

File Number: _____
(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: **Mental Health Student Services Act of 2019**

2. Department: **Department of Public Health**

3. Contact Person: **Alison Lustbader** Telephone: **415-255-3402**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$6,000,000**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Mental Health Services Oversight and Accountability Commission**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

The Mental Health Student Services Grant is money to improve mental health services in the schools. San Francisco County will be collaborating with SFUSD and three other CBOs to increase access to mental health services for students. Proposed services will include a mobile response team for middle schools, system navigators to assist parents in coordinating and navigating their child’s mental health needs, additional therapists at the school health centers, peer resources and infrastructure money to help Life Learning Academy on Treasure Island update their dormitories.

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

Start-Date: **10/1/2021** End-Date: **9/30/2025**

10a. Amount budgeted for contractual services: **\$5,067,091**

b. Will contractual services be put out to bid? **N/A**

c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements?

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? **\$770,109**

b2. How was the amount calculated? **15% of total program costs**

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? **N.A.**

12. Any other significant grant requirements or comments:

This grant does not require an ASO amendment and reimburses the department for \$162,800 (0.25 FTE SF-DPH position) to hire a Health Program Coordinate during the period of October 1, 2021 through September 30, 2025.

**Proposal ID: CTR00002507
Version ID: V101
Dept ID: 251962
Project Desc: HM109-22 Mental Health Student
Project ID: 10037922
Activity ID: 0001**

****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 type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" 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: 10/21/2021 | 2:12 PM PDT

DocuSigned by:
Toni Rucker
A64292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 10/21/2021 | 11:47 AM PDT

DocuSigned by:
Greg Wagner
26527524752949F...
(Signature Required)

Greg wagner, COO for