisco, CA 94116</b>
TELEPHONE	<b>( 415) 759-2219</b>
EMAIL ADDRESS	<b>ostendorfs@sfusd.edu; vargase@sfusd.edu</b>

**DISTRICT CONTRACT OFFICE:**

San Francisco Unified School District  
Contracts Office  
135 Van Ness Street, Room 102  
San Francisco, CA 94102  
415-355-6963  
[contract@sfusd.edu](mailto:contract@sfusd.edu)

**TO THE CITY AND COUNTY OF SAN FRANCISCO:**

	<b>SAN FRANCISCO CITY &amp; COUNTY</b>
CITY DEPARTMENT	<b>Department of Public Health Community Behavioral Health Services Division</b>
CONTACT NAME	<b>Maximilian Rocha, LCSW, Acting Director CYF System of Care</b>
STREET ADDRESS	<b>1380 Howard Street</b>
CITY, STATE, ZIP	<b>San Francisco, CA 94102</b>
TELEPHONE	<b>( 415) 255-3692</b>
EMAIL ADDRESS	<b>maximilian.rocha@sfdph.org</b>

*(Continued on next page.)*



**SIGNATURES OF THE PARTIES**

IN WITNESS WHEREOF the parties hereto have executed this Agreement per Board of Education Resolution #: 1812-11K46 approved on the date of 12-11-18. [See attached Approved Board of Education 'K-Resolution'.]

**For SAN FRANCISCO CITY AND COUNTY**

APPROVED:

BY:   
Authorized Signatory  
Greg Wagner, Acting Director  
San Francisco Department of Public Health

APPROVED AS TO FORM:

**DENNIS J. HERRERA**  
City Attorney

BY:   
Virginia Dario Elizondo  
Deputy City Attorney

**For SAN FRANCISCO UNIFIED SCHOOL DISTRICT**

APPROVED:

BY:  3/27/19  
Reeta Madhavan  
Chief Financial Officer

APPROVED AS TO FORM:

BY:   
Senior Deputy General Counsel

REVIEWED:

BY:  3/12/19  
Contracts Office

RECOMMENDED:

BY:   
Signature of Site/Dept. Administrator  
Jean Robertson  
Chief of Special Education

## ATTACHMENT 4: APPLICANT BACKGROUND

### Partnership Background

#### VII.C.i.1.

What is the vision, mission, objective of the Partnership and how is it accomplished?

The Community Behavioral Health Services Division (CBHS) of the San Francisco Department of Public Health has worked in close partnership with the San Francisco Unified School District (SFUSD) for **36 years**, beginning with the passage of California **Assembly Bill (AB) 3632** in 1984. AB 3632 – launched in response to the Americans with Disabilities Act (ADA) - required county mental health departments in California to provide adequate mental health services to school students, including completing mental health assessments, developing individualized recommendations, and providing case management for students with mental health issues in coordination with students’ individualized education programs (IEP). The collaborative process between CBHS and SFUSD was both facilitated and streamlined because of the fact that San Francisco city and county share the same boundaries; are governed by only one local elected body, the San Francisco Board of Supervisors; and include only **one** unified school district encompassing **all** local public education facilities. Beginning in 2000, the highly successful partnership between the County and the school district was expanded in order to place **student wellness centers** within most of the district’s high schools, including alternate high schools. This process began with the placement of **2** pilot wellness centers in 2000, which expanded to **7** wellness centers in 2001 and then to wellness centers in **all** of the District’s comprehensive high schools by 2009. The wellness center process also included support for funded partnerships between local community-based organizations (CBOs) and high schools in local regions, in order to ensure tailored, culturally responsive mental health services that responded to the unique cultural, demographic, economic, and linguistic characteristics of each local student population. Following the expiration of funding for AB 3632 in October 2010, CBHS and SFUSD continued their partnership through both City funded and through expanded Medicaid service reimbursements made possible through the Patient Protection and Affordable Care Act.

Today, San Francisco Community Behavioral Health Services and the San Francisco Unified School District continue their robust and longstanding partnership through a broad range of youth-focused collaborations that span virtually all CBHS programs. One of these collaborations involves an ongoing contract through which the Department of Public Health provides a total of **\$870,000** per year in funding to SFUSD specifically to support the provision of IEP-mandated, educationally related mental health services to SFUSD students who are eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). A copy of the current signed contract for this program is enclosed with this application as evidence of ongoing collaboration, although our two entities work together in many additional ways to support effective, tailored services to San Francisco young people facing mental health issues.

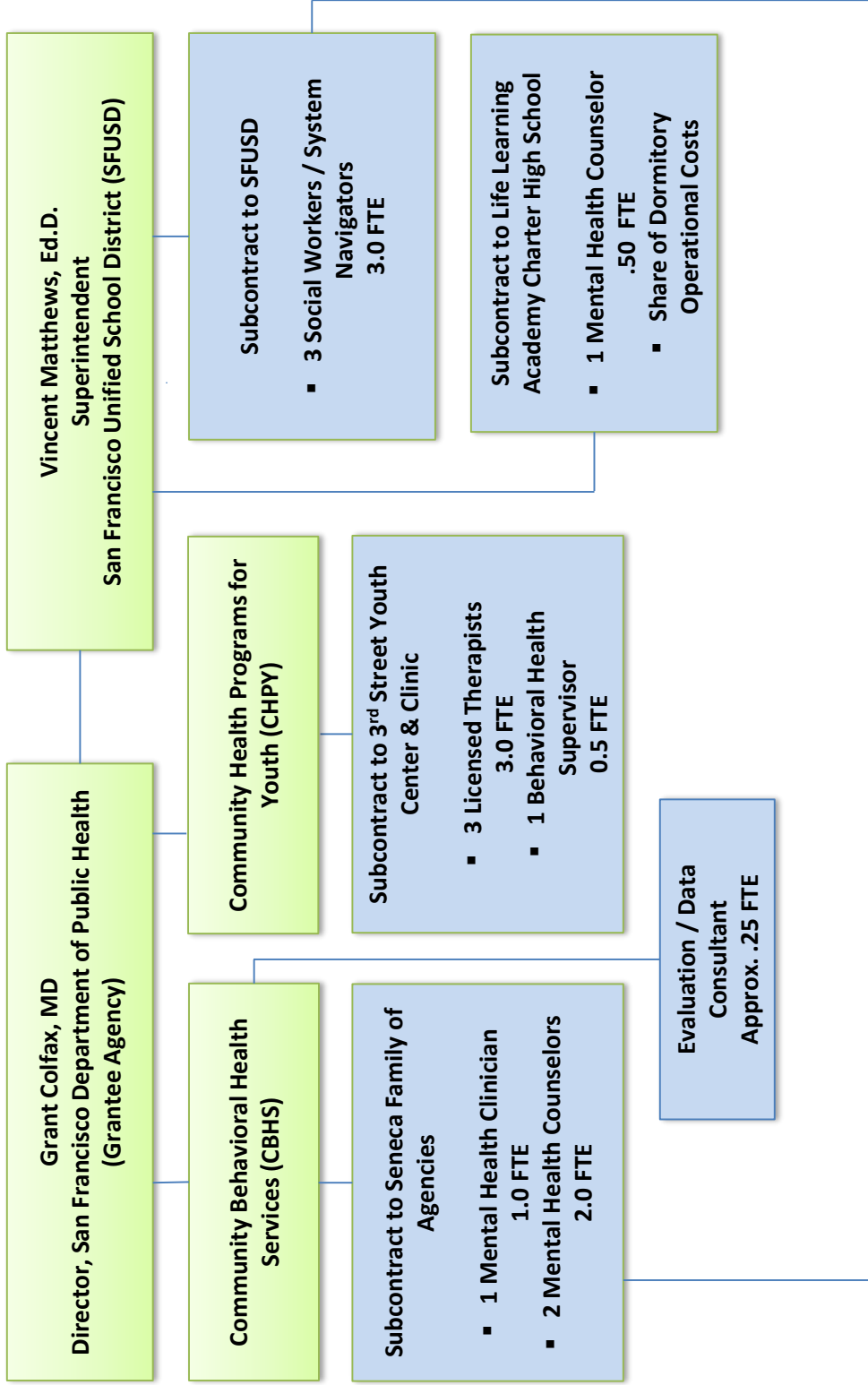
**It is important to note that while CBHS and SFUSD enjoy a highly effective, longstanding, and collegial partnership relationship, the partnership itself is not constituted along the lines suggested by many of the questions and requirements**

**posed by Cal OES in the sections immediately below.** For example, while representatives of the County and the School District meet continually in a range of contexts, including through monthly meetings related to the **Citywide Student Assistance Program (SAP)**, a collaboration of County and CBO representatives who work together to ensure access and equity in service delivery for students with a history of exposure to violence and involvement in multiple systems of care, there is no formal monthly meeting specifically involving the County and the local school district that includes agendas, minutes, or public notifications as requested in Section VII.C.i.e below. In the same way, because it has never been needed, there is also no formal governance structure or governance group related to our partnership, and therefore no bylaws, motions, or other agreements that we can attach to our application. While we have provided an Organizational Chart for our overall proposed program, this is not an Organizational Chart for any formal organized body or governance group. **The absence of these materials should in no way be construed as an indication that our city and county do not maintain a longstanding and robust partnership involving the local mental health agency and the region’s single local school district, and it is hoped that the Pass / Fail nature of many of these responses will not be taken as an indication of a lack of local collaboration and mutual planning between our two entities.**

<b>VII.C.i.2.</b>	What entities are involved? List them individually?		
	a.	County Mental or Behavioral Health Department: 1) <b>San Francisco Community Behavioral Health Services</b>	
	a.	i. Is this a Single or Multi-county collaborative? If Multi-county, list the names of the counties: <b>Single county</b>	
	b.	County Office of Education:	
	c.	Charter School:	
	d.	School Districts: 1) <b>San Francisco Unified School District</b>	Enrollment: 1) <b>60,390</b>
	e.	School:	Enrollment:
<b>VII.C.i.3.</b>	Governance Structure		
	a.	Describe the governance structure of the County – Educational Entities partnership: The partnership between San Francisco Community Behavioral Health Services (SFCBHS) – a division of the San Francisco Department of Public Health – and the	

	<p>San Francisco Unified School District (SFUSD) is a longstanding collaboration that encompasses both formal, contracted service agreements and a broader history of cooperation and mutual support that extends to all divisions and units of the District and the Behavioral Health Services unit. As noted in Section VII.C.i.1 above, the two entities work together in a broad range of ways that have never required or even been appropriate for a formal governance structure. Instead, the two entities collaborate together on many individual programs and initiatives and participate in a wide range of ongoing meetings that focus on individual aspects of our wide-ranging collaboration.</p>
b.	<p>What is the role of the governance group and what are the decision-making responsibilities given to it?</p> <p>While there is no formal governance structure for our partnership, oversight and coordination of many collaborative programs at Community Behavioral Health Services is the responsibility of <b>Alison Lustbader, LCSW</b>, who serves as Program Manager for Intensive Services at the division. Meanwhile, oversight of many collaborative initiatives as SFUSD lies with <b>Kevin R. Gogin, MFT</b>, who serves as Director of Safety and Wellness within the School Health Programs unit of the Student, Family, and Community Support Department of the San Francisco Unified School District.</p>
c.	<p>Who is involved and what are the roles of each?</p> <p>Person and Title: <b>Alison Lustbader, LCSW</b></p> <p>Role: Program Manager, Intensive Services, SF Community Behavioral Health Services</p> <hr/> <p>Person and Title: <b>Kevin R. Gogin, MFT</b></p> <p>Role: Director of Safety and Wellness, School Health Programs, Student Family and Community Support Department, SF Unified School District</p>
d.	<p>Include an organization chart which lists all entities and their roles.</p> <p>Check the box below to indicate the document has been provided.</p> <p><input checked="" type="checkbox"/></p>
e.	<p>State how often the governance group meets. Are these regularly scheduled meetings, ad hoc meetings, or a combination?</p> <p><input type="checkbox"/> Regularly Scheduled. State how often:</p> <p><input type="checkbox"/> Ad hoc. Explain:</p>

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH COMMUNITY BEHAVIORAL HEALTH SERVICES  
CALIFORNIA MHSSA\_001 2019 RFA ORGANIZATIONAL CHART**





