



London Breed, Mayor

Department of Human Services
 Department of Aging and Adult Services
 Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO: AGING & ADULT SERVICES COMMISSION

THROUGH: SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JKI*

DATE: NOVEMBER 6, 2019

SUBJECT: GRANT MODIFICATION: ON LOK DAY SERVICES (**NON-PROFIT**)
 HEALTH PROMOTION: Self-Management of Chronic Health Conditions,
 Physical Fitness and Fall Prevention Programs

GRANT TERM:	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
	7/1/19- 6/30/21	7/1/19- 6/30/21	7/1/19- 6/30/21		7/1/19- 6/30/21
TOTAL AMOUNT	\$1,190,336	\$248,062	\$1,438,398	\$143,839	\$1,582,237
ANNUAL AMOUNT	<u>See Table</u>				
MODIFICATION FUNDING:	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
PERCENTAGE:	\$248,062	\$0	\$0	\$24,806	\$272,868
	100%	0%	0%		100%

The Department of Aging and Adult Services (DAAS) requests authorization to modify the existing grant agreements with On Lok Day Services for the period of July 1, 2019 through June 30, 2021, in the additional amount of \$248,062 plus a 10% contingency for a total amount not to exceed of \$1,582,237. The purpose of the grant is to provide older adults and adults with disabilities with health promotion and disease prevention programs focused on education, physical fitness, and fall prevention.

Background

In order to address community needs for programs that improve and/or maintain the health and well-being of older adults and adults with disabilities and to support this population in living independently in the community, DAAS implemented two health promotion and disease prevention programs. They are Physical Fitness & Fall Prevention and Self-Management of Chronic Health Conditions. Both programs promote lifestyle changes and support and encourage individuals to actively manage their health and wellness. The programs also support independent living in the community, improve quality of life, and maintain and/or improve physical health.

Services to be Provided

The Physical Fitness and Fall Prevention program, also known as Always Active, consists of three different types of exercise classes, an ongoing group exercise class, a 12-week fall prevention series of classes, and fall prevention maintenance classes. The ongoing group exercise classes contain five specific fitness components that include cardiovascular exercise, joint mobility, upper and lower body strength training, flexibility, and balance. The 12-week fall prevention series of classes, developed by the University of San Francisco, uses a series of assessment tools to individualize training and maximize the benefit of the training during the 12 week series. The ongoing fall prevention maintenance classes are offered two times per week for participants who have completed the 12-week fall prevention series and would like to continue strengthening the areas of fitness that were reassessed at the conclusion of the fall prevention series.

The programs provided under Self-Management of Chronic Health Conditions are Healthier Living and Diabetes Empowerment Education Program (DEEP). Both programs are evidenced-based and provide participants with education and tools to help better manage chronic health conditions such as diabetes, heart disease, arthritis, and chronic pain. Both programs consist of 6 sessions and are led by leaders certified by the licensed organizations.

The funding amounts are detailed in the following table:

Program	FY 19/20	FY 20/21	Modification	Total FY 19-21	10% Contingency	Total Not to Exceed
Physical Fitness & Fall Prevention	\$389,495	\$399,232	\$117,146	\$905,873	\$90,587	\$996,460
Self-Management of Chronic Health Conditions	\$198,325	\$203,284	\$130,916	\$532,525	\$53,252	\$585,777
Total	\$587,820	\$602,516	\$248,062	\$1,438,398	\$143,839	\$1,582,237

Please refer to the attached Appendix A for more detailed information about the services and program requirements.

Grant Modification

The Physical Fitness & Fall Prevention program has experienced growth and high demand since 2017. The number and location of classes offered has increased. This modification will provide the program with an additional full time staff member to assist with administrative work including consumer registration and enrollment, collecting of physician's release forms, capturing attendance, evaluating instructors, conducting site inventory, etc. This work is important to maintaining the overall quality and function of the program.

The modification for the Self-Management of Chronic Health Conditions program will enable On Lok Day Services to hire a part time staff to support program operations. The modification will also provide the additional funding needed for increased administrative costs related to changes in program licensing.

Grantee Performance

Fiscal Monitoring: On Lok was monitored on February 26, 2019 and is in full compliance.

Program Monitoring: On Lok was monitored on June 7, 2019 and is in full compliance.

Selection

Grantee was selected through RFP 843 which was competitively bid in March 2019.

Funding

Funding for this modification will be provided by the Dignity Fund. The funding is from one time only funds and add-back funding from the Board of Supervisors budget process.

