File Number: 181047
(Provided by Clerk of Board of Supervisors)

## **Grant Resolution Information Form**

(Effective July 2011)

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

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

- 1. Grant Title: BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and Youth Adult at Clinical High Risk
- 2. Department: San Francisco Department of Public Health

3. Contact Person: Marlo Simmons Telephone: 415-255-3915

4. Grant Approval Status (check one):

[X] Approved by funding agency [1] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$1,400,000 in the 4-year project period (Year 1 & 2 = \$800,000; Year 3 = \$400,000; Year 4 = \$200,000)

6a. Matching Funds Required: \$600,000 (Year 1-3 - \$133,334 each year; Year 4 - \$200,000)

- b. Source(s) of matching funds (if applicable): **DPH Mental Health Services Act (MHSA) funds \$160,322 & Contractor \$439,678**
- 7a. Grant Source Agency: Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
- b. Grant Pass-Through Agency (if applicable): N/A
- 8. Proposed Grant Project Summary: The BEAM UP program is a comprehensive psychosis prevention outreach, education, referral, and service initiative for youth and young adults through age 25 in San Francisco. The overarching goal of the program is to: a) significantly reduce the number of youth and young adults at high risk for psychosis who progress to psychosis; b) reduce the duration of untreated psychosis through early identification and referral; and c) lessen the severity of later psychotic disorders by creating a multi-disciplinary psychosis prevention system model.
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

 Full Project Period
 Start-Date: 09/30/2018
 End-Date: 09/29/2022

 Year 1 & 2
 Start-Date: 09/30/2018
 End-Date: 09/29/2020

 Year 3
 Start Date: 09/30/2020
 End Date: 09/29/2021

 Year 4
 Start Date: 09/30/2021
 End Date: 09/29/2022

10a. Amount budgeted for contractual services: \$1,395,536

Year 1 = \$398,512; Year 2 = \$398,512; Year 3 = \$398,512; Year 4 = \$200,000

- b. Will contractual services be put out to bid? Sole Sources to Family Services Agency
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**
- d. Is this likely to be a one-time or ongoing request for contracting out? One-time

<sup>\*</sup> This award reflects multi-year funding for two 12-month incremental periods within the budget period, from 9/30/2018 – 9/29/2020 in the amount of \$800,000.

| 1a. Does the budget include indirect costs?   | []Yes          | [X] No                                  |  |
|---|----------------|---|--|
| b1. If yes, how much? \$ b2. How was the amount calculated?   |                |   |  |
| c1. If no, why are indirect costs not included? [X] Not allowed by granting agency [] Other (please explain): | [] To maximize | e use of grant funds on direct services |  |
| c2. If no indirect costs are included, what would have been the indirect costs?                               |                |   |  |

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 30, 2018. The Department received the award on October 1, 2018 for a project start date of September 30, 2018.

This grant does not require an ASO amendment. No position to be funded by the grant.

Proposal ID: CTR00000954

Version ID: **V101**Project ID: **10034001** 

| **Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)   |   |   |  |  |
|---|---|---|--|--|
| 13. This Grant is intended for activities at (check all that apply):  |   |   |  |  |
| [X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)  | <ul><li>[X] Existing Structure(s)</li><li>[] Rehabilitated Structure(s)</li><li>[] New Structure(s)</li></ul> | <ul><li>[X] Existing Program(s) or Service(s)</li><li>[] New Program(s) or Service(s)</li></ul> |  |  |
| 14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to: |   |   |  |  |
| 1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;   |   |   |  |  |
| 2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;   |   |   |  |  |
| <ol> <li>Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been<br/>inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance<br/>Officers.</li> </ol>   |   |   |  |  |
| If such access would be technically infeasible, this is described in the comments section below:  |   |   |  |  |
| Comments:   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |
| Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:  |   |   |  |  |
| Toni Rucker, PhD  |   |   |  |  |
| (Name)  |   |   |  |  |
| DPH ADA Coordinator   |   |   |  |  |
| (Title)  Date Reviewed:   | 8   | (Signature Required)  |  |  |
|   |   | 7   |  |  |
|   |   |   |  |  |
| Department Head or Designee Approval of Grant Information Form:   |   |   |  |  |
| Greg Wagner<br>(Name)   |   |   |  |  |
| Acting Director of Health   |   |   |  |  |
| (Title)   |   |   |  |  |
| Date Reviewed:  | 118   | SWYL  |  |  |
| •   |   | (Signature Required)  |  |  |