	<input checked="" type="checkbox"/> Combination. Explain: As noted above, representatives of SF Community Behavioral Health Services and the SF Unified School District meet together in regular meetings that cross a wide range of partnerships, collaborations, and ad hoc group addressing the mental health needs of students throughout the City and County of San Francisco. While none of these meetings relate to a formal governance structure involving the two lead entities, they represent a robust system addressing the broadest possible range of student issues while involving all key regional entities including government agencies, community-based organizations, health and mental health professionals, neighborhood and community representatives, students, and their family members and guardians.				
	<table border="1"> <tr> <td data-bbox="321 520 370 837">e.</td> <td data-bbox="370 520 1464 837"> <table border="1"> <tr> <td data-bbox="370 520 418 837">i.</td> <td data-bbox="418 520 1464 837"> <p>Provide copy of any bylaws, motion, or some other agreement identifying the number of times the Governing body meets.</p> <p>Check the box below to indicate the document has been provided.</p> <input checked="" type="checkbox"/> <b>NOT APPLICABLE</b> – See above </td> </tr> </table> </td> </tr> </table>	e.	<table border="1"> <tr> <td data-bbox="370 520 418 837">i.</td> <td data-bbox="418 520 1464 837"> <p>Provide copy of any bylaws, motion, or some other agreement identifying the number of times the Governing body meets.</p> <p>Check the box below to indicate the document has been provided.</p> <input checked="" type="checkbox"/> <b>NOT APPLICABLE</b> – See above </td> </tr> </table>	i.	<p>Provide copy of any bylaws, motion, or some other agreement identifying the number of times the Governing body meets.</p> <p>Check the box below to indicate the document has been provided.</p> <input checked="" type="checkbox"/> <b>NOT APPLICABLE</b> – See above
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<b>VII.C.i.4.</b>	<p>Describe the sources of funds supporting the Partnership:</p> <p>Local schools within the SFUSD system continually draw down funds for mental health services, from a broad range of sources, including Medi-Cal, State funds, local City and County funds, and private sources, including local businesses, foundations, and individuals. Because this reimbursement encompasses the entire school district, and because expenses are frequently not segmented for mental health programs precise annual amounts are in some cases not available for this grant application. However, some key individual sources of funding related to our specific program application are listed below.</p> <table border="1"> <tr> <td data-bbox="321 1556 370 1908">a.</td> <td data-bbox="370 1556 1464 1908"> <p>How much is from Medi-Cal, annually?</p> <p>Medi-Cal reimbursement is currently sought and obtained for direct student mental health services by <b>two</b> key community-based project partners – the Seneca Family of Agencies and 3<sup>rd</sup> Street Youth Center &amp; Clinic. We project that a total of at least <b>\$100,000</b> per year in Medi-Cal funding is received to support direct mental health services through the 2 agencies, or approximately <b>\$400,000</b> over the 4-year grant period.</p> </td> </tr> </table>	a.	<p>How much is from Medi-Cal, annually?</p> <p>Medi-Cal reimbursement is currently sought and obtained for direct student mental health services by <b>two</b> key community-based project partners – the Seneca Family of Agencies and 3<sup>rd</sup> Street Youth Center &amp; Clinic. We project that a total of at least <b>\$100,000</b> per year in Medi-Cal funding is received to support direct mental health services through the 2 agencies, or approximately <b>\$400,000</b> over the 4-year grant period.</p>		
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	b.	<p>How much is from the county, annually?</p> <p>The City and County of San Francisco make significant investments in mental health services for middle and high school students in the city. While it is impossible to assemble a truly comprehensive list of these allocations, during the current fiscal year the County will spend a total of <b>\$500,000</b> for SSI / SSDI Outreach, Access, and Recovery (SOAR) programs and <b>\$660,000</b> for Counseling Enriched Education Programs (CEEP) for MS students. The County also invests just over <b>\$4.1 million</b> per year to support campus-based wellness centers in middle schools and high schools. Additionally, as noted above, a total of <b>\$975,000</b> per year is provided by the SF Department of Public Health to SFUSD specifically to support the provision of IEP-mandated, educationally related mental health services to SFUSD students who are eligible to receive special education services under IDEA. A copy of the most recent signed agreement has been included above. The San Francisco Mayor’s Office has also committed a total of <b>\$1,092,160</b> in funding for fiscal year 2019-2020 to support programs of <b>Life Learning Academy</b>, a charter school within the SFUSD system and a participant in our program that provides specialized support for students facing specific challenges to educational attainment, many of them related to mental health conditions. A letter verifying this allocation follows this section. The City and County of San Francisco provide a myriad of additional funding to support mental health services for students attending SFUSD schools, including in-kind staff and resources. All of these combined annual allocation – which do not represent the County’s entire investment in youth mental health services – total <b>\$7,327,160</b> per year.</p>
	b. i.	<p>What are the sources of the county funds?</p> <p><b>City and County of San Francisco General Fund</b></p>
	b. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p><b>Permanent</b></p>
	c.	<p>How much is from the school district/Local Educational Agency (LEA), annually?</p> <p>SFUSD contributes significant financial resources to support mental health services throughout the district</p>
	c. i.	<p>What are the sources of the school district/LEA funds?</p> <p><b>Wide-ranging</b></p>
	c. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p><b>Permanent</b></p>

		<p>How much is from the State, annually?</p> <p>While the specific amount of State funding to support youth and school-based mental health services varies from year to year based on specific student populations and demand, on average, the annual MHSOAC contribution to San Francisco averages approximately <b>\$35 million</b> per year. Additionally, SFUDS receives approximately <b>\$1.8 million</b> annually through AB 114-mandated Educationally-Related Mental Health Services (ERMHS) funding.</p>
	d.	<p>What are the sources of the State funds?</p> <p><b>Wide-ranging</b></p>
	d.	<p>Is this permanent, one-time, or temporary funding?</p> <p><b>Permanent</b></p>
	e.	<p>How much is from other sources (e.g. Private donors), annually?</p> <p>While the precise amount of private funding for student mental health services cannot be accurately ascertained in time for this application, Life Learning Academy reports a total of <b>\$1,789,422</b> in funding through private sources for calendar year 2019. This includes <b>\$69,561</b> in smaller individual contributions; <b>\$244,305</b> in larger individual contributions; <b>\$26,000</b> in pledged contributions; and <b>\$1,449,557</b> in grants from foundations, corporations, and other private sources. While this funding cannot be directly tied to mental health services, the positive impact of the Life Learning Academy program as a whole on the mental health and well-being of its students is well documented, and can be linked in many ways to the above contributions.</p>
	e.	<p>What are the sources of the Other funds?</p> <p><b>Individual contributions, special events, private foundation and corporate grants</b></p>
	e.	<p>Is this permanent, one-time, or temporary funding?</p> <p><b>Both permanent and temporary</b></p>



Maria Su, Psy.D.  
Executive Director



London N. Breed  
Mayor

August 29, 2019

Ms. Teri Delane  
Executive Director  
Life Learning Academy  
651 8th St, Treasure Island  
San Francisco, CA 94130

Dear Teri,

I am pleased to inform you that the Department of Children, Youth and Their Families has allocated \$400,000 in additional funds to your **Life Learning Academy** grant for FY 2019/20. These funds were provided by Mayor London N. Breed in order to provide operating support for the boarding school at LLA.

This is a two-year augmentation, so you will receive this additional funding again in FY 2020/21. The revised details of your 2019/20 award are as follows:

<b>Base Award:</b>	\$672,000
<b>2019/20 Addback:</b>	\$400,000
<b>CODB:</b>	\$20,160
<b>Total:</b>	<b>\$1,092,160</b>

This award will soon be updated in our Contract Management System (CMS), which you can access online at <https://www.contracts.dcyf.org>. Once in the system, you can complete your workplan and submit it for review by your Program Specialist. Should a grant modification be required to incorporate the new funds into your current contract, our Contracts & Compliance Team will reach out to you shortly to review that process.

If you require any additional information on this award, please contact your Program Specialist, Jasmine Dawson, at [jasmine.dawson@dcyf.org](mailto:jasmine.dawson@dcyf.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Maria Su".

Maria Su, Psy.D.  
Executive Director

## ATTACHMENT 5: PROPOSED PLAN

Proposed Plan	
VII.D.i.	<p>The Program Plan must demonstrate the Applicant’s ability to meet all specified qualifications, requirements, and standards set forth in the RFA. The Program Plan will include, among other things, a description of the Existing Partnership, or New or Emerging Partnership and the proposed grant program.</p>
VII.D.ii.	<p>Describe how the grant funds will be used to support the goals of the RFA, specifically address how funds will be used for the requirements listed below. If the proposed plan does not specifically include any programs or services to address those requirements listed below, explain how the county is addressing the requirements (i.e., through programs and services) and how the Partnership will provide linkages to the county programs and services.</p> <p>1. Preventing mental illnesses from becoming severe and disabling.</p> <p>The Community Behavioral Health Services (CBHS) division of the San Francisco Department of Public Health - our region’s local government mental health agency - proposes to enhance and extend our longstanding partnership with the San Francisco Unified School District (SFUSD) in order to increase access to mental health services directly within school-based settings for middle school and high school students in the city. The overarching goal of these services will be to provide high-quality clinical and navigation services that <b>prevent mental illnesses from becoming severe and disabling for vulnerable and high-risk students</b>. The proposed program will direct, high-quality mental health assessment, navigation, treatment, and case management services to a minimum of <b>1,132</b> high school and middle school students across the district over the 4-year grant period.</p> <p>To accomplish this goal, our program will provide <b>4</b> complementary intervention tracks that build on existing local programs and initiatives while utilizing the broadest possible range of in-kind resources and funding to support the program and maximize the proposed State funding investment. The <b>first</b> intervention track will augment an existing program of youth mental health crisis intervention services for middle school students currently provided through a subcontract to the <b>Seneca Family of Agencies (Seneca)</b>. Through the proposed new MHSSA-funded subcontract, Seneca will hire and supervise <b>1 new full-time Mental Health Clinician</b> and <b>2 new full-time Mental Health Counselors</b> who will make up a new <b>middle school rapid response team</b> that will travel to <b>all 13 middle schools</b> in the district in response to requests from school-based health, mental health, and counseling staff. Team members will provide <b>immediate, on-site assessment</b> of student mental health needs and issues and will provide triaged responses based on student conditions, requirements, and prior history. Many students will be triaged into the emergency psychiatric services currently provided by Seneca through</p>



County and other funding. A total of **420** middle school students are expected to receive assessment and triage services through this team over the 4-year grant term.

For students assessed by the Seneca middle school rapid response team who do **not** have a need for crisis mental health services, students will be linked to a **new level of mental health support** designed to keep these issues from becoming severe and disabling for middle school students. This new level of support will be provided by a team of **3 full-time Social Workers / System Navigators** who will maintain caseloads of approximately **7** middle school students at any one time for an average of **3 months each**, for a total of **84** students served per year and **315** unduplicated students served over the 4-year grant term. The Social Workers / System Navigators will work with students and their families to comprehensively assess mental health needs and related conditions and issues, and to develop individualized behavioral health care plans that are incorporated into Individualized Education Plans (IEPs) where applicable. Social Workers / Navigators will link students to needed behavioral health and psychosocial services, provide regular informal student support, and monitor the progress of students to ensure their retention in the program and to address emerging needs or successes.

A **third** project intervention level will involve a subcontract to the non-profit **3<sup>rd</sup> Street Youth Center and Clinic**, a respected CBO based in the disadvantaged Bayview / Hunters Point neighborhood of San Francisco. Through the subcontract, 3<sup>rd</sup> Street will hire **3 full-time Licensed Therapists** who will provide school-based counseling services at **3 school-based wellness centers** operated by Community Behavioral Health Services through its **Community Health Programs for Youth (CHPY)** unit. These wellness centers are operated at Balboa High School, Philip and Sala Burton Academic High School, and Willie L. Brown, Jr. Middle School, and incorporate primary medical care, behavioral health services, family planning services, and health education. The therapists will be stationed within the wellness centers at these 3 high-risk educational facilities to provide much-needed on-site individual and group mental health services both on a drop-in and appointment basis. The new therapists will be trained, supervised, and supported by a new **half-time Behavioral Health Supervisor**.