ATTACHMENTS

On Lok Day Services

Physical Fitness & Fall Prevention

Appendix A-1-Services to be Provided

Appendix B-1-Budget

Self-Management of Chronic Health Conditions

Appendix A-1-Services to be Provided

Appendix B-1- Budget

**APPENDIX A-1
SERVICES TO BE PROVIDED BY GRANTEE**

**Health Promotion Program
Physical Fitness & Fall Prevention
July 1, 2019 to June 30, 2021**

Modification: November 1, 2019

I. Purpose

The purpose of this grant is to provide older adults and adults with disabilities with health promotion and disease prevention programs focused on physical fitness and fall prevention. Health promotion and disease prevention programs promote lifestyle changes and support and encourage individuals to actively manage their health and wellness. The programs also are intended to support independent living in the community, improve quality of life, and maintain and/or improve physical health.

II. Definitions

Adult with a Disability	A person 18-59 years of age living with a disability
Always Active Program	The Always Active program consists of 3 different types of exercise classes: ongoing group exercise classes, a 12-week fall prevention series of classes, and ongoing fall prevention maintenance classes.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CARBON	Contracts Administration, Reporting and Billing On Line System
Certified Exercise Leader	An individual who holds a Functional Aging Institute (FAI) certification, or other national exercise certification, and has completed their exercise leader training with Always Active staff.
City	City and County of San Francisco, a municipal corporation
Controller	Controller of the City and County of San Francisco or designated agent
DAAS	Department of Aging and Adult Services
Disability	Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

Fall Prevention	A 12-week fall prevention series of classes under the Always Active program; developed by the University of San Francisco (USF). An ongoing fall prevention maintenance class is also held 2 times per week for participants who have completed the fall prevention series.
Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or others.
Grantee	On Lok Day Services
Group Exercise Classes	Ongoing group exercise classes that are part of the Always Active program. Classes are held 2-3 times per week at each location and include 5 components: cardiovascular exercise, joint mobility, upper and lower body strength training, flexibility, and balance.
HSA	Human Services Agency of the City and County of San Francisco
LGBTQ+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Low-Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Used by consumers to self-identify their income status and is not used as a means test to qualify for the program.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
OCP	Office of Community Partnerships. (Previously known as Office on the Aging / OOA.)

OCM	Office of Contract Management, San Francisco Human Services Agency
Older Adult	Person who is 60 years or older; used interchangeably with the term “senior”
Senior	Person who is 60 years or older; used interchangeably with the term “older adult”
SOGI	Sexual Orientation and Gender Identity, <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9</i>).
SF12 Perception of Health Questionnaire	The SF-12® is a multipurpose short-form generic measure of health status and outcome from the participant’s point of view. The tool is developed by Quality Metric Incorporated and proven to provide valid outcome data.

III. Target Population

The target population is older adults and adults with disabilities living in the City and County of San Francisco.

Grantee shall additionally target services to members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need:

- Low income
- Limited or No English Speaking Proficiency
- Minority populations
- Frail
- LGBTQ+

IV. Eligibility for Health Promotion Services

Persons 60 years of age and above, and persons between 18 and 59 living with a disability.

V. Location and Time of Services

The workshops will be conducted in San Francisco; dates and locations are determined by the Grantee and reviewed and approved by OCP.

VI. Description of Services and Program Requirements

1. Grantee will provide health promotion and disease prevention programs focused on physical fitness and fall prevention. Health promotion and disease prevention programs will promote lifestyle changes and support and encourage individuals to actively manage their health and wellness.

