

File No. 181047

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date November 15, 2018

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

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Completed by: Linda Wong

Date November 9, 2018

Completed by: Linda Wong

Date _____

1 [Accept and Expend Grant - Substance Abuse and Mental Health Services Administration -
2 BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and
3 Youth Adult at Clinical High Risk - \$800,000]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant in the amount of \$800,000 from the Substance Abuse and Mental Health**
6 **Services Administration to participate in a program, entitled "BEAM UP: A**
7 **Comprehensive Stepped Early Intervention Services Program for Youth and Youth**
8 **Adult at Clinical High Risk," for the two-year budget period of September 30, 2018,**
9 **through September 29, 2020.**

10
11 WHEREAS, Substance Abuse and Mental Health Services Administration has agreed
12 to fund Department of Public Health (DPH) in the amount of \$800,000 for the period of
13 September 30, 2018, through September 29, 2020; and

14 WHEREAS, The full project period of the grant starts on September 30, 2018, and
15 ends on September 29, 2022, with years three and four subject to availability of funds and
16 satisfactory progress of the project; and

17 WHEREAS, The grant requires matching funds in the total amount of \$600,000:
18 \$160,322 from the San Francisco Department of Public Health Mental Health Services Act
19 and \$439,678 from the contractor's funding source (Felton Institute); and

20 WHEREAS, The purpose of this project is to significantly reduce the number of youth
21 and young adults at high risk for psychosis who progress to psychosis, reduce the duration of
22 untreated psychosis through early identification and referral, and lessen the severity of later
23 psychotic disorders by creating a multi-disciplinary psychosis prevention system model; and

24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
25

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the full award agreement on October 1, 2018, for a project start date of September 30, 2018;
3 and

4 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
5 therefore, be it

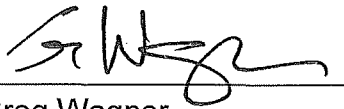
6 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
7 in the amount of \$800,000 from Substance Abuse and Mental Health Services Administration;
8 and, be it

9 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
10 indirect costs in the grant budget; and, be it

11 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
12 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

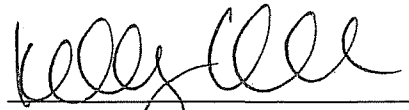
13 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
14 Agreement on behalf of the City.

1 RECOMMENDED:

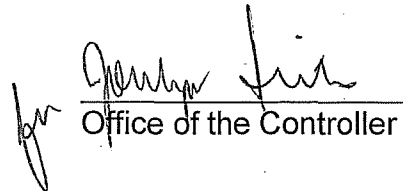
2 

3
4 Greg Wagner
Acting Director of Health

APPROVED:



for Office of the Mayor



for Office of the Controller

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

☐ [] 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

* 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.

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**

11a. Does the budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much? \$

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

☒ Not allowed by granting agency

☐ To maximize use of grant funds on direct services

☐ Other (please explain):

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

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):

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

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;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

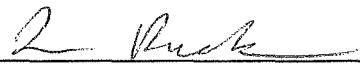
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 10/05/2018



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner
(Name)

Acting Director of Health
(Title)

Date Reviewed: 10/5/18


(Signature Required)

FY 2018 - 2022
 Dept ID: 251984
 Project ID: 10034001

9/24/2018

BEAM UP - A Comprehensive Stepped Early Intervention Services Program for Youth and Youth Adults at Clinical High Risk for Psychosis Grant Number: 1H79SM081193-01	Federal Share					Match				
	Year 1	Year 2	Year 3	Year 4	Total	Year 1	Year 2	Year 3	Year 4	Total
	9/30/18 - 9/29/19	9/30/19 - 9/29/20	9/30/20 - 9/29/21	9/30/21 - 9/29/22	Amount	9/30/18 - 9/29/19	9/30/19 - 9/29/20	9/30/20 - 9/29/21	9/30/21 - 9/29/22	Amount
A. Personnel										
Project Director - 0.25 Fte @ \$113,702	-	-	-	-	-	28,426	28,426	28,426	28,426	113,702
B. Fringe Benefits @ 41%	-	-	-	-	-	11,655	11,655	11,655	11,655	46,620
C. Travel	-	-	-	-	-					
D. Equipment	-	-	-	-	-					
E. Supplies	-	-	-	-	-					
F. Contractual - Family Service Agency										
Personnel										
Program Coordinator - Adriana Furuzawa - 0.25 fte @ \$135,000	33,750	33,750	33,750	-	101,250					
Clinical Coordinator - Bruce Adams - 0.5 fte @ \$100,000	50,000	50,000	50,000	-	150,000					
Psychiatrist - 0.02 fte @ \$189,600	3,792	3,792	3,792	5,280	16,656					
Youth Psychiatric Nurse Practitioner - 0.12 fte @ \$150,000	18,000	18,000	18,000	18,000	72,000					
Staff Therapist - 1.00 fte @ \$70,000	70,000	70,000	70,000	70,000	280,000					
Staff Therapist - 0.5 fte @ \$65,000	32,500	32,500	32,500	32,500	130,000					
Employment & Education Specialist - 0.35 fte @ \$50,000	17,500	17,500	17,500	-	52,500					
Outreach Coordinator - 0.2 fte @ \$50,000	10,000	10,000	10,000	-	30,000					
Evaluation Coordinator - 0.14 fte @ \$75,000	10,500	10,500	10,500	-	31,500					
Quality Assurance Manager - 0.08 fte @ \$65,000	5,200	5,200	5,200	-	15,600					
Fringe Benefits @ 30%	75,373	75,373	75,373	37,734	263,852					
Travel										
Annual Grant Conference, 4 staff (Airfare \$600 each; Hotel \$255 each; Per Diem \$50/day x 3 days per person; Local Transport \$40 per trip)	6,501	6,501	6,501	5,860	25,363					
Local Mileage 200 miles/month @ \$0.535/miles x 12 months	1,284	1,284	1,284	1,284	5,136					
Supplies										
Educational Materials - \$161 x 12 months	1,932	1,932	1,932	2,054	7,850					
Office Supplies - \$75 x 12 months	900	900	900	1,200	3,900					
Sub-Contractual										
Program Development & Evaluation Consultants Pool - \$75 per hour x 124 total hours	9,300	9,300	9,300	-	27,900					
Direct Project Services Sub-Contract	-	-	-	-	-	93,253	93,253	93,253	159,919	439,678
Total Direct cost	346,532	346,532	346,532	173,912	1,213,507					
Indirect Cost @ 15%	51,980	51,980	51,980	26,088	182,028					
<i>Felton Total</i>	398,512	398,512	398,512	200,000	1,395,536	93,253	93,253	93,253	159,919	439,678
G. Construction	-	-	-	-	-					
H. Other	1,488	1,488	1,488	-	4,464					
Total Direct Charges	400,000	400,000	400,000	200,000	1,400,000	133,334	133,334	133,334	200,000	600,000
Indirect Charges	-	-	-	-	-					
ToTal Project Amount	400,000	400,000	400,000	200,000	1,400,000	133,334	133,334	133,334	200,000	600,000