The **fourth** program component involves a subcontract to **Life Learning Academy**, a San Francisco charter high school that is focused on serving the most challenged students in our district. Founded in 1998, Life Learning has become a **national model charter school** dedicated to providing a **holistic response** to the needs of troubled students whose lives have been severely impacted by trauma, exposure to violence, and personal loss. Over **half** of Life Learning's 60-member student body are involved in the foster care or juvenile justice systems, and many have been bullied or kicked out of other schools. **All** Life Learning students face severe, ongoing barriers to educational success and school retention. Life Learning Academy received a site visit from the Director of MHSOAC, Toby Ewing in 2019, who commended the school as a model approach to comprehensively supporting and addressing the needs of the hardest-to-retain students in California. Through the MHSSA program, Life Learning will contract with a **Mental Health Counselor** who will provide much-needed school-based group and individual counseling

	<p>services on approximately a <b>30%-time basis</b>. Support is also requested for <b>25%</b> of the annual costs needed for the school to operate its new <b>school-based residential dormitory program</b>, a high-quality on-site living facility that includes 24-hour staff support and monitoring, food, clothing, a computer lab, and a comfortable home environment for <b>24</b> of the school's most troubled students, many of whom have never experienced a safe or sanitary home environment in their lives. <b>Life Learning Academy is the first public school in the US to build and operate an on-site living facility, and the school has received national and international attention for the program.</b> The on-site dormitory program <b>in itself</b> serves as a strong preventative to a myriad of mental health issues for which the Academy's students are at intensely high risk, including substance use, educational attrition, depression, suicide, and poor health and wellness outcomes throughout their lives.</p>
2.	<p>Improving timely access to services for underserved populations.</p> <p>The four program components described will dramatically improve the ability of San Francisco middle and high school students to quickly, confidentially, and safely access timely mental health services directly on the school campuses they attend. The proposed middle school rapid response team will quickly respond to student mental health issues by providing on-site assessment, triaging, and linkage services, usually within <b>one hour</b> of an initial service request being made. The 3 new navigation staff employed by SFUSD will ensure ongoing follow-up, care plan development, and behavioral health monitoring for students who do not have a psychiatric emergency. The full-time on-site mental health therapists based at the 3 school-based wellness centers operated by CHPY will provide mental health counseling services on both a by appointment and drop-in basis. And the new consulting mental health counselor at Life Learning Academy will make mental health services directly available on that campus for the first time.</p>
3.	<p>Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.</p> <p>All mental health services to be provided through the proposed program will incorporate outreach to and consultations with families of affected students, including parents, foster parents, and other guardians. These individuals will be directly involved in the identification of student mental health issues and influencing factors, as well as in the development of both immediate and long-term approaches to securing positive behavioral health outcomes for students wherever possible. Parents will be particularly involved in the development of individualized behavioral health plans in collaboration with the 3 new Social Workers / System Navigators to be employed directly by SFUSD to provide behavioral health services and management for high-risk middle school students.</p>
4.	<p>Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.</p> <p>All mental health services to be provided through the proposed program will take an accepting, respectful, and non-judgmental approach to service provision, recognizing that mental health issues confront virtually all people at some point in</p>

	<p>their lives, and that seeking support to deal with them is a sign of personal strength, rather than weakness. This approach will be particularly important in the case of low-income and ethnic minority students, who are frequently exposed to stigmatizing messages and attitudes related to mental health treatment which see this treatment as ineffective, as a sign of weakness, or as something that could bring embarrassment or shame to the family. Each educational facility affected by the program will also continue to receive information and training on delivering messages to students regarding the importance of seeking support to address mental health issues, as well as messages to help reduce behavioral health-related stigma. School staff will also receive specific training and orientation on the new services to be available at each site through the MHSSA program, and on how to effectively refer and link students to these programs.</p>
5.	<p>Reducing discrimination against people with mental illness.</p> <p>As noted above, reducing mental health-related stigma is critical to increasing the utilization of behavioral health services by young people. This extends to a reduction in stigma and discrimination against persons with mental illness, which can often lead to damaging and sometimes fatal consequences through behaviors such as bullying, taunting, and social ostracism. Discrimination against persons with mental illness can also make young people reluctant to seek treatment themselves, for fear of being ridiculed, bullied, or stigmatized. As with the section above, staff at all schools involved in the proposed program will receive ongoing orientation and education on the need to reduce discrimination against persons with mental illness, while being provided with specific skills and teaching approaches to help address and minimize this discrimination. All services provided through the program will also be fully confidential, with services provided in locations that minimize student exposure in seeking and utilizing services.</p>
6.	<p>Preventing negative outcomes in the targeted population, including, but not limited to:</p>
6. a.	<p><b>Suicide and attempted suicide</b></p> <p>Reducing the underlying causes, indicators, and frequency of youth suicide will be a key objective of the proposed program. All mental health services will incorporate suicidal risk assessment, including suicidal ideation, history of past suicide attempts, family suicide history, and a broad range of causal factors including depression, PTSD, substance use, bullying, and sexual and gender orientation issues. All mental health services will also include suicide counseling and service referral, along with linkages to emergency intervention services where needed.</p>
6. b.	<p><b>Incarceration</b></p> <p>Proposed project services will reduce the risk of student incarceration by intervening in a range of mental health factors that can increase the risk or probability of involvement in the criminal justice system. These factors are particularly important in the case of African American young people, who face a highly disproportionate risk for incarceration which requires them to limit their exposure to criminal justice encounters. Many of the young people at our</p>

		target high schools – particularly Life Learning Academy – have prior or current histories of involvement in the juvenile justice system, and will be special target populations for the proposed program. All services will be provided in a non-stigmatized and non-judgmental manner regardless of past or current criminal justice involvement.
6.	c.	<p>School failure or dropout</p> <p>Reducing rates of school failure and dropout are key target outcomes of the program. These outcomes are expected to result from the provision of expanded school-based mental health services to middle school and high school students in our district through requested funding. Mental health issues are widely regarded as a key underlying cause of school failure and dropout. One widely circulated study conducted among 6,773 students in Canada between 2012 and 2015 at 12 disadvantaged high schools with high dropout rates found that <b>one-quarter</b> of students who dropped out had clinically significant depression in the months before quitting, and were <b>twice as likely</b> to drop out of school as non-affected students (Dupree, et al., 2017). The concentrated, comprehensive education and student support services provided at Life Learning Academy charter school – which serves the district’s highest risk, most academically challenged students – have resulted in graduation rates that exceed both local and national averages. In the 2017-2018 academic year, the Life Learning Academy graduation rate was <b>92%</b>, as compared to a California high school graduation rate of <b>83%</b> and a national high school graduation rate of <b>85%</b>.</p>
6.	d.	<p>Unemployment</p> <p>Student unemployment and underemployment following departure from school is directly related to levels of school failure and dropout. In 2019, fully <b>13.7%</b> of students who have dropped out of school were unemployed, as compared to a national unemployment rate of just <b>3.9%</b>. <b>By reducing school failure and dropout, our program’s expanded mental health services are expected to significantly reduce student unemployment rates.</b> At Life Learning Academy, which features an aggressive, student-centered career and workforce development component in which virtually all juniors and seniors have part-time jobs, nearly <b>90%</b> of all students are fully employed at the time they leave school.</p>
6.	e.	<p>Prolonged suffering</p> <p>The proposed MHSSA program will lead to a <b>significant reduction</b> in the number of high school and middle school students in San Francisco who must deal with prolonged suffering as a result of mental illness. The project’s staff education and orientation activities will work to increase awareness of the importance of early mental health intervention for young people, and will provide guidance to faculty and staff in both recognizing youth mental health symptoms and in discreetly and non-judgmentally referring young people to mental health services where needed. Meanwhile, the project’s new mental health staff will be experienced in providing developmentally appropriate,</p>

		stigma-free behavioral health services that strive to alleviate symptoms and allow students to access high-quality treatment at whatever level is required.
6.	f.	<p>Homelessness</p> <p>Public studies consistently report high levels of psychiatric disorders among youth experiencing homelessness, including depression, anxiety, substance use, posttraumatic stress disorder (PTSD), and dissociative behavior. Youth experiencing homelessness also frequently exhibit dual or multi diagnoses (e.g., mental health issues combined with substance use disorder) and evidence shows that having a mental health disorder prior to becoming homeless is a predictor of future homelessness (Homeless Policy Research Institute, 2019). By addressing mental health symptoms, issues, and conditions at an early age, the proposed program can significantly reduce later homelessness among vulnerable student populations.</p>
6.	g.	<p>Removal of children from their homes</p> <p>The proposed program will seek to significantly reduce the rate of removal of children from their homes in part by utilizing a <b>family-centered approach</b> to student mental health services. Wherever possible, family members and guardians will be directly involved in the assessment of student mental health needs and conditions and in the development of individualized student behavioral health care plans. This process will also include recommendations for <b>parents and guardians to seek and obtain appropriate mental health, substance use, and other services</b>, along with linkage and navigation support to access and pay for these services. These interventions will center on securing as stable and safe a home environment for each child as possible, and for avoiding removal wherever practicable.</p>
6.	h.	<p>Involuntary mental health detentions</p> <p>The proposed program will seek to reduce the rate of involuntary mental health detentions among high-risk middle and high school students by providing <b>early intervention services</b> that identify and address mental health issues <b>before</b> they require emergency intervention. The new middle school rapid response team employed through Seneca will also help to reduce the rate of early mental health detentions by providing a new, intermediate level of student support through the 3-member Social Work / Navigation team employed by SFUSD. Meanwhile, all project care plans will incorporate approaches to effectively address mental health issues before they become psychiatric emergencies.</p>
7.		That the plan includes a description of the following:
7.	a.	<p>The need for mental health services for children and youth, including campus-based mental health services, as well as potential gaps in local service connections</p> <p>According to the National Institute of Mental Health, about <b>3 million</b> teens aged 12 – 17 in the US had at least one major depressive episode in 2015 (NIMH, 2019). The same report found that approximately <b>one in five</b> youth</p>



		<p>aged 13 – 18 will experience a severe mental disorder at some point during their lifetime, equating to more than <b>17 million</b> young people. The prevalence of mental health conditions among youth nationally is higher than that of more broadly acknowledged physical health conditions such as asthma and diabetes (Insel, 2015). Not only do mental health disorders in youth cause tremendous emotional damage and suffering among young people and within families, but they are by far <b>the largest cost driver among youth within the health care system</b>, accounting for more costs than diabetes, cancer, and respiratory disorders <b>combined</b> (Melynk, Fulmer, Van Orman, Thorpe, 2015). If depression and other mental health disorders are not treated effectively in youth, research indicates that they will persist or reoccur in adulthood, and/or lead to a more severe, harder to treat illness (Ibid.).</p> <p>The effects of mental health issues on youth mirror and in many cases are magnified among young people living in San Francisco. According to the <i>2019 San Francisco Community Health Needs Assessment</i>, <b>26%</b> of SFUSD high school students reported prolonged sad or hopeless feelings in 2017, and almost <b>13%</b> of SFUSD high school students and a shocking <b>20%</b> of SFUSD middle school students had considered attempting suicide in 2017. <b>Lesbian and gay</b> SFUSD high school students were significantly more likely to report prolonged sadness or hopelessness (<b>62%</b>) and to have suicidal thoughts (<b>40%</b>) than heterosexual students (<b>22%</b> and <b>10%</b>, respectively). At the same time, <b>12%</b> of SFUSD high school students and <b>3%</b> of middle school students have abused prescription drugs, while <b>8%</b> of high school students and <b>6%</b> of middle schools students have used methamphetamines, inhalants, ecstasy, or cocaine. Meanwhile, for the city as a whole, age-adjusted rates of hospitalization due to major depression among African Americans in San Francisco are <b>5 times higher</b> than among Asian / Pacific Islanders, while suicide is the <b>12th leading cause of death</b> among all San Francisco residents.</p> <p><b>All of these factors point to the importance of providing high-quality youth mental health services directly on middle school and high school campuses which are attended by the vast majority of young people ages 12 – 18 in San Francisco.</b> Providing mental health services in school-based settings allows young people to access <b>free, high-quality services at the time they are needed</b> in easily accessible locations that obviate the need to seek services in community-based locations that can be difficult to access and that risk having mental health issue identified by others. All of the proposed mental health services described in this application represent <b>critical expansions</b> of campus-based mental and behavioral health service and opportunities that fill <b>major gaps</b> in the city’s existing matrix of youth behavioral health care. All proposed interventions also <b>complement and build on</b> existing investments being made by the Health Department and the School District in student mental health, and will significantly contribute to the enhanced mental health and wellness of middle and high school students in our region.</p>
	7. a. i.	<p>Identify the needs and how they were determined (e.g. Needs assessment)</p> <p>Identification of local needs in relation to the proposed program was accomplished through a series of <b>group planning activities</b> in which key</p>

		<p>mental health providers and systems within the San Francisco Department of Public Health and the San Francisco Unified School District worked together to identify significant systemic gaps in campus-based mental health services for local middle and high school students. This process included review and analysis of data at key service points, such as mental health utilization data for the 3 student wellness centers operated by CHPY. Each of the four program elements identified through the process emerged as key points at which an <b>infusion of new school-based mental health staff</b> could make a significant contribution to the health and wellness of San Francisco students.</p> <p>Additionally, the program relied on needs data produced through <b>2</b> prior seminal local planning processes. The first of these was a <b>Mental Health Services Act (MHSA) Community Planning Process</b> designed to produce a San Francisco MHSA Integrated Plan for the period 2017-2020. For this assessment, the SF-MHSA team hosted <b>eleven (11)</b> community engagement meetings inviting participants from the City’s eleven Supervisorial Districts to collect community member feedback on existing Behavioral Health Services programming and better understand the needs of the community. The <b>second</b> needs assessment consisted of a year-long planning process to develop an <b>integrated system of care to meet the behavioral health and related needs transition-age youth ages 16-25 in San Francisco</b>. For this process, SF BHS conducted more than <b>60</b> separate stakeholder engagements, including meetings and discussions with staff and representatives of a comprehensive range of youth-serving organizations and individuals throughout the city, including community-based organizations, public and private systems of care, individual service providers, and TAY youth themselves. The goal of the planning process was to identify critical gaps, needs, and barriers in the existing system of TAY care and to produce a blueprint for an integrated TAY support program for the City and County of San Francisco. Key recommendations emerging from the MHSA Community Planning Process specifically related to the proposed program include: a) the need for specialized behavioral / mental health <b>crisis response services</b> tailored to the specific needs of affected San Francisco subpopulations; b) the need for expanded services to <b>decrease barriers to care</b> for clients with mental illness; and c) the need for services that increased <b>timely access</b> to care. Key relevant recommendations from the TAY planning process included: a) the need for expanded dual diagnosis services; b) the need for more behavioral health providers who are competent in both mental health and substance use issues and treatment; and c) the need for an expanded focus on psychoeducational services for parents and family members.</p>
	7. b.	<p>The proposed use of funds, which shall include, at a minimum, that funds will be used to provide personnel or peer support</p> <p>As noted above and described in greater detail in the section below, requested project funding will support a total of <b>9 new full-time and 1 new half-time mental health staff</b> who will deliver direct, campus-based counseling, therapy,</p>