2. Grantee will secure community partner sites to host Always Active classes and establish signed agreements with community partner/s to clarify the expectations and responsibilities between the parties involved. Grantee will provide DAAS-OCP with copies of all signed partner site agreements.
3. Grantee will provide Always Active classes, which will be:
 - Conducted by certified exercise leaders and implemented in a manner to assure program fidelity and quality according to the program model;
 - Offered in group settings in at least 20 accessible locations throughout the city such as congregate meal sites, community centers, senior housing, or senior centers;
 - Offered in at least three (3) different languages to meet needs in the community, including English, Chinese (Cantonese & Mandarin), and Spanish.
 - Offered at least 2-3 times a week at each location, at 1-hour per session, or as per the program model dictates;
 - Enrolled at a minimum class size of 10 participants and maximum of 30 participants per leader.
4. Grantee will plan and conduct a minimum of two workshops annually for certified exercise leaders. Workshops will be a minimum of 4 hours and consist of exercise leader sharing, relevant guest speakers, and continuing education from the Functional Aging Institute.
5. Grantee will provide an opportunity for program participants to make voluntary contributions.
6. Grantee will conduct program outreach and marketing of the health promotion programs. An outreach plan will be provided to DAAS for review and approval within 60 days after contract begins, and updated annually and as needed. Outreach strategies should be neighborhood-based and citywide and may include activities such as disseminating materials at community meetings and other group settings or special events/fairs, announcements in bulletins, electronic bulletins, and other mass media. As part of program outreach, Grantee will post workshops and maintain current information for DAAS sponsored workshops on the Always Active web site: www.alwaysactive.org. Specifically for the fall prevention series, outreach will include contacting public and private health clinics and hospitals in the City and providing them with information about the classes.
7. Grantee will conduct and document program quality-fidelity monitoring visits at minimum once per year for each exercise leader, and at minimum two monitoring visits yearly at each site. Grantee will provide support and technical assistance, as needed, to exercise leaders and community partners to ensure that the classes follow the curriculum and program model for program fidelity. Fidelity monitoring checks will be shared with DAAS on a quarterly basis in September, December, March and June.
8. Grantee will maintain a minimum of 20 certified exercise leaders at all times. Track and maintain a current list of certified exercise leaders, and share an updated list with DAAS twice a year, and as requested.

9. Grantee will administer the SF12 Perception of Health Questionnaire and the Functional Reach Test, Timed Up and Go Test, and 30 Second Chair Stance Test on a sample of participants in the group exercise classes. Grantee will analyze the data, and share survey results with DAAS OCP by May 1st each grant year or on a mutually agreed upon date between OCP and the Grantee. The number of participants assessed will be a statistically significant sample, as determined by USF.
10. Grantee will collect pre and post data for all participants enrolled in the fall prevention series, analyze the data, and share survey results with DAAS OCP by May 1st each grant year or on a mutually agreed upon date between OCP and the Grantee. Assessments include the Functional Reach Test, Timed Up and Go Test, and 30 Second Chair Stance Test.
11. Grantee will administer an annual consumer satisfaction survey to at least 40% of participants enrolled in the program using a survey tool approved by DAAS OCP. The survey results will be shared with DAAS OCP by March 15th each grant year or a mutually agreed upon date between OCP and the Grantee.
12. Grantee will have policy and procedures that are compliant with the DAAS policy memoranda manual.

VII. Service Objectives

Provide the minimum annual service units indicated in Table A below.

Table A: Annual Service Units	FY 2019-2020 Service Units	FY 2020-2021 Service Units
# Unduplicated consumers to be served	1,045	1,045
# Hours group exercise classes	2,352	2,352
# Hours fall prevention series and maintenance classes	312	312
Total # Hours	2,664	2,664

VIII. Outcome Objectives

1. At least 85% of surveyed participants will report that their health and/or fitness has improved since enrolling in the Always Active program.
2. At least 70% of the fall prevention series participants who complete the Functional Reach Test, Timed Up and Go Test, and 30 Second Chair Stance Test will demonstrate maintenance or improvement based on the results of their pre and post test comparisons.
3. At least 70% of the assessed participants in the group exercise classes will maintain a 70th percentile or better score on average as measured through the Functional Reach Test, Timed Up and Go Test, and 30 Second Chair Stance Test.
4. At least 70% of the assessed participants in the group exercise classes will show that on average, they maintain scores higher than the 50th percentile for Physical Composite Scale as measured through SF12 survey tool.

VIII. Reporting and other Requirements

1. The grantee will enter into the CA GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
2. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system and include Service Objectives.
3. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st each grant year. This report must be submitted to the CARBON system.
4. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10th.
5. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
6. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
7. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
8. Grantee will assure that services delivered are consistent with professional standards for this service.
9. Pursuant to California Department of Aging Requirement, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
10. Grantee will develop a Grievance Policy consistent with Office on the Aging Program Memorandum #33 - Consumer Grievance Policy.

11. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies “Focal Points” which are designed to help older adults connect to services throughout the City. These Focal Points are:

Designated Community Focal Points		
Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	5600 3rd St, San Francisco, 94124	415-647-5353
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132	415-335-5558
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121	415-404-2938
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131	415-550-2221
Openhouse	1800 Market St, San Francisco, 94102	415-347-8509
SF Senior Center (SFSC)	481 O’Farrell St, San Francisco, 94102	415-202-2983
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109	415-202-2983
South Sunset Senior Center (SHE)	2601 40th Ave , San Francisco, 94116	415-566-2845
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108	415-438-9804
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

12. For assistance with reporting and contract requirements, please contact:

Lauren McCasland
 Nutritionist
 DAAS OCP
 email: Lauren.McCasland@sfgov.org

and

Esperanza Zapien
 Senior Contract Manager
 HSA OCM
 email: Esperanza.Zapien@sfgov.org

VIII. Monitoring Activities

1. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-Getcare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures

manual of all OOA-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool; translation and social services are based on staff hours.

2. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, and Compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

	A	B	C	D	E	F	G	I	
	Name		Term						
	On Lok Day Services		7/1/19-6/30/21						
7	(Check One)	New	Renewal	Modification	X				
8	If modification, Effective Date of Mod.		7/1/2019	No. of Mod.	1				
9	Program: Health Promotion-Physical Fitness & Fall Prevention								
10	Budget Reference Page No.(s)		7/1/19-6/30/20	7/1/19-6/30/20	7/1/20-6/30/21	7/1/20-6/30/21	7/1/19-6/30/21	Total	
11	Program Term							Revised	
12	DAAS Expenditures								
13	Salaries & Benefits	\$191,789	\$38,744	\$230,533	\$191,789	\$53,754	\$245,543	\$476,076	
14	Operating Expenses	\$65,748	\$10,311	\$76,059	\$74,681	(\$4,700)	\$69,981	\$146,040	
15	Subtotal	\$257,537	\$49,055	\$306,592	\$266,470	\$49,054	\$315,524	\$622,116	
16	Indirect Percentage (%) - CDA 10%	9%		9%			9%		
17	CDA Indirect Cost (Line 16 X Line 15)	\$23,198	\$4,818	\$28,016	\$24,002	\$4,819	\$28,821	\$56,837	
18	Indirect Percentage (%) - GF %								
19	GF Indirect Cost (Line 18 X Line 15)								
20	Subcontractor/Capital Expenditures	\$108,760	\$4,700	\$113,460	\$108,760	\$4,700	\$113,460	\$226,920	
21	TOTAL DAAS EXPENDITURES	\$389,495	\$58,573	\$448,068	\$399,232	\$58,573	\$457,805	\$905,873	
22	Non-DAAS Expenditures								
23	Salaries & Benefits	\$91,643		\$91,643	\$91,643	\$4,361	\$96,004	\$187,647	
24	Operating Expense	\$20,037		\$20,037	\$20,037		\$20,037	\$40,074	
25	Subtotal	\$111,680		\$111,680	\$111,680	\$4,361	\$116,041	\$227,721	
26	Indirect Percentage (%) -								
27	Indirect costs								
28	Subcontractor/ Capital Expenditures								
29	TOTAL Non-DAAS EXPENDITURES	\$111,680		\$111,680	\$111,680	\$4,361	\$116,041	\$227,721	
30	TOTAL DAAS & Non-DAAS EXPENDITURES								
31		\$501,175	\$58,573	\$559,748	\$510,912	\$62,934	\$573,846	\$1,133,594	
32	HSA-DAAS Revenues								
33	General Fund	\$378,150		\$378,150	\$378,150		\$378,150	\$756,300	
34	Addback		\$58,573	\$58,573	\$58,573		\$58,573	\$117,146	
35	CODB	\$11,345		\$11,345	\$21,082		\$21,082	\$32,427	
36	TOTAL HSA-DAAS REVENUES	\$389,495	\$58,573	\$448,068	\$399,232	\$58,573	\$457,805	\$905,873	
37	Non-DAAS Revenues								
38	Project Income	\$700		\$700	\$700		\$700	\$1,400	
39	Fundraising	\$49,540		\$49,540	\$49,540	\$4,361	\$53,901	\$103,441	
40	Community Living Campaign	\$61,440		\$61,440	\$61,440		\$61,440	\$122,880	
41	TOTAL NON-DAAS REVENUES	\$111,680		\$111,680	\$111,680	\$4,361	\$116,041	\$227,721	
42	Total DAAS & Non-DAAS Revenues	\$501,175	\$58,573	\$559,748	\$510,912	\$62,934	\$573,846	\$1,133,594	
43	Full Time Equivalent (FTE)	2.57	0.67	3.24	2.57	0.92	3.49		
44	Telephone No.:	(415) 550-2211							10/17/2019
45	Prepared by:	Zoey Wang							
46	HSA-CO Review Signature:								
47	HSA #1								