Justification: -

Contractor - Family Services Agency (Felton Institute) will provide all direct service, outreach, and day-to-day management activities for the BEAM UP program. This includes the Project Coordinator, Clinical Coordinator, two full-time Therapists, and additional psychiatric, outreach, evaluation, and support staff.

- The Program Coordinator - will provide day-to-day oversight, coordination, and management of the BEAM UP program

- The Clinical Coordinator - will oversee all clinical aspect of the intervention, including providing support and clinical supervision to Staff Therapists while providing direct youth assessment, therapeutic and case management services, home and community-based therapeutic visits.

- The Psychiatrist and Youth Psychiatric Nurse Practitioner - will provide psychiatric assessment, prescription, and monitoring services to youth clients of the BEAM UP program.

- Staff Therapists - will provide direct individual, group, and family-based behavioral health treatment to project clients using evidence-based interventions, while providing comprehensive client assessments, developing collaborative client care plans, Therapists will alternate being on 24/7 crisis standby and will participate in community-based presentations to youth-serving agencies and programs as part of the community awareness campaign.

- The Employment and Education Specialist - will provide support to project clients in developing education and employment goals using the IPS model of supported employment and education.

- The Outreach Coordinator - will provide direct outreach and educational presentations in conjunction with the project's comprehensive community youth psychosis prevention outreach and education campaign.

The Evaluation Coordinator and Quality Assurance Manager - will collaborate to oversee project related data collection and reporting.

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (SFDPH)
SAMHSA COMMUNITY PROGRAMS FOR OUTREACH AND INTERVENTION
WITH YOUTH AND YOUNG ADULTS AT CLINICAL HIGH RISK FOR PSYCHOSIS
(CHR-P / FOA # SM-18-012)**

PROJECT NARRATIVE

SECTION A. POPULATION OF FOCUS AND STATEMENT OF NEED

1. Description of Catchment Area and How Populations Will be Impacted: The proposed project will seek to: a) significantly reduce the number and percentage of youth and young adults affected by psychosis and b) lessen the severity of psychotic disorders among youth within the **City and County of San Francisco, California (SF)**, an extremely concentrated region with high rates of substance use, mental illness, and homelessness. With a 2016 estimated population of **870,887**, the density of SF is **18,649** persons per square mile - the highest population density of any county in the nation outside of New York City. San Francisco is also an extremely diverse area, with persons of color making up **59.1%** of the city's population, including a population that is **35.9%** Asian / Pacific Islander, **5.6%** African American, and **15.2%** Latino / Hispanic. Fully **34.0%** of San Francisco residents were born outside the US and **44.0%** speak a language other than English at home, including over **100** separate Asian languages and dialects alone. Only **half** of SF high school students were born in the United States, and almost **one-quarter** have been in the country six years or less. An estimated **10.2%** of SF residents live below the federal poverty line.

2. Extent of Problem and Need in the Catchment Area: Psychosis often begins when an individual is in their late teens to mid-twenties and an estimated **100,000** adolescents and young adults experience an initial psychotic episode in the US each year.¹ Recent research has confirmed the importance of both early identification of psychosis prodromal symptoms^{2,3} and the need for rapid connection to evidence-based services in order to prevent or reduce the severity of psychotic disorders.^{1,4} In San Francisco, at least **2,100** young people between the ages of 10 and 25 are believed to be at potential risk for psychotic disorders, based on a conservative estimate of **1%** of the city's youth and young adult population.

San Francisco experiences high rates of mental illness, with **23%** of all city residents reporting needing emotional help and support and at least **9%** of adults reporting serious psychological distress in any given year.⁵ Depressive symptoms are common among SF school-aged youth, with **26%** of SF high school students reporting episodes of prolonged sadness. These rates are even higher among Latino students (**37%**) and gay and lesbian students (**53%**). Major depressive and other mood disorders, substance use disorders, schizophrenia, and personality

¹ National Institutes of Mental Health, Recovery After First Episode Psychosis (RAISE): First episode psychosis, *Fact Sheet*, Bethesda MA, Revised January 2016.

² Lynch S, McFarlane W, et al. Early Detection, Intervention and Prevention of Psychosis Program (EDIPPP): Community Outreach and Early Identification at Six U.S. Sites, *Psychiatric Services*, 67(5):510-6. May 1, 2016.

³ Addington, J., et al. North American Prodrome Longitudinal Study (NAPLS 2): The Prodromal Symptoms. *The Journal of Nervous and Mental Disease*, 203(5), 328-335, 2015.

⁴ E.g., Stafford M, et al, Early interventions to prevent psychosis: Systematic review and meta-analysis, *British Medical Journal / BMJ*, 44(3):449-468, 2014.

⁵ These and other statistics in this section from the SF Health Improvement Partnership, *Community Health Needs Assessment 2016*, SF Department of Public Health Population Health Division, SF, CA, 2017.

disorders are the most common mental health conditions among those who die by suicide ⁶. In part because of the proximity of the Golden Gate Bridge, San Francisco also has one of the nation's highest rates of **adult and teen suicide**. Suicide is the **8th leading cause of death** in SF and the city's per capita suicide rate is **twice as high** as the city's homicide rate. **13%** of SF high schoolers and **15%** of middle schoolers report having considered suicide. Psychosis is associated with increased suicide risk, as suicidal thoughts and behaviors are very common ⁷.