		<p>social work, behavioral health assessment, and patient navigation and linkage services to middle and high school students in the city. These services will be provided through <b>3</b> distinct project subcontracts, as shown in the Organizational Chart above. The project will also support a <b>contracted mental health provider</b> at Life Learning Academy who will provide on-site mental health services on approximately a <b>.30 FTE</b> basis, along with an <b>Evaluation / Data Consultant</b> contracted by CBHS who will provide support for the design, implementation, and monitoring of project data collection systems and the analysis and reporting of cross-site project data. All project administrative, support, oversight, and coordinating activities will be funded through in-kind staff at both the San Francisco Department of Public Health and at the project’s subcontracting agencies. <b>All told, fully 75% of direct project costs will specifically support new mental health staff and providers.</b> Remaining project allocations will support operation of the dormitory program at Life Learning Academy – which can itself be considered a mental health intervention – along with costs of computer purchase and staff training and supervision at Seneca and the Evaluation / Data Consultant described <b>above</b>.</p> <p><b>While urgent needs in our region necessitate our using MHSSA funds to exclusively support experienced mental health staff, both our region and our project partners are strongly committed to the training and employment of both youth and adult peers to support mental health awareness, access, and retention.</b> Seneca and 3<sup>rd</sup> Street Youth Center and Clinic both operate robust and extensive peer involvement, service, and leadership development programs, and students and their families served by our program will have the ability to access to these services. San Francisco Community Behavioral Health Services also operates the <b>LEGACY (Lifting &amp; Empowering Generations of Adults Children and Youth)</b> program which incorporates trained adult peers to provide support to parents of children facing mental health issues.</p>
	7. c.	<p>How the funds will be used to facilitate linkages and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes</p> <p>Virtually <b>all</b> of the mental health services provided through the proposed program will feature a direct component designed to both <b>link</b> students affected by mental health issues to appropriate service and support programs and to support students in <b>sustaining</b> their involvement in behavioral health treatment and psychosocial services over time. All project-funded mental health staff will continually assess current and evolving student and family needs in regard to both behavioral health issues and to related issues that can serve as drivers and co-factors in influencing behavioral health problems, including problems such as lack of safety, lack of adequate food or housing, lack of family or social support, and difficulties in the education environment. All mental health staff will collaborate with other campus-based staff to provide both <b>referral and linkage services</b> to help students and their families obtain needed service and support, and will follow up these linkages to ensure that student have actually obtained services and that they continue to obtain them for as long as needed. The <b>3 new Social Workers / System Navigators</b> to be</p>

			employed through the San Francisco Unified School District will play a particularly critical role in this regard by assessing the needs and conditions of middle school students and their families; developing and continually revisiting individualized behavioral health plans; linking students and their families to needed services, including through the provision of client advocacy services; and monitoring treatment and service adherence over time.
7.	d.		The Partnership's ability to do all of the following:
		i.	<p>Obtain federal Medicaid or other reimbursement, including Early and Periodic Screening, Diagnostic, and Treatment funds, when applicable, or to leverage other funds, when feasible</p> <p>As noted above, both Seneca and 3<sup>rd</sup> Street Youth Program and Clinic are skilled at obtaining federal Medicaid and other federal reimbursements to support direct youth mental health services for eligible students and their families. Services provided through City-funded student wellness centers and through SFUSD do <b>not</b> bill Medicaid because they are provided free of charge through City allocations. However, the San Francisco Department of Public Health continually leverages federal funding streams to support mental health programs for youth, including Early and Periodic Screening, Diagnostic, and Treatment funds and other sources.</p>
		ii.	<p>Collect information on the health insurance carrier for each child or youth, with the permission of the child or youth's parent, to allow the partnership to seek reimbursement for mental health services provided to children and youth, where applicable</p> <p>Staff funded through the proposed program will collect information on the health insurance carrier for each child or youth when necessary; however, collection of this information will generally not be seen as a prerequisite for receiving proposed project services. All direct mental health services proposed through this application will be fully funded through the State grant through the duration of the 4-year grant period, with continuation funding for successful program elements provided through the City and County of San Francisco where practicable. However, both Seneca and 3<sup>rd</sup> Street will provide insurance screening and benefits enrollment assistance for children and families who become clients of the agencies, or who require additional billable services through each agency. Additionally, school wellness centers and Life Learning Academy will also provide direct support to families of students with mental health issues in seeking, applying for, and obtaining both insurance coverage and public benefits to help support and pay for the costs of additional mental health services above and beyond those provided through the grant program. Additionally, the project sustainability plan will feature a strong emphasis on expanded insurance reimbursement as a strategy for continuing successful project elements following the expiration of the grant period.</p>

	7.	d.	iii.	<p>Engage a health care service plan or a health insurer in the mental health partnership, when applicable, and to the extent mutually agreed to by the partnership and the plan or insurer</p> <p>New mental health providers working through the proposed program will have the ability to engage and health care service plan or a health insurer in the mental health partnership when behavioral health treatment or medical needs exceed the ability of funded staff or other campus-based resources to address them. In general, these linkages will occur through community-based organizations that provide or link students to more intensive mental health, substance use treatment, and other services requiring insurance or health plan support. Staff of these agencies will work with families to identify appropriate insurance and benefits sources, and or to identify and obtain reimbursement for specific needed services from insurers. Options for obtaining such coverage for low-income families include the <b>San Francisco Health Plan</b>, the plan chosen by 8 out of every 10 San Francisco Medi-Cal managed care enrollees which provides more than <b>145,000</b> members with access to a full spectrum of medical services including preventive care, specialty care, hospitalization, prescription drugs, and family planning services through the Medi-Cal and Healthy Workers HMO programs.</p>
	7.	d.	iv.	<p>Administer an effective service program and the degree to which mental health providers and educational entities will support and collaborate to accomplish the goals of the effort</p> <p>All entities participating in the proposed program are highly skilled both at managing complex youth mental health programs and ensuring the delivery of high-quality, youth directed mental health services. The project partners will continually meet together to plan, implement, and monitor project services and to coordinate and integrate program monitoring, evaluation, and quality improvement activities. As described in greater detail below, this includes <b>monthly</b> planning meetings throughout the first project year and at least <b>quarterly</b> meetings through the remainder of the grant period. The project partners will also collaborate with a broad range of public and private entities and providers to ensure access to a comprehensive range of services for students and their families, including collaborating with campus-based resources and providers; units and divisions of the San Francisco Department of Public Health and the San Francisco Unified School District; and with a broad range of service providers, insurers, and programs both inside and outside the city. This latter activity reflects a longstanding commitment by the San Francisco youth mental health system to collaboration, partnership, and resource sharing, both as a strategy for ensuring youth and family access to services and as a way to maximize and build on available resources for the benefit of city residents.</p>
	7.	d.	v.	<p>Connect children and youth to a source of ongoing mental health services, including, but not limited to, through Medi-Cal, specialty mental health plans, county mental health programs, or private health coverage</p>

			<p>As noted above, project-involved students with mental health issues, along with responsible family members, will be continually assessed through the program and provided with linkage to both short and long-term behavioral health, medical, and ancillary services as needed. This includes linkage to Medi-Cal coverage for long-term medical and behavioral health services, county mental health programs, private health coverage, and other options. The goal of these efforts will be to ensure that students remain in behavioral health treatment for as long as needed both to ensure the long-term alleviation of symptoms and to prevent future mental health episodes or psychiatric crises. All project mental health staff will include assessment of the <b>long-term needs</b> of the students they serve beyond the period within which they provide direct services, and will ensure that students and their families are anchored in long-term care before direct services end. This can include extended periods of direct counseling or support for project-involved students with special needs or circumstances that are best served by project-funded staff on a long-term basis.</p>
	7.	d. vi.	<p>Continue to provide services and activities under this program after grant funding has been expended</p> <p>The project partners – led by Community Behavioral Health Services - will make every effort to ensure the continuation of grant-funded services following the expenditure of grant funding. As described in greater detail in the Sustainability Plan below, this will include gathering high-quality outcome data to verify both the impact and cost-effectiveness of each program component and using this data to leverage both public and private funding in support of successful project interventions. The Plan will also include research regarding the potential for public and private insurance programs to support some or all of the proposed project activities.</p>
	7.	d. vii.	<p>Screen students for risk factors related to trauma or other mental health conditions, with emphasis on Pre-K through 3<sup>rd</sup> grade.</p> <p>All students served by the program will be screened for risk factors related to trauma and other mental health conditions. This includes screening conducted in the context of direct project-funded mental health services and through informal ongoing screening conducted by school faculty and staff as a result of project training and orientation activities. While our project does not include an emphasis on Pre-K through 3<sup>rd</sup> grade, initiatives are underway in the city to implement and expand comprehensive risk screening at these grade levels.</p>
	7.	d. viii	<p>Collect data on program implementation and measures of student well-being.</p> <p>The project partners will collaborate during the initial 3-month start-up phase to develop a comprehensive data collection and evaluation system that incorporates indicators and measures related to both the <b>process</b> of program implementation and on project <b>outcomes</b> in relation to factors</p>



		<p>such as alleviation of mental health symptoms, reductions in substance use, reductions in HIV and STD risk behaviors, improved educational attainment, improved student self-efficacy, improved family relationships and support, and overall student well-being. The project will work with the contracted Evaluation / Data Consultant to design computerized data collection systems that cross all project providers and that allow for aggregation and analysis of project data across sites on at least a <b>quarterly</b> basis – data which the project partners will continually review to identify successes, barriers, and disparities and to develop and implement ongoing project improvements. The project will also provide ongoing training and support to staff in the ongoing entry of timely and accurate service data and in the administration and entry of tools to assess project outcomes on students, including potential outcomes at a designed period beyond the provision of direct mental health services.</p>
8.		<p>The plan must also address facilitating linkages and access to ongoing and sustained services, including:</p>
8. a.		<p><b>Services provided on school campus</b></p> <p>The proposed program <b>exclusively</b> provides campus-based mental health services to middle and high school students. In the case of the new middle school rapid response team funded through a subcontract to Seneca, providers will travel throughout the district responding to requests from school health offices and wellness centers for assessment, triage, and referral of students with mental health needs. Similarly, the 3 new Social Workers / System Navigators employed through a subcontract to SFUSD will travel throughout the district providing services to students directly at middle schools as needed. The 3 new Licensed Therapist funded through a contract to 3<sup>rd</sup> Street Youth Center and Clinic will be directly based at the three campus wellness centers operated by San Francisco Community Health Programs for Youth, a unit of the San Francisco Department of Public Health. And a new contracted mental health counselor will provide school-based counseling services at Life Learning Academy on an approximately 30% time basis. All new campus-based staff will work in close collaboration with existing campus health staff and appropriate faculty, and will coordinate and integrate activities with all relevant public and private mental health programs serving middle school and high school youth in the city.</p>
8. b.		<p><b>Suicide prevention services</b></p> <p>Suicide risk assessment will be a part of all student assessments conducted by project-funded mental health staff, both at the initiation of services and on an ongoing basis throughout the time of each student’s involvement in the program. This includes assessing prior or current suicidal ideation; past suicide attempts; and family or social network history of suicide. Students with moderate to severe depression and/or related conditions will be presumptively assumed to be at suicide risk, and suicide prevention counseling will be incorporated into any ongoing course of behavioral health treatment. Students</p>

		will also be referred to outside suicide prevention resources as needed, ranging from suicide prevention hotlines to psychiatric detention in extreme cases. Suicide risk recognition, referral, and prevention services and resources will also be included in all faculty and staff education provided in relation to the program.
	8. c.	<p>Drop-out prevention services</p> <p>As noted above, a key goal of the proposed program is the reduction of dropout and school failure rates as the result of alleviation of mental health symptoms. Life Learning Academy charter high school in particular is specifically geared to supporting and promoting academic achievement through the provision of wraparound student support services that include behavioral health services and safe, on-site living facilities that remove risks and challenges to academic achievement posed by unsafe or abusive living situations. Mental health providers will assess student dropout risk while inventorying key co-factors that relate or can lead to academic failure, including home and family stressors, depression, isolation, bullying, PTSD, and other factors. These issues will be incorporated into all student care plans and ongoing mental health services, and the project as a whole will assess the impact of the program on academic achievement across the system. All student behavioral health plans will also be fully integrated with existing student IEPs wherever application.</p>
	8. d.	<p>Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school</p> <p>The project will have a special focus on high-risk youth and young adults, including foster youth, LGBT youth, and youth who have been expelled or suspended from school. As noted above, youth in foster care and/or the juvenile justice system already make up more than <b>half</b> of the student population of Life Learning Academy, and students in all of the above categories are expected to comprise a significant proportion of young people to be served through our program. All project-funded mental health providers will have personal prior experience or will receive extensive training in serving members of these populations, and many of the professionals hired through the program are expected themselves to be LGBT individuals or persons with prior experiences in the foster care or juvenile justice system. Project services will be tailored not only to the needs of high-risk populations, but to the specific developmental levels of these populations at the time of receiving services.</p>
	8. e.	<p>Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services</p> <p>As noted above, all student behavioral health plans will incorporate a plan for ensuring that students remain engaged in mental health and related services for as long as needed to sustain mental health on a long-term basis. Mental health providers supported through the program will continually ensure student linkage and adherence to all needed outside services, and will monitor</p>