On Lok Day Services
Program: Health Promotion-Physical Fitness & Fall Prevention

Salaries & Benefits Detail

POSITION TITLE and NAME	7/1/19-6/30/20		7/1/19-6/30/20		7/1/19-6/30/20		7/1/20-6/30/21		7/1/20-6/30/21		7/1/19-6/30/21		7/1/20-6/30/21		7/1/19-6/30/21		
	Agency Totals	HSA Program	DAAS	Budgeted Salary	Budgeted Salary	Budgeted Salary	Adjusted FTE	Total FTE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	TOTAL
12	\$158,452	1.00	7%	\$11,092	\$11,092	0.07	1.00	\$158,452	1.00	7%	0.07	\$11,092	\$11,092	\$11,092	\$22,184		
13	\$87,560	1.00	10%	\$8,756	\$8,756	0.10	1.00	\$87,560	1.00	10%	0.10	\$8,756	\$8,756	\$8,756	\$17,512		
14	\$68,916	1.00	5%	\$2,946	\$2,946	0.05	1.00	\$68,916	1.00	5%	0.05	\$2,946	\$2,946	\$2,946	\$5,892		
15	\$47,133	1.00	4%	\$1,885	\$1,885	0.04	1.00	\$47,133	1.00	4%	0.04	\$1,885	\$1,885	\$1,885	\$3,770		
16	\$70,056	1.00	51%	\$35,729	\$35,729	0.51	1.00	\$70,056	1.00	51%	0.51	\$35,729	\$35,729	\$35,729	\$71,458		
17	\$55,124	1.00	60%	\$33,074	\$33,074	0.60	1.00	\$55,124	1.00	60%	0.60	\$33,074	\$33,074	\$33,074	\$66,148		
18	\$53,040	0.60	100%	\$31,824	\$31,824	0.60	0.60	\$53,040	0.60	100%	0.60	\$31,824	\$31,824	\$31,824	\$63,648		
19	\$42,848	1.00	60%	\$25,709	\$25,709	0.60	1.00	\$42,848	1.00	60%	0.60	\$25,709	\$25,709	\$25,709	\$51,418		
20	\$45,760	0.67	100%	\$30,507	\$30,507	0.67	1.00	\$45,760	1.00	92%	0.92	\$42,326	\$42,326	\$42,326	\$72,833		
21	\$618,889	8.27	397%	\$151,015	\$30,507	3.24	8.60	\$618,889	8.60	389%	3.49	\$151,015	\$42,326	\$193,341	\$374,863		
22																	
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41	\$158,452	1.00	13%	\$20,599	\$20,599	0.13	1.00	\$158,452	1.00	13%	0.13	\$20,599	\$20,599	\$20,599	\$41,198		
42	\$87,560	1.00	5%	\$4,378	\$4,378	0.05	1.00	\$87,560	1.00	5%	0.05	\$4,378	\$4,378	\$4,378	\$8,756		
43	\$47,133	1.00	0%	\$0	\$5,892	0.10	1.00	\$47,133	1.00	0%	0.10	\$5,892	\$5,892	\$5,892	\$11,784		
44	\$55,124	1.00	0%	\$0	\$0	0.03	1.00	\$55,124	1.00	0%	0.03	\$2,102	\$2,102	\$2,102	\$4,204		
45	\$53,040	0.60	40%	\$22,050	\$22,050	0.40	1.00	\$53,040	0.60	40%	0.40	\$22,050	\$22,050	\$22,050	\$44,100		
46	\$42,848	1.00	40%	\$0	\$0	0.40	1.00	\$42,848	1.00	40%	0.40	\$17,139	\$17,139	\$17,139	\$34,278		
47	\$45,760	0.67	0%	\$0	\$0	0.67	1.00	\$45,760	1.00	0%	0.67	\$0	\$0	\$0	\$3,434		
48	\$618,889	8.27	111%	\$72,160	\$72,160	1.11	8.60	\$618,889	8.60	119%	1.19	\$72,160	\$3,434	\$75,594	\$147,754		
49																	
50																	
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On Lok Day Services
 Program: Health Promotion-Physical Fitness & Fall Prevention