San Francisco's epidemic of **youth homelessness** - part of an overarching homelessness crisis facing the city - also contributes to high risk for youth psychosis. According to the US Department of Housing and Urban Development, San Francisco is one of **5** major cities that account for more than **25%** of the total homeless youth population in the US, with at least **2,500** homeless youth on the streets of SF at any given time.⁸ A seminal study conducted by Mundy, et al. found that **29%** of homeless adolescents experienced **4 or more psychotic symptoms**, including paranoid ideation, ideas of reference, and auditory hallucinations, symptoms that were correlated with reports of affective disturbance, abuse life experiences, and substance use.⁹

SECTION B. PROPOSED IMPLEMENTATION APPROACH

1. Project Goals, Objectives, and Service Population: The San Francisco Department of Public Health (SFPDH) will closely collaborate with Felton Institute to implement the **Bringing Early Awareness and Management to Untreated Psychosis (BEAM UP) program**, a comprehensive, collaborative psychosis prevention outreach, education, referral, and service initiative for youth and young adults through age 25 in San Francisco, California. 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 an impactful, multidisciplinary, communitywide psychosis prevention system model that can be replicated in jurisdictions throughout the US. The program will provide state-of-the-art, family-centered psychosis prevention services in community settings and will incorporate strong provider and consumer leadership in both program design and implementation. The program will utilize and build upon current scientific findings and strategies for understanding and addressing the needs of individuals in the earliest stages of psychosis while being extensively evaluated to assess the outcomes of its **stepped-care intervention strategy** for young people. The program will accomplish its goals through a series of **10** linked process and outcome objectives that will provide benchmarks for assessing project success throughout the grant period, as follows:

Process Objectives:

- **Objective # 1:** Between September 30, 2018 and January 31, 2019, to conduct a **comprehensive 4-month planning and start-up phase** that includes a) negotiating and finalizing project subcontracts; b) hiring and training project staff and consultants; c) obtaining community and youth input into program design and approaches, including convening a Community Leadership Council, conducting a full-day planning retreat in program month one,

⁶ Bertolote J & Fleischmann A, "Suicide and psychiatric diagnosis: a worldwide perspective." *World Psychiatry* 1(3): 181-5, 2002.

⁷ National Institute of Mental Health, Schizophrenia, *Brochure*, Bethesda MA, December 2017.

⁸ Larkin Street Youth Services, *Youth Homelessness in SF: 2014 Report on Incidence and Needs*, SF, CA 2015

⁹ Mundy P, et al., The prevalence of psychotic symptoms in homeless adolescents, *Journal of the American Academy of Child & Adolescent Psychiatry*, 29(5):724-731, September 1990.

and enhancing systems for inter-agency referral in relation to youth psychosis prevention; c) finalizing project objectives and activities in collaboration with SAMHSA; d) convening monthly meetings of the Project Management Team; e) developing the project evaluation plan, including finalizing data collection and reporting procedures and timelines developing project outcome objectives in collaboration with the national cross-site evaluator; f) finalizing client consent and confidentiality protection protocols; and g) developing project-specific outreach materials and identity elements.

- **Objective # 2:** Between February 1, 2019 and September 29, 2022, to conduct a **comprehensive community youth psychosis prevention outreach and education campaign** incorporating broad-based provider and community outreach and education; production and distribution of web and print-based psychosis prevention materials and information; development of an online pre-psychosis screening and referral tool; and formation of a **Youth Leadership Council** in program year 2 that develops and conducts youth-based psychosis prevention awareness and outreach activities.

- **Objective # 3:** Between February 1, 2019 and September 29, 2022, to organize and conduct as least **100** community-based orientation and education sessions on psychosis prevention, early intervention, and screening and referral for at-risk youth for a minimum of **800** youth-serving providers, clinicians, and community members.

- **Objective # 4:** Between February 1, 2019 and September 29, 2022, to conduct comprehensive clinical screening for at least **375** youth and young adults age 25 and below referred to the BEAM UP program who have been identified as being at potential risk for psychosis using the Brief Version of the Prodromal Questionnaire (PQ-B).

- **Objective # 5:** Between February 1, 2019 and September 29, 2022, to enroll at least **110** youth and young adults at clinically-identified risk for psychosis via Structured Interview of Psychosis-Risk Syndromes (SIPS) battery in a comprehensive, family-based, 24/7 stepped-care program designed to delay or prevent psychosis onset and symptoms, including individualized care plan development and case management services; individual, group, and family counseling and mental health services; psychiatric screening, prescription, and monitoring; employment and education support services; insurance enrollment and benefits counseling programs; home-based and foster care-based services; and access to respite care and other essential services.

- **Objective # 6:** Between February 1, 2019 and September 29, 2022, to ensure that at least **85%** of youth and young adults enrolled in BEAM UP program who convert to formal psychotic disorder diagnosis are connected to a coordinated specialty care for first episode psychosis program.

Outcome Objectives:

- **Objective # 7:** By September 29, 2022, to ensure that at least **70%** of BEAM UP youth and young adult enrollees who remain in the program for at least 6 months show improvement in clinical high-risk status by decreasing **at least one full scale** from baseline to discharge using the Scale of Psychosis Risk Symptoms (SOPS) contained in the Structured Interview for Psychosis Risk Syndrome (SIPS) protocol.

- **Objective # 8:** By September 29, 2022, to ensure that **less than 20%** of BEAM UP youth and young adult enrollees who remain in the program for at least 6 months convert to a formal psychotic disorder diagnosis.

- **Objective # 9:** By September 29, 2022, to ensure that at least **75%** of youth and young adult clients with project-identified employment and/or educational goals who remain in the program

for at least 6 months maintain or improve their involvement in employment and/or educational activities.

▪ **Objective # 10:** By September 29, 2022, to ensure that at least **75%** of participants in provider outreach and education sessions demonstrate having gained new knowledge or understanding of the early warning signs for clinical high risk state for psychosis as measured by presentation post-tests.

The BEAM UP program will provide comprehensive, clinical screening services for an unduplicated total of at least **375** high-risk young people aged 25 and under who will be referred to Felton Institute to identify or confirm pre-psychosis risk. Of these young people, an estimated **110** are expected to be identified as being at risk for psychosis and will be formally enrolled in the stepped care program (**20** in year 1 and **30** per year in years 2-4). These young people and their families will receive multidisciplinary services for a minimum of **6 months** following initial enrollment and for **up to 2 years or more** based on identified and emerging needs. The service population is expected to consist of approximately **75%** young people of color, the overwhelming majority of whom will fall into the transition-age youth (TAY) age range of 16 - 24. An estimated **60%** of the enrolled youth service population are expected to be cis males; **30%** will be cis females; and **10%** will be transgender or non-gender confirming young people. At least **800** youth-serving providers, clinicians, and community members will receive orientation and education on psychosis prevention, early intervention, screening, and referral.