		<p>this adherence throughout the term of each student’s engagement in the program. Additionally, providers will develop long-term student plans that will be handed off to appropriate entities or providers when students no longer require the services provided by MHSSA-funded staff.</p>
	9.	<p>Funds may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the Commission</p> <p>In addition to direct hiring of new, campus-based mental health providers, our program includes a unique component to partially support the annual operating costs of an <b>on-site dormitory</b> at Life Learning Academy charter high school. As noted above, this dormitory – opened just over a year ago - represents the <b>first high school-based residence built in the US</b>, and provides a unique approach to addressing student mental health issues and supporting academic achievement by providing a safe, stable, and comfortable housing environment, often for the first time in residents’ lives. Coupled with the new proposed on-site mental health counselor to be based at Life Learning, the dormitory program holds the potential for significantly impacting student wellness, quality of life, and potential futures while positively impacting and in many cases preventing mental health conditions. As noted above, the annual costs of operating the dormitory facility are approximately <b>\$1 million</b>. The San Francisco Mayor’s Office has committed <b>\$500,000</b> per year to this program while another <b>\$250,000</b> per year will be raised through private donations. Our program is requesting support from the MHSSA program for the remaining <b>\$250,000</b> per year in dormitory costs, in part to enable us to assess and evaluate the impacts of this highly innovative program on the mental health conditions, health and wellness, and future success of the facility’s student residents.</p>

## ATTACHMENT 6: PROGRAM IMPLEMENTATION PLAN – PLAN NARRATIVE

PLAN NARRATIVE	
VII.E.i.	<p>The purpose of the Program Implementation Plan is to illustrate the critical steps in starting the proposed programs and to identify any challenges associated with implementation. By requiring the Program Implementation Plan to be completed prior to submission, counties and educational entities will be better equipped to begin serving students within 90 days of grant award.</p>
VII.E.ii.	<p>Plan Narrative</p> <p>Describe how the Applicant will implement the proposed program described in the Proposed Plan in Section VII.D. above.</p> <p><b>The proposed MHSSA program will deliver individualized, high-quality, campus-based mental health services to a minimum of 1,132 unduplicated middle and high school students in San Francisco who are living with or at high risk for mental illness and mental health issues over the proposed 4-year grant period.</b> The program will seek to both <b>prevent</b> serious mental illness and mental health issues through early intervention, support, navigation, and ongoing monitoring services and to <b>treat</b> behavioral health issues through direct counseling, therapy, and mental health services. The program will utilize a non-judgmental, trauma-informed, culturally competent, and family-based approach to care which seeks to reduce the <b>stigma</b> related to both mental illness and mental health treatment while addressing the specific developmental levels of project-involved students. Services through the program will be provided by project partners in the following configuration:</p> <ol style="list-style-type: none"> <li>1. <ul style="list-style-type: none"> <li>▪ The new 3-member Social Worker / Systems Navigator team employed through a subcontract to SFUSD which will travel throughout SF middle schools providing ongoing assessment, plan development, counseling, linking, and monitoring services will serve an average total of <b>21</b> students at any given time, or an average caseload of <b>7</b> students per staff member. Given an average length of stay in the program of <b>3</b> months per student over a 9-month academic year, this results in a total of <b>84</b> unduplicated students served per year. Over the 4-year grant term, with an initial 3-month hiring period, the component will serve a total of <b>315</b> total unduplicated students (84 x 3.75).</li> <li>▪ The new 3-member middle school rapid response team employed through a subcontract to Seneca will assess an average of <b>112</b> middle school students per year, or just over <b>12</b> students per month in a 9-month academic year. This results in a total of <b>420</b> unduplicated students served by this component over the grant term (112 x 3.75). However, approximately <b>315</b> of these students will be referred to the new Social Worker / Systems Navigator team which, means that only <b>105</b> of these clients will be unduplicated from the population above.</li> <li>▪ The new 3-member mental health therapist team employed through 3<sup>rd</sup> Street and based at the 3 CHPY wellness centers in San Francisco will serve an average</li> </ul> </li> </ol>

of **60** unduplicated students per year at Philip and Sala Burton Academic High School, **75** unduplicated students per year at Balboa High School, and **31** unduplicated clients per year at Willie L. Brown, Jr. Middle School. Therapists will provide both short and long-term student support, ranging from 1-session assessment and linkage encounters to regular counseling sessions lasting several months. The therapists will not necessarily be anchored in a single location, but will travel throughout the 3 schools provided services where needed based on demand and staff availability. Estimated student populations are based on existing demand for mental health services at each wellness center. The combined service populations result in a total of **166** unduplicated students served per year, or just under **622** students over the life of the program ( $166 \times 3.75 = 622.5$ ).

- Finally, the new consulting mental health counselor to be based at Life Learning Academy will serve an average caseload of **12** students at any one time, providing counseling for an average of 4.5 months per student, or 24 cycles over a 9-month academic year. This results in a total of **24** unduplicated students served per year, or **90** students over the course of the grant period ( $24 \times 3.75$ ).

During the first 3 months of the program – while new staff are being recruited and hired – the project partners will meet together and collaborate with staff of the MHSSA program to develop a set of process and outcome indicators through which to track both the process and outcomes of program implementation. On a quantitative level, this is expected to include indicators such as number of assessment, counseling, navigation, and other sessions conducted; number and type of referrals linkages made to specific school-based and outside services; number of staff and faculty training and orientations conducted; demographic, behavioral health, and family characteristics of students served; and number and type of services provided to family members. On a qualitative level, indicators to track project outcomes could include items such as student mental health conditions and symptoms at time of first encounter and at the conclusion of services; changes in self-reported mental health, well-being, and family functioning from beginning to end of services; changes in academic attainment and from beginning to end of services; reductions in suicidality from beginning to end of services; and reductions in co-morbidities such as alcohol, substance use, and HIV/STD risk behaviors from beginning to end of services. If resources permit, the project may also seek to conduct randomized follow-up interviews with students at 3, 4, or 6 months following discharge from the program, in an attempt to assess longer-term impacts of the intervention on student mental health conditions and well-being. The project will also utilize outcome data to conduct an **informal cost-benefit analysis** that seeks to compare the actual cost of the program to the cost saved to the system as a result of reduced future mental health needs, psychiatric emergencies, substance use-related hospitalizations, and other conditions.

2. Provide the following:

2. a. Recruitment strategy for each position. Clearly identify if the staff will be an employee, contracted staff, peer, parent partner, or other.

b.

1) Position: **Three (3) Full-time Social Workers / System Navigators**

**Employee - Contracted through SFUSD**

Contracted

Other: \_\_\_\_\_

Strategy: Within 1 week of grant award, the new positions will be posted on a range of public interest employment sites such as Work for Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job positions will also be posted on the SFUSD website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with partner organizations throughout the region to refer competent staff who may be appropriate for each position.

Expected Hiring Date: (Month/Date/Year): **10/1/20 (Based on projected start date of July 1, 2020)**

2) Position: **One (1) Full-time Mental Health Clinician**

**Employee - Contracted through Seneca**

Contracted

Other: \_\_\_\_\_

Strategy: Within 1 week of grant award, the new position will be posted on a range of public interest employment sites such as Work for Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job position will also be posted on the Seneca website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with partner organizations throughout the region to refer competent staff who may be appropriate for each position.

Expected Hiring Date: **10/1/20 (Based on projected start date of July 1, 2020)**

3) Position: **Two (2) Mental Health Counselors**

**Employee - Contracted through Seneca**

Contracted

Other: \_\_\_\_\_

Strategy: Within 1 week of grant award, the new positions will be posted on a range of public interest employment sites such as Work for

Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job positions will also be posted on the Seneca website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with partner organizations throughout the region to refer competent staff who may be appropriate for each position.

Expected Hiring Date: **10/1/20 (Based on projected start date of July 1, 2020)**

**4) Position: Three (3) Licensed Therapists**

- Employee - Contracted through 3<sup>rd</sup> Street Youth Center and Clinic**
- Contracted
- Other: \_\_\_\_\_

Strategy: Within 1 week of grant award, the new positions will be posted on a range of public interest employment sites such as Work for Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job positions will also be posted on the 3<sup>rd</sup> Street website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with partner organizations throughout the region to refer competent staff who may be appropriate for each position.

Expected Hiring Date: **10/1/20 (Based on projected start date of July 1, 2020)**

**5) Position: One (1) Half-time Behavioral Health Supervisor**

- Employee - Contracted through 3<sup>rd</sup> Street Youth Center and Clinic**
- Contracted
- Other: \_\_\_\_\_

Strategy: Within 1 week of grant award, the new position will be posted on a range of public interest employment sites such as Work for Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job position will also be posted on the 3<sup>rd</sup> Street website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with



		<p>partner organizations throughout the region to refer competent staff who may be appropriate for each position.</p> <p>Expected Hiring Date: <b>10/1/20 (Based on projected start date of July 1, 2020)</b></p>
		<p>6) Position: <b>One Contracted Mental Health Counselor – Approx. .30 FTE</b></p> <p><input type="checkbox"/> Employee</p> <p><input checked="" type="checkbox"/> <b>Contracted through Life Learning Academy</b></p> <p><input type="checkbox"/> Other: _____</p> <p>Strategy: Within 1 week of grant award, the new position will be posted on a range of public interest employment sites such as Work for Good, Jobs with Justice, and Indeed.com, and on mental health specific sites such as the employment site of the Mental Health Association of San Francisco, jobssf, and joblink.socialworkers.org. Job announcements will also be posted on traditional sites such as LinkedIn, monster.com, ziprecruiter.com, and careerbuilder.com. The job position will also be posted on the 3<sup>rd</sup> Street website and circulated to providers throughout the Bay Area. The agency also relies on existing relationships with partner organizations throughout the region to refer competent staff who may be appropriate for each position.</p> <p>Expected Hiring Date: <b>10/1/20 (Based on projected start date of July 1, 2020)</b></p>
	3.	<p>Retention Strategy for staff.</p> <p>All participating subcontract agencies incorporate a multifaceted range of approaches to supporting staff in their positions and to help address work-related issues before they become a reason for staff to leave the program. These include: a) access to ongoing continuing education and other skills-building and leadership training program; b) opportunities to build networks and increase professional visibility through participation in conferences, workshops, and seminars; c) opportunities during regular staff meetings to share personal feeling regarding workplace pressures, stresses, and barriers, and unlimited opportunities to bring such feelings forward to supervisory and administrative staff on a confidential basis; and d) continual building of a sense of camaraderie and common mission among team members in order to build a strong group identity and to ensure freedom and openness in seeking support from and addressing issues with fellow workers. All project staff will also have reasonable, clearly stated, and mutually agreed upon roles, job expectations, and performance targets which can be continually revisited and revised based on emerging issues, challenges, or changing client needs. In addition to these elements, project staff will receive ongoing clinical training, supervision, and support to allow them to provide culturally appropriate, developmentally specific youth mental health services.</p>
	3. a.	<p>Including training plan</p> <p>All project staff will receive an initial general orientation from their respective hiring agencies (SFUSD, Seneca, 3<sup>rd</sup> Street, and Life Learning Academy) which</p>

	<p>incorporates information and education on agency history, mission, policies, services, personnel procedures, client confidentiality regulations, etc. Clinical or supervisory programmatic staff at each agency will then provide individualized training and orientation on each staff member's specific job responsibilities, roles, data and reporting requirements, and client service orientation. This will include having staff participate in any appropriate outside training and certification program or programs required by each agency, along with shadowing periods in which new staff observe established staff providing services, and then discuss those experiences with staff in separate sessions. All project training will be designed to ensure that project services are: a) responsive and appropriate to the <b>cultural, linguistic, and socioeconomic backgrounds</b> of youth and family clients; b) appropriate to the specific <b>developmental levels</b> of individual youth clients; c) sensitive to and respectful of the needs and circumstances of young people from <b>diverse sexual orientations and gender identifies</b>; d) fully <b>trauma informed</b> and able to provide a sense of <b>safety and refuge</b> for young people with histories of trauma and violence exposure; and e) sensitive to <b>stigma and negative attitudes</b> regarding behavioral health services, and able to honestly and safely confront and discuss these issues in the context of the therapeutic relationship. Staff at each agency will continue to provide opportunities for new staff to expand and broaden their professional expertise, responsibilities, and roles as their experience with project populations and services grows.</p>
	<p>4. Describe how staff/personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners, etc.). List the activities to be performed by each position to be hired through this grant.</p> <p>1) Position: <b>Three (3) Full-time Social Workers / System Navigators contracted through SFUSD</b></p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The 3 full-time Social Workers / System Navigators will provide middle school students affected by mental health issues with comprehensive behavioral health and assessments and screenings; student and family care plan development and monitoring; referral, linkage, and client advocacy services; direct behavioral health counseling services; and long-term monitoring and follow-up.</p> <p>2) Position: <b>One (1) Full-time Mental Health Clinician contracted through Seneca</b></p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The full-time Mental Health Clinician will provide direct mental health assessment, triaging, and crisis intervention services as needed for middle school students in San Francisco who are facing mental health issues. The</p>

Clinician will work as a member of a new 3-member middle school rapid response team along with 2 full-time Mental Health Counselors, and will provide ongoing clinical Supervision, training, and support to the counselors. The team members will link students to needed services, including the team of 3 Social Workers / System Navigators above for students with non-emergency issues. The team will also follow up with schools and students to ensure linkage to key services and programs.

