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| **SECTION 1: PROJECT INFROMATION** | | | | | |
| **GRANTEE NAME: San Francisco Department of Public Health** | | | | | |
| **PROJECT TITLE: Supporting Treatment & Reducing Recidivism (STARR)** | | | | | |
| **AGREEMENT NUMBER: 553-19** | | | **AWARD TOTAL: $ 6,000,000** | | |
| **PROGRESS REPORT (Check Applicable Period)** | | | | | |
| **8/15/19 - 12/31/19**  **Due: 2/15/20** | **1/1/20- 3/31/20**  **Due: 5/15/20** | **4/1/20- 6/30/20**  **Due: 8/15/20** | | **7/1/20- 9/30/20**  **Due: 11/15/20** | **10/1/20- 12/31/20**  **Due: 2/15/21** |
| **1/1/21- 3/31/21**  **Due: 5/15/21** | **4/1/21- 6/30/21**  **Due: 8/15/21** | **7/1/21-9/30/21 Due: 11/15/21** | | **10/1/21- 12/31/21**  **Due: 2/15/22** | **-1/1/22- 3/31/22**  **Due: 5/15/22** |
| **4/1/22- 6/30/22**  **Due: 8/15/22** | **7/1/22- 9/30/22**  **Due: 11/30/22** | **10/1/22- 12/31/22**  **Due:2/15/23** | | **1/1/23- 12/31/22 Due: 3/31/23** | **Grant Conclusion** |

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| **SECTION 2: GOALS AND OBJECTIVES** |
| This section lists the goals and objectives that were developed by the grantee. Provide clear and complete responses, specific to this reporting period, to each prompt listed below. |

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| **Goal (1)** | | Successfully triage individuals into appropriate Referral services | |
| **Objectives:** | | 1. At least 200 individuals will be referred to CASC for needs assessment and triage annually | |
| 1. 40% of referred individuals will receive some resources (e.g., employment services, benefits assessments, support groups, housing assessments, etc.) through CASC | |
| 1. | Describe progress towards each stated objective (A-B): | |  |
| 2. | Describe any challenges towards meeting the stated goal and objectives: | |  |
| 3. | If applicable, what steps were implemented to address challenges: | |  |

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| **Goal (2)** | | Successfully triage individuals into appropriate treatment services (SUD Treatment, Outpatient/Case Management services) | |
| **Objectives:** | | 1. At least 40% of individuals coming into the CASC for needs assessment/triage will be referred to outpatient case management services annually | |
| 1. At least 60% of individuals connected to grant-funded outpatient case management services will engage with a case manager at least one time | |
| 1. 100% of participants who engage with a grant-funded case manager will receive an Individualized Intervention Plan (IIP) | |
|  | | 1. Maintain at least 90% occupancy rate for social detox/residential treatment beds. | |
|  | | 1. 50% of individuals enrolled in social detox will successfully complete their treatment by meeting their individualized treatment goals | |
| 1. | Describe progress towards each stated objective (A-E): | |  |
| 2. | Describe any challenges towards meeting the stated goal and objectives: | |  |
| 3. | If applicable, what steps were implemented to address challenges: | |  |

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| **Goal (3)** | | Program participants will demonstrate lower recidivism rates during and after program participation than they did during a similar period before participating in the program | |
| **Objectives:** | | 1. As a cohort, 33% of individuals who have been assessed by this project will demonstrate lower recidivism rates than in a comparable period prior to admission. | |
| 1. As a cohort, individuals assessed by this project will utilize 50% fewer jail bed days per year than they did prior to program participation | |
| 1. | Describe progress towards each stated objective (A-B): | |  |
| 2. | Describe any challenges towards meeting the stated goal and objectives: | |  |
| 3. | If applicable, what steps were implemented to address challenges: | |  |

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| **SECTION 3: NARRATIVE QUESTIONS** |
| This section asks common questions of all Prop 47 grantees. Provide clear and complete responses, specific to this reporting period, to each question below. |

1. **In relation to the overall budget, are grant funds being expended as planned and on schedule?**

1. **If no, explain why and describe the plan to correct it.**

1. **In relation to the overall grant budget, are leveraged funds being expended as planned and on schedule?**

1. **If no, explain why and describe the plan to correct it.**

1. **Are all grant funded positions filled (includes the lead agency and any contracted agencies)?**

1. **If no, which grant funded positions are unfilled, why, and what is the timeline to fill them?**

1. **How did your project ensure services were provided to the Prop 47 target population?**

* People who have been arrested, charged with, or convicted of a criminal offense AND have a history of mental health issues or substance use disorders.

1. **How did your project ensure services were provided in locations accessible to the target population?**

1. **How many times did the Proposition 47 Local Advisory Committee convene? Include meeting dates and number of attendees.**

1. **What feedback did the community provide to the Proposition 47 Local Advisory Committee?**

1. **How did the project leverage grant funds? Include the source and the amount of the leveraged funds (e.g. $40,000 in Drug Medi-Cal funding was leveraged for…, $16,500 in Mental Health Services Act funding was leveraged for…).**

1. **What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal?**

1. **Describe any grant-funded trainings occurring during the reporting period. Include the date(s) and number of attendees.**

1. **Describe at least one grant-funded accomplishment during this reporting period.**

1. **Describe any significant grant-funded activities occurring in the next reporting period (e.g. trainings, community events, etc.)**

1. **Is the grant using an alternate recidivism definition in addition to the required definition?**

**Yes  No**

1. **If yes, state the additional recidivism definition below.**

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| **SECTION 4: OTHER/TECHNICAL ASSISTANCE** |
| This section allows grantees to include information not captured in other sections and to request technical assistance. |

1. **Would you like to request technical assistance? Please check one:**

**Yes  No**

1. **If yes, describe the nature of the request:**

1. **Provide any additional information (not already covered in other sections) that you think is important to share with BSCC, including media coverage, awards or recognition, special events, etc.**

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| **REPORT SUBMISSION** | |
| **PREPARED BY:** | **TITLE:** |
| **EMAIL:** | **TELEPHONE NUMBER:** |
| **DATE SUBMITTED:** |  |
| **BSCC CONTACT INFORMATION** | |
| Please upload Attachment 1 to <https://app.smartsheet.com/b/form/a97491478dc545be8dfb1087fa7999ea> | |