2. Implementation of Required Activities: SFDPH Behavioral Health Services will contract with Felton Institute - a nationally respected mental health services agency - to deliver **all** direct clinical and community outreach and education activities through the BEAM UP program. Felton will implement a **two-part** initiative to prevent and reduce youth psychosis onset in San Francisco consisting of: **a)** direct, comprehensive clinical and support services designed to prevent young people who are at clinically-identified psychosis risk from progressing to psychosis; and **b)** a comprehensive community outreach and education campaign to raise awareness of youth psychosis issues and to disseminate effective tools and approaches for identifying and referring at-risk youth to treatment, including a peer-based youth outreach and education campaign. These elements are described below:

a) Stepped Early Psychosis Identification and Intervention: Building on its extensive clinical expertise, including its experience in operating a **coordinated specialty care** model early psychosis intervention program, Felton Institute will conduct comprehensive clinical risk assessments using the SIPS tool for young people referred to the program and will obtain informed consent from all young people confirmed to be at psychosis risk who are enrolled in the program. Staff Therapists and the project's Clinical Coordinator will develop an Individualized, Comprehensive Care Plan in collaboration with the young person and his or her family, and will serve as both clinical providers and case managers throughout the term of each young person's involvement in the program, with 24/7 emergency and crisis support available. While specific therapeutic interventions will be based on immediate youth needs at admission, clinical staff will continuously assess clients' needs and adjust intensity of services to reduce psychosis risk. Clinicians will also ensure direct linkage to coordinated specialty care for the less than 20% of youth enrollees who experience a first psychotic episode.

Felton's program methodology focuses on progress toward individual recovery goals, as well as improving social and role functioning, overall well-being, and improved mental and behavioral health outcomes. **Psychoeducational Multifamily Group (PMFG)** support will be provided to both young people and to all relevant family members and/or caregivers. Felton

psychiatric staff will assess youth enrollees for co-occurring conditions, and will provide ongoing diagnostic, prescription, and medication monitoring support, utilizing evidence-based medication support approaches for the psychosis-risk syndrome. The program will feature a robust employment and education support component following the Individual Placement and Support (IPS) Employment / Education Services model, in which trained staff work with young people to assess needs and produce education / employment plans that collaboration with schools to develop individualized education plans (IEPs); linkage to education support activities such as tutoring and educational counseling; linkage to employment and job training programs; and linkage to competitive employment. Additional BEAM UP services will include psychoeducation for individuals and family members; substance use risk reduction intervention; behavioral skills training; provision of intensive home-based services as needed for youth and their families, particularly when a young person is at risk for out-of-home placement; services provided in therapeutic foster family homes or individual therapeutic residential homes; linkage to respite care services for family members where needed; and programs to support the transition to adult services where needed.

SFDPH and Felton Institute will work closely together to ensure that the project's clinical assessment and treatment component is embedded within a broader collaborative system represented by San Francisco's newly emerging **TAY System of Care**. Led by SFDPH Behavioral Health Services, the system is designed to produce a multidisciplinary, seamless matrix of outreach, support, and mutual service referrals to meet the needs of transition-age youth in SF, and involves all key public and private providers in the city, including SF Psychiatric Emergency Services (PES), Foster Youth Services, the Juvenile Justice Coordinating Council, the SF Sheriff's Department and its Adult Probation TAY Unit, SF Community Health Programs for Youth, Larkin Street Youth Services, LYRIC LGBT Youth Services, and Instituto Familiar de la Raza. Felton plays a key role in this system, and SFDPH will ensure that BEAM UP is publicized and integrated into this existing collaborative. **Because of the TAY System of Care program, SFDPH is not requesting SAMHSA infrastructure development funds.**

▪ **Communitywide Outreach and Education Campaign:** The communitywide outreach and education campaign will both expand awareness and early identification of youth pre-psychosis in San Francisco and provide a referral bridge of clients to the BEAM UP intervention. During the first 3 months of the program, SFDPH and Felton will collaboratively convene a 15-member **Community Leadership Council** made up of key public and private providers - along with community members and youth consumers - which will meet on at least a **quarterly** basis - including in a full-day planning retreat in the first project quarter - to design the community outreach campaign, working with graphic and web consultants to prepare initial campaign identity elements and to develop an initial **dedicated webpage** for the early psychosis outreach project. Throughout the 5-year project period, Felton staff will conduct outreach to local youth-serving agencies and programs - including middle schools and high schools, local college and college health offices, hospitals, physician's offices, homeless service agencies, mental health crisis responders, youth agencies, churches, gyms, and other entities - to a) raise awareness of the issue of pre-psychosis among youth; b) offer providers tools to spot potential early psychosis symptoms, including orientation to the **Brief Version of the Prodromal Questionnaire (PQ-B)**; and c) provide referral resources for the Felton BEAM UP program, including distributing information on the project's website, which is expected to include an online version of the PQ-B by the end of project year 2. Also in the second project year, a **Youth Leadership Council** will be formed which will work with the Project Director and Felton staff to design youth-based

3. Project Timeline:

Key Project Activities & Milestones	Project Quarters - 9/30/18 - 9/29/22															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Finalize Felton Institute subcontract and finalize project objectives and timeline																
Hire and train project staff																
Begin convening twice-monthly Project Management Team meetings																
Convene Community Leadership Council and hold Full-Day Planning Retreat																
Design integrated psychosis intervention, including clinical protocols and standards																
Develop community awareness and education plan and begin outreach																
Secure linkage relationships to community resources and youth psychosis treatment																
Design identity elements and outreach materials and begin publicizing program																
Develop data collection and evaluation plan in collaboration with evaluation staff																
Ensure clinical staff certification in all evidence-based practices																
Design and launch project website																
Begin providing comprehensive psychosis prevention services for youth																
Continue to hold quarterly Leadership Council meetings																
Continually collect, analyze, and report project data to refine and enhance program																
Present ongoing community psychosis awareness and education events for providers																
Continually expand integration of project activities into SF TAY System of Care																
Launch a web-based version of a pre-psychosis assessment tool for use by providers																
Convene initial meeting of the Youth Leadership Council to develop strategies for raising youth awareness of early psychosis issues, symptoms, and resources																
Conduct ongoing youth-generated outreach and awareness events and activities, and continually build the size and skills of the Youth Leadership Council																
Begin preparing project continuation plan, including working with SFDPH to identify long-term non-federal resources to support the program																
Begin developing dissemination tools and approaches to encourage project replication in collaboration with SAMHSA, including a potential project replication toolkit																
Prepare and submit annual reports on the program																

psychosis prevention awareness and outreach activities and to recruit other young people to participate in the initiative, including young people who have successfully overcome pre-psychosis symptoms. The Council will plan and direct youth-specific outreach and education activities, and will participate in youth-specific events. Youth Council members will also participate with adults in project-related outreach and education to youth-serving providers.