**3) Position: Two (2) Mental Health Counselors contracted through Seneca**

Indicate if a peer/parent partner position: Yes  No

How this position will be used/Activities performed by this position:

The 2 full-time Mental Health Counselors will provide direct mental health assessment, triaging, and crisis intervention services as needed for middle school students in San Francisco who are facing mental health issues. The Counselors will work as a member of a new 3-member middle school rapid response team along with the full-time Mental Health Clinician. The team members will link students to needed services, including the team of 3 Social Workers / System Navigators above for students with non-emergency issues. The team will also follow up with schools and students to ensure linkage to key services and programs.

**4) Position: Three (3) Licensed Therapists contracted through 3<sup>rd</sup> Street Youth Center and Clinic**

Indicate if a peer/parent partner position: Yes  No

How this position will be used/Activities performed by this position:

The 3 Licensed Therapists will provide direct campus-based mental health assessment and counseling services to young people living with and at high risk for mental health issues at the 3 campus wellness centers operated by CHPY. Therapists will maintain ongoing student caseloads, and will travel as needed among the 3 wellness centers based on ongoing need and demand. Therapists will continually assess student needs and refer and link to needed health, behavioral health, and ancillary services. Therapists will also continually collect data on students served, services provided, and outcomes and impacts of project services.

**5) Position: One (1) Half-time Behavioral Health Supervisor contracted through 3<sup>rd</sup> Street Youth Center and Clinic**

Indicate if a peer/parent partner position: Yes  No

How this position will be used/Activities performed by this position:

The half-time Behavioral Health Supervisor will provide ongoing training, support, and clinical supervision for the 3 Licensed Therapists employed through the 3<sup>rd</sup> Street subcontract. The Supervisor will also work with school wellness centers to schedule the therapists' time, coordinate with existing wellness center services and programs, and respond to emerging needs and

	<p>issues. The Supervisor will also provide training to campus staff and faculty related to student mental health needs and issues.</p> <p>6) Position: <b>One Contracted Mental Health Counselor at Life Learning Academy</b></p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The contracted Mental Health Counselor will provide ongoing, campus-based group and individual counseling services for students with mental health issues who are enrolled at Life Learning Academy charter high school. The Counselor will continually assess student needs, refer and link students to needed services, and address issues of trauma and stigma among students served. The Counselor will also continually collect and report data regarding students served, services provided, and ongoing service outcomes.</p>
5.	<p>List of any other community partner collaborative entities that are involved with the proposed plan.</p> <p>As noted above, the collaborative entities involved with the proposed plan are:</p> <p><b>1) San Francisco Community Behavioral Health Services (CBHS)</b></p> <p><b>2) San Francisco Unified School District (SFUSD)</b></p> <p><b>3) San Francisco Community Health Programs for Youth (CHPY)</b></p> <p><b>4) Seneca Family of Agencies</b></p> <p><b>5) 3<sup>rd</sup> Street Youth Center and Clinic</b></p> <p><b>6) Life Learning Academy Charter High School</b></p>
6.	<p>Partnership Training Plan:</p> <p>Overall program coordination, management, planning, and reporting will be provided on an in-kind basis by the San Francisco Community Behavioral Health Services unit of the San Francisco Department of Public Health. The key project partner and collaborator will be the San Francisco Unified School District, primarily through the Safety and Wellness unit of the district’s Student Family and Community Support Department. The District will directly hire and oversee the new 3-member Social Work / Systems Navigation team which will manage the needs of San Francisco middle school students with non-crisis mental health issues identified and referred by the 3-member Seneca middle school rapid response team. The Seneca subcontract will be overseen and managed by CBHS. San Francisco Community Health Programs for Youth – a program of the San Francisco Department of Public Health separate from CBHS – will oversee the subcontract to 3<sup>rd</sup> Street Youth Center and Clinic to support the 3 new Licensed Therapists providing mental health services at the programs 3 school-based wellness centers. The subcontract to Life Learning Academy for dormitory operations costs and a new contracted Mental Health Clinician will be overseen and managed by SFUSD. Additional time for a contracted Evaluation / Data Consultant will be managed by CBHS.</p>

	<p>All participating agencies will participate in <b>monthly</b> project implementation and management meetings during the first project year, and in <b>quarterly</b> meetings throughout the remainder of the project period. The planning meetings will include discussion of uniform and cross-site data collection, evaluation, and reporting methodologies in collaboration with the Evaluation / Data Consultant; planning of overall program standards, procedures, and mutual referral protocols; development of standards for assuring culturally competent, developmentally appropriate, and trauma informed services for project clients; and discussions aimed at maximizing and building on existing and future resources and initiatives for school-based youth in the city. In later years of the program, planning meetings will incorporate discussions of project dissemination and replication activities and plans for sustaining some or all of the services funded through the grant program based on programmatic successes and achievements.</p>
7.	<p>Care coordination plan with ongoing mental health providers:</p> <p>As noted above, all grant-funded mental health staff will continually refer and link students and families to needed behavioral health and ancillary services both on and off campus, and will track these linkages to ensure that students begin and continue to utilize needed services. For students with complex needs, staff will ensure that individual client behavioral health plans include coordination with any required outside mental health or behavioral health services. Mental health staff will also regularly communicate with any outside mental health providers providing services for students and/or families to ensure coordinated care.</p>
8.	<p>How access to protected health information (PHI) will be ensured:</p> <p>The Health Insurance Portability and Accountability Act (HIPAA) requires covered entities to implement safeguards to ensure the confidentiality, integrity, and availability of protected health information (PHI). This includes information related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual that is either transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. All project partners are fully versed and experienced in HIPAA regulations and protected health information, and have systems in place to ensure the ongoing confidentiality of all student-related data. All student data is maintained both in locked hard copy files to which staff have limited access and in computerized systems that require individual usernames and passwords which are changed frequently. E-mails containing PHI are sent in encrypted versions that require registration, username, and password for end user access. All providers also obtain student consent for services that could involve a loss of confidentiality.</p>
	<p>Describe how data will be shared between partners and the steps to be taken to protect the data:</p> <p>a. All project-related data shared among partners will be de-linked from information that could allow users to identify specific project clients, including names, addresses, and phone numbers. Data will contain only demographic</p>

		<p>identifying information such as gender, age, grade level, and ethnicity. Additionally, any patient information shared between partners will take place either through encrypted messages or in the context of confidential case conferences involving each service entity.</p>
	9.	<p>An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed</p>
		<p>State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success</p>
		<p>1) Risk: <b>Student service demand will exceed funded staff capacity</b></p> <p>How will risk be addressed: In the event that the demand for mental health services at one or more campuses or through one or more programs exceeds the capacity of grant funded staff, staff will implement system to prioritize new student clients on the basis of mental health need or acuity, while ensuring continuity of care for existing clients. Students whose mental health needs can be appropriately addressed through an outside public or private program, including through insurance-funded private counseling, will be referred to those services, pending student willingness to receive these services. Because the program will be meeting a currently unmet need, however, the project expects the growth in student demand to be gradual and manageable over the course of the grant period.</p>
	a.	<p>2) Risk: <b>Unexpected staff attrition will create gaps in service provision and/or discontinuity in mental health care for students</b></p> <p>How will risk be addressed: Staff attrition is always a critical risk in the provision of student services, particularly in the case of behavioral health services. Clients can often develop close bonds of trust with a given provider, and the departure or absence of that provider can be a blow to a client's well-being and mental health status. Apart from hiring staff who are <b>fully committed</b> to the proposed program and who are dedicated to service provision to the project population, all participating agencies will offer a wide range of support services that maintain engagement and avoid staff burnout. As noted above, this includes generous benefits and leave packages; opportunities to participate in training and networking activities; the ability to share feelings and vent frustrations with staff and administration; and the ability to freely share when service demands are putting too great a strain on a given staff member. To address the unanticipated departure of staff members, agencies will maintain lists of high-quality job candidates for each position to contact in the event of a staff departure, so that vacant positions can be filled as quickly as possible. Staff among different subcontractor agencies may also be able to fill in on a limited time basis to meet the needs of students whose counselor has left the program. Additionally, some mental health staff may be moving to</p>

		positions at other local agencies through which they could continue to serve a limited number of students whose need to remain with the given provider was great.
		<p>3) Risk: <b>The volume of students served will limit the extent to which funded staff can conduct long-term follow-up of students</b></p> <p>How will risk be addressed: Participating project agencies will craft an initial data collection and evaluation system that includes the <b>option</b> for collecting longer-term follow-up data on clients served, but which does not necessarily require this component if service demand is too great to allow it. CBHS, SFUSD, and other partners may seek outside funding or additional in-kind resources to support a more detailed follow-up study if such a study cannot be done with available staff resources, or it may be able to muster the resources to conduct a more time-limited study of a smaller cross-section of students.</p>
		<p>4) Risk: <b>Students shifting in and out of the school setting will create discontinuities of care that are difficult to overcome clinically</b></p> <p>How will risk be addressed: Some students will face discontinuities of care related to suspension, temporary drop out, involvement with the juvenile justice system, or unexpected family moves. Project staff will strive to obtain at least some level of closure with students who are leaving the program, no matter how perfunctory such closure might be. Students will also be provided with contacted information for a given staff member to re-contact at a later date, along with referral information to resources in a new area if a student is moving out of the district. In some cases, project staff may be able to provide ongoing <b>phone-based or video counseling</b> for students who will be out of the school environment on a time-limited basis.</p>
		<p>5) Risk: <b>Inadvertent staff errors could result in the loss of confidentiality or the inappropriate sharing of PHI for one or more students</b></p> <p>How will risk be addressed: Staff will be thoroughly trained in procedures to maintain the confidentiality of protected health information and will be monitored to ensure compliance with HIPAA standards. Where a specific risk of loss of confidentiality exist, students will complete consent forms acknowledging this possibility. If and when a confidentiality breach does occur, students and their families will be promptly notified and steps will be taken to rectify and negative repercussions of the breach.</p>



## ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN - PLAN TIMELINE

PLAN TIMELINE				
<b>VII.E.iii.</b>	Provide a Plan Timeline for the requirements detailed in the Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Implementation Plan			
	List the key activities and milestones in your plan over the 4 years of the contract			
	Key activities and milestones include hiring and key expenditures outside of hiring and administration			
	List the proposed date when each activity and milestone would be completed			
	Implementing the Proposed Program			
			Beg Date	End Date
	<b>1) Strategy: Finalize project subcontracts and conduct mutual planning in association with participating campuses to develop project systems, protocols, standards, and approaches</b>		<b>7/1/20</b>	<b>9/30/20</b>
	<b>1) Activity/Milestone: Negotiate and finalize subcontracts with each project partner (activity begins prior to actual start of grant period)</b>		<b>7/1/20</b>	<b>7/15/20</b>
	<b>2) Activity/Milestone: Conduct monthly meetings of all project partners along with individual partner meetings as required</b>		<b>7/1/20</b>	<b>9/30/20</b>
	<b>3) Activity/Milestone: Develop and disseminate draft and revised standards, protocols, and approaches for project services both for individual program elements and for the project as a whole</b>		<b>7/1/20</b>	<b>9/30/20</b>
<b>4) Activity/Milestone: Produce and disseminate an initial project plan by the of the 3-month start-up period</b>		<b>7/1/20</b>	<b>9/30/20</b>	
		Beg Date	End Date	
<b>2) Strategy: Design and implement project-wide data collection, monitoring, analysis, quality improvement, and reporting plan</b>		<b>7/1/20</b>	<b>6/30/24</b>	

	1) Activity/Milestone: Identify and appoint project Evaluation / Data Consultant (activity begins prior to actual start of grant period)	7/1/20	7/15/20
	2) Activity/Milestone: Work as a team and in collaboration with MHSSA staff to design the project data collection and evaluation system, including identification of key process and outcome indicators	7/1/20	9/30/20
	3) Activity/Milestone: Implement data collection procedures at participating entities, including conducting software modifications and providing initial and ongoing training to all relevant staff	8/15/20	6/30/24
	4) Activity/Milestone: Continually monitor the accuracy, completeness, and timeliness of project data collection and modify systems as needed to ensure ease of use for project staff	10/1/20	6/30/24
	5) Activity/Milestone: Aggregate, analyze, and report project data on a quarterly basis and use data findings to continually improve the quality and scope of the program and to address project shortfalls and disparities	10/1/20	6/30/24
		Beg Date	End Date
	3) Strategy: <b>Deliver culturally competent, trauma-informed, and developmentally appropriate mental health services to San Francisco middle and high school students</b>	10/1/20	6/30/24
	1) Activity/Milestone: Implement proposed mental health services at all project sites following project-specific standards and protocols	10/1/20	6/30/24
	2) Activity/Milestone: Work in close collaboration with campus-based staff to integrate and coordinate new project services with existing campus programs and initiatives	10/1/20	6/30/24
	3) Activity/Milestone: Provide training and orientation to faculty and staff at project-involved campuses on both the new program and youth mental health issues	10/1/20	6/30/24

