

## MEASURE N COMMISSION

1000 Broadway, Suite 680  
Oakland, CA 94607-4099



**OAKLAND UNIFIED  
SCHOOL DISTRICT**

Community Schools, Thriving Students

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### Measure N - College & Career Readiness - Commission

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Enactment Date	3/23/2022 er

# Memo

**To** Board of Education

**From** Measure N Commission  
Jason Gumataotao, Chairperson  
Louise Waters, Vice Chair  
Marc Tafolla, Member  
Katy Nunez-Adler, Member  
James Harris, Member

**Board Meeting Date** March 1, 2022

**Subject** Budget Modification Form  
Services for: Dewey Academy

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**Action Requested and Recommendation** Adoption by Board of Education, upon recommendation of the Measure N Commission, of a 2021-2022 budget modification request from Dewey Academy transferring \$2,500.00, from Consultant Contracts (no impact – no longer need this contract) to Conference Expenses, for a new total amount of \$2,500.00, as stated in the justification section of the New or Revised Strategic Action Section of the Budget Modification Form.

**Background**

*(Why do we need these services? Why have you selected this vendor?)*

Dewey Academy would like to modify their Measure N Educational Improvement Plan to decrease the approved strategic action, Consultant Contracts, by \$2,500.00, and use that money to create a new strategic action, Conference Expenses.

**Competitively Bid**

Was this contract competitively bid? No  
If no, exception: N/A

**Fiscal Impact**

Funding resource(s): Measure N

**Attachments**

- Budget Modification Form

## Measure N Budget Modification Form OUSD Schools

Date:	01/11/2022	Principal:	Staci Ross-Morrison
School Name:	Dewey Academy	Site #:	310
Pathway(s): (required for multiple use of programs)	Health and Fitness	Requested By:	Jacqueline Stewart

### Step 1:

#### a. Add the Original Approved Strategic Action from the Measure N EIP:

Directions: Copy & paste the original strategic action below. The original strategic action is where you plan to take money from and use it for a new purpose.

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	Measure N Budget Original Strategic Action (proper & full justification)	Total Amount Transferred
Whole School	94	\$7,200.00	<b>Consultant Contract for the Superior Home Health Care Services, Inc.</b> to provide a Home Health Care Training Class. The vendor will provide entry level healthcare workshops for 30 students each hexamester. The services consist of skills needed in all environments, such as communication skills (active listening), compassion and showing empathy, establishing and building rapport, attention to detail, and by meeting the needs of themselves and others by remaining flexible to change and Internship opportunities. (Includes Admin Fees)	\$2,500.00

#### b. What will be the impact on your Measure N plan, pathway development, and students for not doing your original strategic action? (\*Do not insert links or use Acronyms)

No impact - no longer need this contract. Will pursue a contract and services from another vendor.

#### c. Enter the Account String for the Original Approved Strategic Action:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5825	310	3100	1690	9999	99999

#### d. Total amount being transferred: \$2,500.00

- Please check this box if this is a **NEW** expenditure and it's not in the approved Measure N Budget.
- Please check this box if this is an **EXISTING** expenditure and you're only amending the approved amount.

Please attach a Measure N Duty Statement form if the Budget Modification is to create a new position or to change an FTE.

**Step 2.**

**a. Enter the New or Revised Strategic Action (Explicitly state the expenditure type and how it supports pathway development?):**

*This will become the new proper justification for this expenditure. \*Only justification allowed. \*You'll use this new or revised justification for all future applicable requests connected to this modification.*

Measure N Plan & Pathway	Budget Action - Line Item #	Original Amount Approved	<p align="center"><b>New or Revised Measure N Strategic Action</b></p> <p align="center"><i>Enter one to two sentences to create a Proper Justification using the questions below. Explicitly describe the expenditure - no vague language, no acronyms, no hyperlinks and quantify when applicable.</i></p> <ul style="list-style-type: none"> <li>- What is the specific expenditure or service type?</li> <li>- How does the specific expenditure or service type support or is aligned to pathway development?</li> <li>- How does this expenditure improve student engagement and how many students will be served?</li> <li>- What need does this specific expenditure or service type address?</li> </ul>	New or Amended Amount
Whole School	N/A	N/A	<p><b>Conference Expense for 1 Teacher to attend the National Council for Behavioral Health DBA National Council for Mental Wellbeing, to receive training and certification on the Mental Health First Aid Course.</b></p> <p>Participants will complete approximately 8 hours of pre-work before the first day of training. Pre-work includes an online course that guides you through a series of MHFA modeling videos. There will be no additional charges for course materials. The online course will last 3 consecutive days, typically running from 9 a.m- 5 p.m. each day. This is a live, interactive course taught by MHFA National Trainers. Participants will complete approximately 2 hours of post-work after the live training. Post-work includes tips for teaching virtually and an overview of the platform with a brief test. Only after all post-work has been completed will the candidate receive full instructor credentials and a certificate.</p> <p>Topics Covered:, Depression and mood disorders, Anxiety disorders, Trauma, Psychosis, Substance Use disorders            What are the Accomplishment Standards, including what are the contract deliverables? Teachers will become certified to train students in Teen Mental Health First Aid and students will receive a certification for Teen Mental health first aid upon completion of internship.            What target group of students will benefit from this service? Students who are experiencing mental health challenges and students who are pursuing a career in the medical field, Mental Health field specifically.            How many students will be served? School Wide            What is the intent for the students after they participate in this training and get certified as trainers?            Students who receive training and certification in Mental health first aid have in-depth knowledge on how to identify that someone else or themselves are experiencing a mental health challenge/crisis. Certified students are able to provide Mental health first aid to others in a crisis until proper care arrives. This certification also aids students in</p>	\$2,500.00



			pursuing a career in the medical field, mental health field or in the field of working with youth.	
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**b. Enter the New or Revised Account String:**

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	1000	5825	310	3100	1690	9999	99999

**Signature of Approvals:** *(Please insert the team member's name below the signature line)*

Jacqueline Stewart  
 Name:  
 Teacher Leader/Pathway Director  
 Signature

01/11/22  
 Date

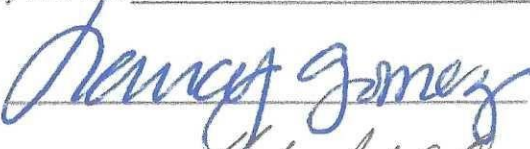
  
 Name:  
 Principal Signature Required

2/2/22  
 Date

**FOR MEASURE N STAFF USE ONLY**

Date BMF Received: 2/2/2022

Escape Budget Transfer or Journal Entry Link No.: \_\_\_\_\_

Program Manager, Approval Signature: 

Date: 2/2/22

H.S. Network Superintendent, Approval Signature: 

Date: 2/2/22