SECTION C. PROPOSED EVIDENCE-BASED SERVICES / PRACTICES

1. Evidence-Based Service Practices to Be Used and Modifications Anticipated: All clinical staff providing services through the BEAM UP project will be highly trained, youth-specialized clinicians who will receive training and certification in all project modalities of treatment and support for pre-psychosis youth and young adults. At the level of initial and ongoing client assessments, the project will utilize a series of research-validated diagnostic assessments that include the **Structured Interview of Psychosis Risk-Syndromes (SIPS)** and the **Brief Version of the Prodromal Questionnaire (PQ-B)**. Originally developed in 2001, the SIPS assessment battery aims to: a) Rule out past and/or current psychosis; b) Rule in one or more of the 3 types of psychosis-risk syndromes; and c) Rate the current severity of the psychosis-risk syndromes in order to identify an appropriate course of treatment and support.¹⁰ The PQ-B is a self-report screening measure for psychosis risk syndromes among adolescents and young adults, and has been demonstrated as an effective, efficient self-report screen for prodromal psychosis syndromes when followed by a diagnostic interview.¹¹

Key EBPs to be used in the BEAM UP treatment and support process include the following:

- **Cognitive-Behavioral Therapy (CBT) for Psychosis:** Originally designed to treat depression, cognitive behavioral therapy works to solve existing problems and issues and to change unhelpful thinking and behavior through an approach that merges more traditional cognitive and behavioral therapy approaches.¹² CBT is a "problem focused" approach, designed to address specific issues and barriers faced by the individual, and is "action oriented," in that it provides a system through which the therapist works to assist the client in selecting specific strategies to help address his or her specific problems. CBT has been effectively adapted for the treatment of psychotic disorders,¹³ and will be adapted by Felton Institute in collaboration with SAMHSA specifically as an approach to pre-psychosis treatment. All project-enrolled youth will participate in therapist-led individual CBT sessions, including sessions conducted in the home, in group home settings, and in other community locations as needed.
- **Psychoeducational Multifamily Groups (PMFG):** Psychoeducational Multifamily Group Treatment (PMFG) is a treatment modality for individuals with a mental illness or mood disorder, and for their caregivers.¹⁴ The program aims to improve illness management, coping skills, and overall quality of life. PMFG is designed to a) inform patients and families about mental illness and its treatment; b) gain social support from other families in similar situations; and c) build skills in symptoms management, affect regulation, coping, problem solving, and communication. PMFG sessions are led by licensed mental health professionals and for at least

¹⁰ McGlashan T, Walsh B, & Woods S, *Structured interview for psychosis-risk syndromes, English language, Version 5.3*, PRIME Research Clinic, Yale School of Medicine, New Haven, CT, July 5, 2013..

¹¹ Loewy R, Pearson R, Vinogradov S, Bearden C, & Cannon T, Psychosis Risk Screening with Prodromal Questionnaire - Brief Version (PQ-B), *Schizophrenia Research*, 129(1):42-46, June 2011.

¹² Beck J, *Cognitive behavior therapy: Basics and beyond (2nd Ed.)*, The Guilford Press, New York, NY, 2011

¹³ E.g., Freeman D, Cognitive-behavioral therapy for psychotic disorders, *Psychiatric Times*, 30(12), Dec. 11, 2013.

¹⁴ Dyck D, et al., Management of negative symptoms among patients with schizophrenia attending multiple-family groups. *Psychiatric Services*, 51(4), 513-519, 2000.

the first 3 PMFG sessions (also called joining sessions), clinicians meet separately with the families, without the clients, on a weekly basis, with later sessions including clients with their families.

▪ **Individualized Placement and Support (IPS) Model of Supported Employment and Education:** Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (e.g., schizophrenia spectrum disorder, bipolar, depression). IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing, or to advance their educational goals. Mainstream education and technical training are included in IPS as ways to advance career paths. All BEAM UP clients will participate in IPS assessments and care plan development, and will be case managed by therapeutic staff as they pursue individual employment and education goals. The **Dartmouth IPS Fidelity Scale** is a tool that will be used both to track client progress and ensure adherence to IPS model principles and elements.¹⁵

▪ **Motivational Interviewing (MI):** MI is a well-established, evidence-based intervention used for both individual and group therapy that is designed to elicit behavior change by helping clients explore and resolve ambivalence in order to establish self-protective goals and behaviors.¹⁶ MI can be implemented in single session or multiple session formats, and is designed to assess and address individual risk factors and personal motivation to change by building client rapport and suggesting strategies designed to move each client along the individual continuum of change. MI will be used as a strategy to be used to explore behaviors, symptoms, feelings, and personal norms, and to help youth consider and prepare for engagement in the intervention.

SECTION D. STAFF AND ORGANIZATIONAL EXPERIENCE

1. Organizational Experience and Collaborators: Originally founded in 1889, **Felton Institute**, formerly the Family Service Agency of San Francisco, is a 501(c)(3) nonprofit benefit corporation that has been providing services to vulnerable children and families for over **125** years. With a focus on equitable access to quality mental health services for marginalized individuals and communities, Felton has historically offered innovative and evidence-based recovery-oriented services to the lowest income and most marginalized residents of SF and the surrounding Bay Areas. The agency's 4 programmatic divisions currently include: a) Children, Youth, and Families (CYF); b) Early Psychosis; c) Adults; and d) Seniors. Felton's 5th Division - Training and Research - provides professional development and behavioral health training in a range of evidence-based and evidence-informed practices, as well as other best practices for the social service environment. Together, Felton's 5 divisions are responsible for delivering **46** high-quality programs to over **10,000** individuals annually, across four California Counties, including San Mateo, San Francisco, Alameda, and Monterey.