	4) Activity/Milestone: Continually develop, revise, and monitor individualized student behavioral health plans that are integrated with Individual Education Plans	10/1/20	6/30/24
	5) Activity/Milestone: Continually refine the program through inter-partner collaboration, information sharing, and data review	10/1/20	6/30/24
<b>Recruitment strategy for each position</b>			
		Beg Date	End Date
1)	<b>Strategy: Finalize job descriptions and minimum position qualifications and post and disseminate job announcements</b>	7/1/20	7/31/20
1)	Activity/Milestone: Develop and finalize position descriptions and responsibility for each project position	7/1/20	7/15/20
2)	Activity/Milestone: Post and advertise job opportunities through a wide range of sources including local, state, and national job search engines	7/15/20	8/15/20
3)	Activity/Milestone: Review and prioritize applications as received	7/15/20	8/15/20
		Beg Date	End Date
2)	<b>Strategy: Schedule and interview prospective project staff</b>	8/1/20	9/10/20
1)	Activity/Milestone: Contact and schedule initial phone interviews with qualified prospective staff	8/1/20	9/10/20
2)	Activity/Milestone: Schedule longer interviews with promising potential staff both in person and via video conferencing	8/1/20	9/10/20
3)	Activity/Milestone: Schedule additional follow-up interviews as needed	8/1/20	9/10/20
4)	Activity/Milestone: Contact and interview references for most promising candidates	8/1/20	9/10/20
		Beg Date	End Date
3)	<b>Strategy: Finalize staff selections and notify candidates of hiring</b>	9/10/20	9/30/20

	1) Activity/Milestone: Finalize staff selections and notify candidates of hiring, providing an opportunity for new hires to provide at least 2 weeks' notice at their existing place of employment	9/10/20	9/30/20
<b>Retention strategy for staff</b>			
		Beg Date	End Date
1)	<b>Strategy: Provide comprehensive training for all project staff as needed in key aspects of service delivery for project populations, and ensure access to ongoing training, professional skills building, and networking opportunities</b>	9/15/20	6/30/24
1)	Activity/Milestone: Present initial agency-specific onboarding for new project-funded employees	9/15/20	6/30/24
2)	Activity/Milestone: Design and provide tailored training and education for each new hire, and arrange for and support participation in outside training, skills building, and certification programs as needed throughout the grant period	9/15/20	6/30/24
3)	Activity/Milestone: Encourage and support staff participation in professional networking and skills building events including local, state, and national conferences and seminars	9/15/20	6/30/24
4)	Activity/Milestone: Plan for staff promotion as appropriate by setting advancement timelines that allow adequate time for hiring of new replacement staff	9/15/20	6/30/24
		Beg Date	End Date
2)	<b>Strategy: Continually provide opportunities for staff to share feelings and experiences, suggest alterations in service schedules and approaches, and/or report potential overload or burnout</b>	10/1/20	6/30/24
1)	Activity/Milestone: Convene regular staff meetings that include open opportunities for staff to share experiences and opinions regarding job rewards and challenges	10/1/20	6/30/24

	2) Activity/Milestone: Ensure a confidential, open door policy in regard to communication with administrators and supervisors	10/1/20	6/30/24
	3) Activity/Milestone: Arrange for staff vacation or leave as needed to avoid burnout and reduce stress	10/1/20	6/30/24
		Beg Date	End Date
	3) Strategy: <b>Alter staff schedules, service responsibilities, methods of client triage, and other aspects of the program to preserve and retain effective project staff</b>	9/15/20	6/30/24
	1) Activity/Milestone: Ensure opportunities for staff to collaborate with supervisors to modify and re-design responsibilities, tasks, and schedules to avoid staff burnout and attrition	10/1/20	6/30/24
	<b>Care coordination plan with ongoing mental health providers</b>		
		Beg Date	End Date
	1) Strategy: <b>Continually coordinate student mental health plans and services with both on-campus and off-campus providers and resources as needed</b>	10/1/20	6/30/24
	1) Activity/Milestone: Ensure that project staff continually coordinate project-funded mental health services with existing campus programs, initiatives, and systems	10/1/20	6/30/24
	2) Activity/Milestone: Ensure integration of student behavioral health plans with individualized education plans as appropriate	10/1/20	6/30/24
	3) Activity/Milestone: Continually develop behavioral health plans in collaboration with students and their families, and continually revisit, revise, and monitor these plans to ensure relevance and response to emerging issues or successes	10/1/20	6/30/24
		Beg Date	End Date
	2) Strategy: <b>Refer students and family members to outside behavioral health, medical, and ancillary services as needed to address the full range of student mental health-related needs</b>	10/1/20	6/30/24

	1) Activity/Milestone: Link students and family members to all needed on-campus and off-campus behavioral health, health, and ancillary services as needed to address mental health issues and their underlying causes and track linkages and service utilization	10/1/20	6/30/24
	2) Activity/Milestone: Provide support for Medical and other benefits and insurance enrollment for students and families requiring additional medical and behavioral health services	10/1/20	6/30/24
		Beg Date	End Date
	3) Strategy: <b>Continually communicate with other behavioral health providers to ensure that students are accessing and utilizing essential services</b>	10/1/20	6/30/24
	1) Activity/Milestone: Ensuring that linkages to outside services have been made and monitor ongoing adherence	10/1/20	6/30/24
	2) Activity/Milestone: Provide client advocacy services as needed to help students and families access essential services	10/1/20	6/30/24

## ATTACHMENT 8: PROGRAM IMPLEMENTATION PLAN - SUSTAINABILITY PLAN

Sustainability Plan					
VII.E.iv.2.	<p><b>The Sustainability Plan shall include the following:</b></p> <p>a. The plan to ensure the continuation of the positive program impacts on the system of care after the MHSSA grant cycle ends</p> <p>As noted above, the major source of potential continuation funding for the proposed program will be support through the City and County of San Francisco General Fund, which has a long history of supporting successful programs that make a demonstrable impact on public health. In order to ensure the best chance of obtaining this funding, the project will plan and conduct a <b>high-quality data collection and evaluation process</b> that includes tracking of <b>outcome indicators</b> to demonstrate the success of individual project components on both treating and preventing mental health issues among San Francisco middle and high school students. The evaluation process will also go beyond impacts on mental health issues alone to include impacts on related key issues such as educational attainment, substance use, HIV / STD risk, family functioning, employment, and overall student health, well-being, and future directedness. The project will also conduct an informal <b>cost-benefit analysis</b> which seeks to compare the actual costs of the program to the costs saved to the health and human services system through preventing negative and costly impacts that can result from untreated mental illness. Project data will be used to advocate for long-term funding for those project elements that prove to be most impactful in both improving the quality of student lives and in reducing the potential negative impacts of mental health problems.</p> <p>b. Describe the strategy and key milestones, with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the MHSSA program</p> <p>Strategy:</p> <p>Plan and conduct a high-quality data collection and evaluation process over the 4-year grant period that includes tracking of project outcomes and an informal cost benefit analysis to provide evidence of the project’s effectiveness in both improving student’s lives and reducing overall costs to the system.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Key Milestones</th> <th style="width: 20%;">Dates</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>▪ During the first 3 months of the program, project partners will work together to design and implement the evaluation process in collaboration with MHSSA staff and the project’s Evaluation / Data Consultant</li> </ul> </td> <td style="text-align: center; vertical-align: top;"> <b>7/1/20 – 9/30/20</b> </td> </tr> </tbody> </table>	Key Milestones	Dates	<ul style="list-style-type: none"> <li>▪ During the first 3 months of the program, project partners will work together to design and implement the evaluation process in collaboration with MHSSA staff and the project’s Evaluation / Data Consultant</li> </ul>	<b>7/1/20 – 9/30/20</b>
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<ul style="list-style-type: none"> <li>▪ During the first 3 months of the program, project partners will work together to design and implement the evaluation process in collaboration with MHSSA staff and the project’s Evaluation / Data Consultant</li> </ul>	<b>7/1/20 – 9/30/20</b>				



	<p>Throughout the 4-year project period, project staff and partners will continually collect both quantitative and qualitative data to document the process of program implementation and the outcomes of project services. Data will be collected, aggregated, analyzed, and reported to the project team on a quarterly basis beginning in project month 9. Data will continually be used to improve the impact of the program by addressing disparities and shortfalls and maximizing opportunities.</p>		<p><b>10/1/20 – 6/30/24</b></p>
	<p>Beginning in the 3<sup>rd</sup> project year, the project team will begin to examine data to explore which project elements are most successful in impacting student mental health conditions and related issues. This may be all project elements or only some. The team will plan and conduct an informal cost benefit analysis to provide concrete estimates of total costs saved to the system by the most successful and impactful program components.</p>		<p><b>7/1/22 – 6/30/23</b></p>
	<p>Beginning in the 4<sup>th</sup> project year, the team will use project data to advocate for continued funding of successful program elements through the City and County of San Francisco and through other potential funding sources.</p>		<p><b>7/1/23 – 6/30/24</b></p>
	<p>c. The plan to acquire additional/new funding to sustain the program after the grant cycle ends.</p>		
	i.	<p>Describe your ability to get Medi-Cal reimbursement for your program</p> <p>As noted above, Medi-Cal reimbursement will be actively sought for relevant student mental health services by the Seneca Family of Agencies and by 3<sup>rd</sup> Street Youth Center and Clinic. Students and families participating in the program who require outside health and ancillary services linked to mental health conditions will be provided with benefits and insurance counseling and enrollment services to help them obtain Medi-Cal coverage where appropriate.</p>	
	ii	<p>Describe your ability to get/commit local (County, School, etc.) funds to support and sustain your proposed program during the term of this grant.</p> <p>Both BCHS and SFUSD expect current local funding to continue at current funding levels throughout the duration of the grant period, and potentially to increase based on expanding student need and increasing city revenues.</p>	
	a.	<p>Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source.</p>	
	1.	<p>Source of Funds:</p> <p>SSI / SSDI Outreach, Access, and Recovery (SOAR) programs; Counseling Enriched Education Programs (CEEP) for middle students; campus-based wellness centers in middle schools and high schools; support for the provision of IEP-mandated, educationally related mental health services to SFUSD students who are eligible to receive</p>	

				special education services under IDEA; and the San Francisco Mayor’s Office for Life Learning Academy.
			2.	Amount committed to: GY1: <b>\$7,000,000</b> GY2: <b>\$7,000,000</b> GY3: <b>\$7,000,000</b> GY4: <b>\$7,000,000</b>
	iii	Describe your ability to commit known State/Local funds (e.g. Mental Health Services Fund, etc.) for matching in order to support and sustain your proposed program during the term of this grant and beyond. (This does not include the grant funds that you are applying for with this application)  As with local funds, BCHS and SFUSD expect current State funding to continue at current funding levels throughout the duration of the grant period.		
		a.	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source	
		1.	Source of Funds: MHSOAC, AB 114-mandated Educationally-Related Mental Health Services (ERMHS) funding, and other sources	
		2.	Amount committed to: GY1: <b>\$35,000,000</b> GY2: <b>\$35,000,000</b> GY3: <b>\$35,000,000</b> GY4: <b>\$35,000,000</b>	
	iv.	Describe your ability to commit private or other funds for matching to support and sustain your proposed program during the term of this grant and beyond. Identify the source of the funds.  While private funds are available to support mental health services at Seneca, 3 <sup>rd</sup> Street, and Life Learning Academy, these funds cannot be directly tied to youth mental health services in a reliable way at the time of the application, and therefore cannot be included as a matching commitment for the program.		
		a.	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source	
		1.	Source of Funds: <b>N/A</b>	
		2.	Amount committed to: GY1: <b>N/A</b> GY2: <b>N/A</b>	

					GY3: N/A GY4: N/A
<b>VII.E.iv.3.</b>	<p>Describe how the Partnership will continue after the funding for this grant ends. Include funding streams from private and public sources.</p> <p>The San Francisco youth mental health system is typified by a tradition of strong collaboration and partnership among <b>all</b> relevant public and private providers of behavioral health care and related services to affected and high-risk young people in the city. These partnership and collaborations will continue in a wide range of forms when funding for the MHSSA grant ends, including new collaborative structures to respond to emerging student mental health issues and to incorporate new strategies and technologies for addressing student mental health needs.</p>				
	a.	<p>Also include a plan for continued access to program data derived from the Partnership.</p> <p>All project data will be preserved in protected databases for access by both MHSOAC and the project partners for an indefinite period following the conclusion of the grant term.</p>			