For the past decade, Felton Institute has provided a specialized range of behavioral health and other supports to Transition Age Youth age 16-25 and their families in San Francisco and across the Bay Area. Felton Institute supports TAY in their wellness and recovery goals, and their striving toward independence, safety, and stability. Current programs supported through partnerships with SFDPH include a **San Francisco Full Service Partnership (FSP)** specifically for TAY youth as well as the **Felton San Francisco Early Psychosis Program** (formerly PREP

¹⁵ Becker D, et al., *Supported Employment Fidelity Review Manual, Third Edition*, Dartmouth Supported Employment Center, Hanover, NH, December 2015.

¹⁶ Vasilaki E, Hosier S, Cox W, The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review, *Alcohol & Alcoholism*, 41(3), 328-335, 2006.

– Prevention and Recovery in Early Psychosis), serving clients ages 14-34. This comprehensive program integrates components of specialized mental health - including Bipolar Early Assessment and Management (BEAM) - to provide prevention and early intervention (PEI) services for individuals with psychosis and/or mood disorders. In 2014, Felton Institute's first episode psychosis program model was nationally recognized by the National Council on Behavioral Health with the "Science to Service Award" for inspiring hope, advocacy, leadership, and impact in the field of mental health.

2. Project Staff Positions, Roles, and Experience: BEAM UP will be coordinated and overseen by a **25%-time Project Director** based at SFDPH Behavioral Health Services. The Project Director will be a youth-experienced project management specialist who will be funded on a match basis through the California Mental Health Services Act (MHSA). The Project Director will negotiate and oversee the Felton subcontract; convene meetings of the project's Community Leadership Council; integrate BEAM UP within the TAY system of care; coordinate project dissemination; and lead the effort to identify project continuation funding. Felton Institute will employ a **25%-time Program Coordinator (Adriana Furuzawa, LMFT)**, responsible for overseeing and coordinating clinical and outreach elements of the program, as well as a **50%-time Clinical Coordinator (Bruce Adams, LMFT)** who will provide direct project therapeutic services while overseeing and providing clinical supervision to project's clinical team. Ms. Furuzawa is the Early Psychosis Division Director at Felton, and has over 15 years of experience in providing and coordinating direct youth mental health services with over 5 years of early psychosis experience. Mr. Adams is a Program Director in the Early Psychosis Division and is a distinguished youth psychotherapist specialist with over 5 years of early psychosis experience.

The project's clinical team will consist of **two full-time Staff Therapists** - one of whom will be supported on a 50%-time basis through project matching funds; a **2%-time Psychiatrist** with a youth mental health specialty; and a **12%-time Youth Psychiatric Nurse Practitioner**. The Staff Therapists will provide direct services and case management support to youth and families enrolled in the program, while psychiatric staff assess and monitor medication-indicated conditions. A **35%-time Employment & Education Specialist** will oversee and coordinate the project's IPS component while a **20%-time Outreach Coordinator** coordinates and provides outreach and training to local youth-serving agencies and providers. Additional Felton staff include a **14%-time Evaluation Coordinator** and an **8%-time Quality Assurance Manager** to oversee data collection, reporting, and ongoing quality management activities.

3. Staffing, Supervisory, and Management Structure: The Felton-based Program Coordinator will be responsible for the hiring, training, and supervision of all project staff, while the Clinical Coordinator will provide day-to-day management, oversight, and supervision of the project's two Staff Therapists and Employment and Education Specialist. A **Project Management Team** will meet on at least a **twice-monthly** basis during the first program year and on at least a **monthly** basis during project years 2 - 4. The Project Director will be responsible for the preparation of project-related reports, working in collaboration with the Program and Clinical Coordinators. The project's Outreach Coordinator will collaborate closely with SFDPH in conducting outreach and education related to the program, to ensure that outreach integrates effectively with the County's only TAY System of Care initiative. Project evaluation staff will provide support to the management team in tracking both qualitative and quantitative outcomes both to continually improve the program and to assist in the preparation of ongoing reports.

SECTION E. DATA COLLECTION AND PERFORMANCE MEASUREMENT

1. How Required Data Will be Collected, How Data Will be Used to Manage, Monitor, and Enhance the Program, and Capacity and Willingness to Adhere to Data Collection and Reporting Requirements: Through a collaboration between Felton project evaluation staff, SFDPH, and SAMHSA, the project will implement a comprehensive, multi-faceted data collection and reporting system for the BEAM UP program that includes timely fulfillment of all federal reporting requirements under the Government Performance and Results (GPRA) Modernization Act of 2010, along with development of a **local evaluation plan** that will assess additional qualitative and quantitative impacts of the project. Client-level data will be collected face-to-face, using uniform data collections tool for all clients who enroll in and receive project-specific services. Data will be entered into SAMHSA's **Performance Accountability and Results System (SPARS)** following time-based reporting standards established by the granting agency. Required data to be reported under SPARS includes, but will not be limited to: a) the number of clients receiving screening, testing, and/or evidence-based treatment; b) demographic data (e.g., gender, race, ethnicity); c) original admitting diagnoses; d) mental health and substance use outcomes; e) housing and employment status; f) criminal justice involvement; g) retention in services; and h) social connectedness. Where necessary to improve client access to services, client data may also be shared using the **San Francisco Coordinated Care Management System (CCMS)**, a composite database of integrated medical, psychological, and social information about high risk, complex, and vulnerable populations served by the San Francisco Department of Public Health.

Additional indicators to be tracked through the project's local evaluation plan will focus on both the project's outreach and clinical service components. Elements to be tracked through the community outreach campaign include the number and type of participants in the project's Community Leadership and Youth Leadership Councils; the number of Council meetings held and the outcomes of those meetings; the number and type of awareness and educational sessions presented to youth providers and agencies and the number and characteristics of participants attending those sessions; post-test outcomes related to increases in early psychosis identification and resources knowledge; and increases in youth awareness of and involvement in early psychosis activities. The project will also develop metrics to assess the extent to which psychosis risk identification and response becomes strongly integrated into the city's TAY System of Care. In regard to the project's clinical treatment components, key elements to be tracked in addition to those above include length of time young people remain in the program and the relationship of duration in treatment to outcomes; degree of involvement of family members and caregivers in the program and the extent to which this influences outcomes; and identified disparities and efforts to effectively address disparities in relation to factors such as ethnicity, language, gender identity, sexual orientation, socioeconomic background, or housing status.

SFDPH and Felton Institute will continually collect project-related process and outcome data following the project's comprehensive evaluation plan to be developed in collaboration with SAMHSA. Project staff will continually collect data on services delivered and on key project impacts. Project data will be aggregated and analyzed by the Felton evaluation staff on a least a **quarterly** basis, and will be reported and reviewed by the project team during regular meetings. The team will examine data reports to identify successes, shortfalls, and disparities in regard to program outcomes, and will design and implement project modifications as needed to enhance impacts and eliminate disparities. Data will also be continually reported to SAMHSA through required quarterly and annual project reports.



CHRP
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award

Issue Date: 09/12/2018

Grant Number: 1H79SM081193-01
FAIN: H79SM081193
Program Director: Marlo Simmons

Project Title: BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and Young Adults at Clinical High Risk for Psychosis in San Francisco, California

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH 1380 Howard Street, 5th Floor San Francisco, CA 941032638	Mr. Kavooos Ghane Bassiri San Francisco Department of Public Health 1380 Howard Street, 5th Floor San Francisco, CA 941032638

Budget Period: 09/30/2018 – 09/29/2020

Project Period: 09/30/2018 – 09/29/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$800,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Part E of Title V Section 561 (290-ff) of the PHS Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM081193-01**Award Calculation (U.S. Dollars)**

Contractual	\$797,024
Other	\$2,976
Direct Cost	\$800,000
Approved Budget	\$1,066,668
Federal Share	\$800,000
Non-Federal Share	\$266,668
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$800,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$800,000
2	\$400,000
3	\$200,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.243
EIN:	1946000417A8
Document Number:	18SM81193A
Fiscal Year:	2018

IC	CAN	Amount
SM	C96J545	\$800,000

IC	CAN	2018	2020	2021
SM	C96J545	\$800,000	\$400,000	\$200,000

SM Administrative Data:

PCC: CHRP / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM081193-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79SM081193-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SM Special Terms and Conditions – 1H79SM081193-01

REMARKS

New Multi-Year Award

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity for Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) SM-18-012 has been selected for funding.

1a. 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**. Following this multi-year funded period, the recipient may apply for annual continuation funding for the next two budget period(s). Annual funding is based on the availability of funds.

1b. In addition, this award reflects approval of the **application budget** submitted on **June 11, 2018** by your organization

*Please note that effective January 7, 2018 the DHHS salary cap is \$189,600 annually. The contractual psychiatrist salary has been recalculated based on \$189,600 instead of \$264,000. The salary has been adjusted to \$3792, (\$189,600 x 2% LOE), and the difference of \$1488 (\$5280-\$3792) was moved to OTHER budget category.

2. Multi-Year Grant Award Funding Amounts: Funding for each of the 12-month incremental period(s) is restricted and the recipient organization may not expend more than the following:

*9/30/2018 – 9/29/2019: \$400,000

*9/30/2019 – 9/29/2020: \$400,000

*Remaining 12-month incremental period

3. Key Staff (or key staff positions, if staff has not been selected) **are listed below:**

TBD, Project Director @ 25% level of effort

Adriana Furuzawa, Program Coordinator @ 25% level of effort

Bruce Adams, Clinical Coordinator @ 50% level of effort

Any changes to key staff—including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project—requires prior approval and must be submitted as a post-award amendment in eRA Commons.

For additional information on how to submit a post-award amendment, please visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>. Any technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

4. All Post-Award Amendments must be submitted in eRA Commons for prior approval.

Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons: <https://www.samhsa.gov/grants/grants-management/post-award-changes>

Prior approval is required for, but is not limited to: a change in key personnel and level of effort, a budget revision, a change in scope, a formal carryover request, and a no cost extension. Reference the full prior approval term on the SAMHSA website under Standard Terms and Conditions at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Technical questions regarding the submission of a post-award amendment in eRA Commons should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>

5. Recipients are expected to plan their work and ensure that available funds are expended within the current 12-month incremental period.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By **November 30, 2018** you must submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impactstatement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a

description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading **"4 Additional Materials – grantee"** in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf

DATA COLLECTION & REPORT

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA) Modernization Act of 2010. These data are gathered using SAMHSA's Performance Accountability and Reporting System (SPARS). CHR-P recipients will be expected to complete Annual Goals and Budget training no later than December 31, 2018, and will be expected to enter Annual Goals and Budget information and data no later than January 30, 2019.

SPECIAL CONDITIONS

Multi-Year Award Submission

1. Multi-Year Incremental Period Submission

By **May 1, 2019**, for the next incremental period **9/30/2019 – 9/29/2020**, you must submit in eRA Commons the following three (3) documents:

A. SF-424A - BUDGET INFORMATION - Non-Construction Programs

Recipients must identify in Section B – Budget Categories, federal dollars in column 1 and non-federal dollars in column 2 for the next 12-month incremental period.

The SF-424A BUDGET INFORMATION - Non-Construction Programs can be found at: <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>

Upload the completed .pdf of the SF-424A Budget Page to the "View Terms Tracking Details" page in eRA Commons.

B. SAMHSA HHS Checklist (HHS-5161) – Part C

Recipients must submit and update, as necessary, the name and contact information for the business official and project director.

The SF-5161 HHS Checklist can be found at:
https://apply07.grants.gov/apply/forms/sample/HHS_CheckList_2_1-V2.1.pdf

Upload the completed .pdf of the HHS Checklist to the "View Terms Tracking Details" page in eRA Commons.

C. Detailed Budget or Attestation Letter

- Recipients must submit a budget narrative and justification if the next 12-month incremental period budget has changed by more than 25% from the previously approved 12-month incremental period budget; or,
- Recipients must submit an attestation letter on the organization's letterhead, signed and dated by the authorized representative. The letter must include the statement, "The budget has not changed by more than 25% from the previously approved budget."

Upload the completed .pdf of the detailed budget or the attestation letter to the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading "4 Additional Materials – grantee" in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf

Other

By **December 30, 2018** submit via eRA the following:

- **Key Personnel:**
 1. Submit a Post-Award Amendment for the unidentified key personnel as listed above. Refer to SAMHSA website for information <https://www.samhsa.gov/grants/grants-management/post-award-changes/key-staff-level-effort>

STANDARD TERMS AND CONDITIONS

Multi-Year Award Requirements

1. Multi-Year Programmatic Report

By December 30, 2019 submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the "View Terms Tracking Details" page in the eRA Commons System no later than 90 days after the end of each 12-month incremental period.

The Annual Programmatic Report must, at a minimum, include the following information:

- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- A summary of key program accomplishments to-date.
- Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

2. Multi-Year Federal Financial Report (SF-425)

By December 30, 2019 submit via eRA Commons.