## ATTACHMENT 9: PROGRAM COMMUNICATIONS PLAN

Program Communications Plan		
<b>VII.E.v.</b>	1.	<p>a. Provide a plan as to how you will increase awareness of and access and linkage to mental health services for students and their families:</p> <p>As noted above, participating project entities will work together to provide education and orientation to appropriate faculty and staff at affected campuses regarding the new proposed project services. This education will include not only information on services provided by the program and how students can access them, but also overarching information on: a) general mental health issues and needs; b) how to identify potential mental health problems among students; c) how to approach students regarding mental health issues; and d) strategies for helping overcome stigma related to both mental illness and to seeking and obtaining mental health services. The program will also work in close collaboration with campus based health programs, wellness centers, and other relevant resources at each campus affected by the program to ensure full integration of grant-funded services into each school’s existing mental health and student health system. This will include developing strategies for publicizing project services at each campus in a way that does not interfere or conflict with other existing campus programs, and that does not draw unwanted attention to students who may be accessing services through each program. All direct mental health services provided to students and families through the program will include information and education designed to normalize mental illness and mental health support, and to de-stigmatize mental illness within each impacted family.</p>
		<p>b. The MHSOAC will require that the Partnership provide information on their website(s). Include this in your plan and describe how you will provide the information on your website:</p> <p>All participating project entities – including CBHS, SFUSD, Seneca, 3<sup>rd</sup> Street Youth Center and Clinics, and Life Learning Academy – will post information on both MHSOAC and the proposed MHSSA grant program on their agency websites. These postings will include public information on the specific MHSSA-funded services available at each entity, along with information on how students and parents can obtain more information and potentially link to each program. The websites will also include a link to the overall State MHSOAC website for information on MHSOAC programs and services.</p>
	2.	<p>Identify how you measure success of your communication plan:</p> <p>Project staff will log and enter all group and individual education and orientation sessions on the program and on student mental health issues provided to relevant faculty and staff at each campus, and may distribute pre and post-tests to participants at more formal educational presentations to ensure that participants</p>

	<p>have learned key messages, including messages regarding symptoms of mental health issues among students, how to refer students to the program, and how to deliver de-stigmatizing messages related to mental health. In general, however, success of the communication plan will be measured by steady increases in the number of students who voluntarily seek and access project-funded mental health services at each campus. The project will regard increased numbers of reported mental health issues not as a sign that the prevalence of mental health problems are growing, but that the project is being successful in publicizing its services, expanding awareness of the importance of seeking mental health support, and reducing stigma in regard to obtaining mental health services. The project will provide ongoing follow-up education, training, and public information services at specific campuses that do not record increases in the number of students seeking mental health support over the course of the program.</p>
3.	<p>List what you want to accomplish with this plan, on a quarterly basis:</p> <p>The project will gather baseline data on the number of students seeking mental health services at each project campus during the first 3 months of the program, including information on the specific mental health issues involved wherever possible. The project will aggregate, analyze, report, and discuss project data on a quarterly basis to track increases and changes in requests for mental health support at each affected campus, including at SFUSD middle schools, the 3 campus-based wellness centers operated by CHPY, and Life Learning Academy. Overall, the project team will expect to see increases in the number of students seeking and obtaining mental health services at each project site, including increases in the number of students in early stages of mental health problems who seek preventive support before their issues reach a crisis stage. As noted above, the project team will also develop additional indicators to track its progress over the course of the 4-year grant program.</p>

**ATTACHMENT 10**  
**BUDGET WORKSHEET**  
(Whole Dollars)

**Applicant: San Francisco Community Behavioral Health Services**

(1) Hire Staff (list individual role/classification) (add rows as needed)

**None – All Subcontract Staff**

(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs

Subtotal - (8) Personnel Services Salaries  
Add: (9) Personnel Services Benefits  
(10) Total Personnel Services

(11) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as needed)

**I. Subcontract to SF Unified School District**

- 1. Social Worker / Systems Navigator (1.0 FTE)
- 2. Social Worker / Systems Navigator (1.0 FTE)
- 3. Social Worker / Systems Navigator (1.0 FTE)

Benefits @ **39.83%**

**II. Subcontract to Seneca Family of Agencies**

- 1. Mental Health Clinician (1.0 FTE)
- 2. Mental Health Counselor (1.0 FTE)
- 3. Mental Health Counselor (1.0 FTE)

Benefits @ **26%**

**III. Subcontract to 3<sup>rd</sup> Street Youth Center & Clinic**

- 1. Licensed Therapist (1.0 FTE)
- 2. Licensed Therapist (1.0 FTE)
- 3. Licensed Therapist (1.0 FTE)
- 2. Behavioral Health Supervisor (0.5 FTE)

(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(16) GY 4	(17) Total All GYs
4	62,273	83,031	83,031	83,031	311,366
4	62,273	83,031	83,031	83,031	311,366
4	62,273	83,031	83,031	83,031	311,366
	74,410	99,214	99,214	99,214	372,051
4	56,250	75,000	75,000	75,000	281,250
4	37,500	50,000	50,000	50,000	187,500
4	37,500	50,000	50,000	50,000	187,500
	34,125	45,500	45,500	45,500	170,625
4	62,750	83,667	83,667	83,667	313,751
4	62,750	83,667	83,667	83,667	313,751
4	62,750	83,667	83,667	83,667	313,751
4	56,250	75,000	75,000	75,000	281,250

Benefits @ 25%		61,126	81,500	81,500	81,500	305,262
<b>(18) Total Contracted Services</b>						
		732,230	976,308	976,308	976,308	3,661,154
<b>(19) Total Personnel/Contracted Services</b>						
		732,230	976,308	976,308	976,308	3,661,154
<b>(20) Other Costs (non-staff and non-contracted services)</b>						
	<b>(21) Exp Month</b>	<b>(22) GY 1</b>	<b>(23) GY 2</b>	<b>(24) GY 3</b>	<b>(25) GY 4</b>	<b>(26) Total All GYs</b>
<b>Subcontract to Life Learning Academy (SFUSD Charter School)</b>						
1. 25% of Annual Residential Dormitory Costs	48	250,000	250,000	250,000	250,000	1,000,000
2. Contracted On-Site Mental Health Therapist	48	50,000	50,000	50,000	50,000	200,000
<b>Subcontract to Seneca Family of Agencies (also see Subcontracted Staff above)</b>						
1. Secured Networked Laptop Computers for New Subcontracted Program Staff	2	5,937				5,937
2. Seneca Staff Training & Clinical Supervision	48	37,500	50,000	50,000	50,000	187,500
<b>Evaluation / Data Consultant</b>	48	40,700	40,700	40,700	40,700	162,800
<b>(27) Total Other Costs</b>						
		384,137	390,700	390,700	390,700	1,556,237
<b>(28) Total Program Costs before Administration</b>						
		1,416,367	1,667,008	1,667,008	1,667,008	6,417,391
<b>(29) Administration @ 15%</b>						
		221,455	250,051	250,051	250,051	962,609
<b>(30) Total Proposed Program Costs</b>						
		1,628,822	1,917,059	1,917,059	1,917,059	6,000,000



## ATTACHMENT 11: BUDGET NARRATIVE

Budget Narrative	
<b>VII.F.2.</b>	a. Hire Staff
	i. For each "Hire Staff" listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification:  <b>N/A</b>
	ii. Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4:  <b>N/A</b>
	b. Personnel Service Benefits
	i. Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.  <b>N/A</b>
	c. Hire Contractors or other non-staff
	<p>For each "Hire Contractors or other non-staff" listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each fiscal year.</p> <p>Salary levels for proposed project staff are based on current standard salaries for equivalent positions at each subcontractor agency, taking into consideration required expertise in delivering developmentally appropriate, youth-specific services. At San Francisco Unified School District, the 3 new Social Workers / System Navigator salaries are based on salaries for the Class Occupation Level of Social Workers, Nurses, and Supervisors of Child Welfare and Attendance at a starting level with no prior years of service at the District. Salaries at both Seneca</p>

and 3<sup>rd</sup> Street are based on current agency salary rates for mental health providers with experience in service specific diverse subpopulations. The allocation of \$50,000 per year for the contracted Mental Health Counselor at Life Learning Academy is based on an average rate of \$80 per hour x 625 total hours per year. Fringe benefits levels at SFUSD, Seneca, and 3<sup>rd</sup> Street are based on current prevailing fringe rates at each entity.

Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.

All proposed project staff will be full-time positions at 100% for GY 1, GY 2, GY 3, and GY 4 with the exception of the Behavioral Health Supervisor at 3<sup>rd</sup> Street, who will be a 50% position in GY 1, GY 2, GY 3, and GY 4. All project staff will begin service at the start of project month 4 of GY 1, following a 3-month staff recruitment and hiring process at each agency.

d. Other Costs (non-staff and non-contracted services)

i. For each "Other Costs (non-staff and non-contracted services)" listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates

The Other Costs category includes the following allocations:

**Life Learning Academy Charter High School:**

- **Dormitory Operating Costs** - (25% share of annual expenses) - \$250,000 per year in GY 1, GY 2, GY 3, and GY 4 (**\$1,000,000**)
- **Contracted Mental Health Counselor** - \$80 per hour x 625 total hours per year in GY 1, GY 2, GY 3, and GY 4 (**\$200,000**)

**Seneca Family of Agencies:**

- **Purchase of Networked Laptop Computer for New Staff** – Avg. \$1,979 per computer x 3 computers in GY 1 only (**\$5,937**)
- **Staff Training & Supervision** - A pool of \$50,000 per year is requested to support training, support and supervision of new project mental health staff in GY 1, GY 2, GY 3, and GY 4. At 3<sup>rd</sup> Street Youth Center and Clinic, these functions are covered by the half-time Behavioral Health Supervisor (**\$200,000**)

**Evaluation / Data Consultant** – The consultant will provide support for the design and implementation of project data collection and evaluation systems across project sites and for the ongoing monitoring, aggregation, analysis, and reporting of project process and outcome data. The allocation of \$40,700 per year in GY 1, GY 2, GY 3, and GY 4 is based on 407 annual hours @ \$100 per hour (**\$162,800**)

## ATTACHMENT 12: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
<b>X</b>	Attachment 1: Application Cover Sheet
<b>X</b>	Attachment 2: Intent to Apply
<b>X</b>	Attachment 3: Minimum Qualifications
<b>X</b>	Attachment 4: Applicant Background
<b>X</b>	Attachment 5: Proposed Plan
<b>X</b>	Attachment 6: Program Implementation Plan – Plan Narrative
<b>X</b>	Attachment 7: Program Implementation Plan – Plan Timeline
<b>X</b>	Attachment 8: Program Implementation Plan – Sustainability Plan
<b>X</b>	Attachment 9: Program Communications Plan
<b>X</b>	Attachment 10: Budget Worksheet
<b>X</b>	Attachment 11: Budget Narrative
<b>X</b>	Attachment 12: Final Submission Checklist
<b>X</b>	Attachment 13: Payee Data Record (Std 204)

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 10/2019)

<b>1</b>	<b>INSTRUCTIONS:</b> Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1099). See next page for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.																	
<b>2</b>	<b>BUSINESS NAME</b> (As shown on your income tax return) City and County of San Francisco																	
				<b>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL</b> (Name as shown on SSN or ITIN) Last, First, MI Public Health Department		<b>E-MAIL ADDRESS</b> Elisa.sullivan@sfgov.org												
<b>MAILING ADDRESS</b> 1 Dr. Carlton B. Goodlett Place, Room 316			<b>BUSINESS ADDRESS</b> 1 Dr. Carlton B. Goodlett Place, Room 316															
<b>CITY</b> San Francisco		<b>STATE</b> CA	<b>ZIP CODE</b> 94012		<b>CITY</b> San Francisco		<b>STATE</b> CA	<b>ZIP CODE</b> 94102										
<b>3</b>	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> 9 4 + 6 0 0 0 4 1 7																	
<b>PAYEE ENTITY TYPE</b>  <b>CHECK ONE BOX ONLY</b>	<input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>ESTATE OR TRUST</b> <b>CORPORATION:</b> <input type="radio"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> <b>LEGAL</b> (e.g., attorney services) <input type="radio"/> <b>EXEMPT</b> (nonprofit) <input checked="" type="radio"/> <b>ALL OTHERS</b>																	
<input type="checkbox"/> <b>SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC</b> (Disregarded Entity)																		
<b>ENTER SSN OR ITIN:</b> <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <small>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661)</small>																		
<b>4</b>	<input checked="" type="checkbox"/> <b>CALIFORNIA RESIDENT</b> - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> <b>CALIFORNIA NON RESIDENT</b> (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.																	
<b>5</b>	<b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.</b>																	
<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Elisa Sullivan			<b>TITLE</b> Controller		<b>TELEPHONE</b> (include area code) 415-554-7654													
<b>SIGNATURE</b>			<b>DATE</b>		<b>E-MAIL ADDRESS</b> Elisa.sullivan@sfgov.org													
<b>6</b>	<b>Please return completed form to:</b>																	
<b>DEPARTMENT/OFFICE</b>				<b>UNIT/SECTION</b>														
<b>MAILING ADDRESS</b>				<b>TELEPHONE</b> (include area code)		<b>FAX</b>												
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>		<b>E-MAIL ADDRESS</b>													