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted as a .pdf to the "View Terms Tracking Details" page in the eRA Commons System no later than 90 days after the end of each 12-month incremental period.

The SF-425 Federal Financial Report is available at:
https://apply07.grants.gov/apply/forms/sample/SF425_2_0-V2.0.pdf.

Additional guidance to complete the FFR can be found:
<https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA. This information is needed in order to comply with PL 102-62, which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

Additional information on reporting requirements is available at:
<https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading "**4 Additional Materials – grantee**" in the User Guide located at:
https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

3. Standard Terms for Awards FY 2018

Your organization must comply with the Standard Terms and Conditions for grants awarded in Fiscal Year 2018.

SAMHSA's Terms and Conditions Webpage is located at:
<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

You must also comply with the following applicable Terms and Conditions:

- **New Grant**
- **Multi-Year Grant**

4. Compliance with Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.372, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

5. All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Tanvi Ajmera, Program Official

Phone: 240-276-0307 **Email:** Tanvi.Ajmera@samhsa.hhs.gov

Tiffany Pham, Grants Specialist

Phone: 240-276-1889 **Email:** Tiffany.Pham@samhsa.hhs.gov



TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Kanishka Karunaratne Cheng *KKC*
RE: Accept and Expend Grant - BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and Youth Adult at Clinical High Risk- \$800,000
DATE: 10/30/2018

Resolution retroactively authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$800,000 from Substance Abuse and Mental Health Services Administration to participate in a program entitled, "BEAM UP: A Comprehensive Stepped Early Intervention Services Program for Youth and Youth Adult at Clinical High Risk," for the period of September 30, 2018, through September 29, 2020.

Please note that Supervisor Mandelman is a co-sponsor of this legislation.

Should you have any questions, please contact Kanishka Karunaratne Cheng at 415-554-6696.


RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2018 OCT 30 PM 2:06
BY *[Signature]*



London N. Breed
Mayor

Greg Wagner
Acting Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Greg Wagner 
Acting Director of Health

DATE: October 1, 2018

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - BEAM UP: A Comprehensive
Stepped Early Intervention Services Program for Youth and
Youth Adult at Clinical High Risk- \$800,000

Attached please find the original and 2 copies of each of the following:

- ☒ Proposed grant resolution, original signed by Department
- ☒ Grant information form, including disability checklist -
- ☒ Budget and Budget Justification
- ☒ Grant application
- ☒ Agreement / Award Letter
- ☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes ☐

No ☒

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
 (S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Family Service Agency of San Francisco dba Felton Institute	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>1. See attached list of Board members 2. Al Gilbert, President & CEO, Marvin Davis, Chief Financial Officer & Chief Operations Officer, Yohana Quiroz, Chief Operations Officer – CYF Division 3. N/A 4. N/A 5. N/A</p>	
Contractor address: 1500 Franklin Street San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$800,000 for year 1& 2, and \$1,400,000 in the 4-year project period
Describe the nature of the contract that was approved: A contract to implement a comprehensive psychosis prevention outreach, education, referral, and service initiative for youth and young adults through age 25 in San Francisco.	
Comments: Family Service Agency of San Francisco (Felton Institute) is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form (Mayor, London N. Breed)

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

**Felton Institute/Family Service Agency of San Francisco
2017 - 2018 Board of Directors**

Officers		
Amy Solliday, Chair Member since September 2006 Member, HR Committee Vice President, Store Operations Old Navy	James (Will) Smiley, Vice Chair Member since September 2011 Director, US Commercial, USMA and GPS Staffing Genetech	Elisabeth Madden, Secretary Member since September 2008 Member, HR Committee Partner Lynch, Gilardi and Grummer
Michael N. Hofman, Chair Emeritus Member since August 2013 (original membership began in 1992) Member, Development Committee Executive Vice President Janet Moyer Landscaping		
Directors		
Paul Adams Member since September 2015 (original membership began in 2008) Chair, Governance Committee Vice President, Deputy General Counsel GAP, Inc.	Dale M. Butler Member since December 2008 Member, HR Committee Retired, Supervisor, Private Sector Div. International Union Local 1021 Currently working as a Consultant in Labor and Public Sector Relations	H. Westley Clark Member since April 2015 Member, Service Delivery Committee Dean's Executive Professor of Public Health Santa Clara University
Michelle O. Clark Member since March 2016 Member, Development Committee Staff Psychiatrist Traditions Behavioral Health, Inc.	Veronica Garcia Member since August 2016 Member, Development Committee Policy Analyst City and County of San Francisco San Francisco Human Rights Commission	Terry M. Limpert Member since September 2004 Interim Chair, HR Committee Senior Partner (Retired) Mercer Delta Consulting, LLC
Lisa Loughney Member since January 2016 (original membership began in 2012) Co-Chair, Finance Committee Senior Vice President (Retired) Wells Fargo	Lauren Mikulski Member since June 2017 Member, HR Committee Director, Oncology Segment Marketing McKesson	Eric Minkove Member since May 2017 Member, Finance Committee Operating Partner TPG Growth
JD Moitra Member since June 2017 Member, HR Committee Director Kaiser Permanente	Amelia Morris Member since September 2014 Member, Finance Committee Director Brandes Investment Partners, L.P.	Michael Orias Member since May 2017 Member, Governance Committee Manager EAH Housing

**Felton Institute/Family Service Agency of San Francisco
2017 - 2018 Board of Directors**

Directors

Yasmine Rafidi Member since April 2017 Chair, Development Committee Associate Dir., Fin'l Planning & Analysis FivePrime	Eric Severson Member since September 2003 Member, Governance Committee Chief People Officer DaVita Kidney Care	Alefiyah Shambhoora Member since May 2017 Member, Development Committee Senior Strategy Manager Genentech
Darren Skolnick Member since May 2017 Member, Finance Committee Vice President, Internal Audit Verity Health System	Matthew H. Snyder Member since February 2014 Co-Chair, Finance Committee Principal KPMG	Richard Tsai Member since August 2017 Member, Service Delivery Committee Assistant Professor of Neurology UCSF
John Wyatt Member since July 2017 Member, Governance Committee Member, Service Delivery Committee President Wyatt Consulting		

04/01/2018

The term of a Board Director is three years. There is no maximum number of consecutive terms a Director may serve on the Board. Re-election of a Director to subsequent terms requires a majority vote of the Board.