Operating Expense Detail

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9	H.S.A-DAAS							
10	SUBCONTRACTORS	7/1/19-6/30/20	7/1/19-6/30/20	7/1/19-6/30/20	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/19-6/30/21
11	Sequoia Living (San Francisco Senior Center)	\$64,326		\$64,326	\$64,326		\$64,326	\$128,652
12	University of San Francisco	\$44,434		\$44,434	\$44,434		\$44,434	\$88,868
13	Self-Help For the Elderly		4,700	\$4,700		\$4,700	\$4,700	\$9,400
14								
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16	TOTAL SUBCONTRACTOR COST	\$108,760	\$4,700	\$113,460	\$108,760	\$4,700	\$113,460	\$226,920
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19	EQUIPMENT			7/1/19-6/30/20			7/1/20-6/30/21	7/1/19-6/30/21
20	Units							
21	Equipment A							
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25	TOTAL EQUIPMENT COST			\$0			\$0	\$0
26								
27	REMODELING			7/1/19-6/30/20			7/1/20-6/30/21	7/1/19-6/30/21
28	Description:							
29	Remodel A							
30								
31								
32	TOTAL REMODELING COST			\$0			\$0	\$0
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34	TOTAL H. S. A DAAS SUBCONTRACTOR/CAPITAL EXPENDITURE	\$108,760	\$4,700	\$113,460	\$108,760	\$4,700	\$113,460	\$226,920
35								
36	Non-DAAS							
37	SUBCONTRACTORS			7/1/19-6/30/20			7/1/20-6/30/21	7/1/19-6/30/21
38	Subcontractor 1							
39	Subcontractor 2							
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43	TOTAL SUBCONTRACTOR COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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46	EQUIPMENT			7/1/19-6/30/20			7/1/20-6/30/21	7/1/19-6/30/21
47	Units							
48	Equipment A							
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52	TOTAL EQUIPMENT COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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54	REMODELING			7/1/19-6/30/20			7/1/20-6/30/21	7/1/19-6/30/21
55	Description:							
56	Remodel A							
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59	TOTAL REMODELING COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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61	TOTAL NON-DAAS SUBCONTRACTOR/CAPITAL EXPENDITURE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
62	Total DAAS & Non DAAS Subcontractor/ Capital Expenditures	\$108,760	\$4,700	\$113,460	\$108,760	\$4,700	\$113,460	\$226,920

**APPENDIX A-1
SERVICES TO BE PROVIDED BY GRANTEE**

**Health Promotion Program
Self-Management of Chronic Health Conditions
July 1, 2019 to June 30, 2021**

Modification: November 1, 2019

I. Purpose

The purpose of this grant is to provide older adults and adults with disabilities with evidence-based health promotion and disease prevention programs focused on education and tools to help better manage chronic health conditions such as diabetes, heart disease, arthritis, and chronic pain. Evidence-based health promotion and disease prevention programs promote lifestyle changes and support and encourage individuals to actively manage their health and wellness. The programs are also intended to support independent living in the community, improve quality of life, and maintain and/or improve physical health.

II. Definitions

ACL	Administration for Community Living https://acl.gov/
Adult with a Disability	A person 18-59 years of age living with a disability
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CARBON	Contracts Administration, Reporting, and Billing On-Line system
Certified Master Trainer	An individual who is trained and certified by the program license holder of Healthier Living or DEEP. A trained and certified individual completes master training courses and is qualified to lead workshop sessions.
Certified Lay Leader	An individual who has successfully completed the Healthier Living or DEEP Lay Leader training and provided at least one Healthier Living or DEEP workshop within a year of their training.
City	City and County of San Francisco, a municipal corporation
Controller	Controller of the City and County of San Francisco or designated agent
CDA	California Department of Aging
DAAS	Department of Aging and Adult Services

DEEP	Diabetes Empowerment Education Program is an evidence-based health promotion program developed and licensed by the University of Chicago, Illinois. It is a 6-week program, at 2 hours per class, and provides participants with education and tools to help them better manage diabetes and prediabetes.
Disability	Mental, cognitive, and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
Evidence-Based Disease Prevention and Health Promotion Program	A disease prevention and health promotion program as defined by Administration for Community Living that has demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, and/or injury among older adults. https://acl.gov/programs/health-wellness/disease-prevention
Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or others.
Grantee	On Lok Day Services
Healthier Living Program / CDSMP	An evidence-based health promotion program developed by Stanford University, also known as Chronic Disease Self-Management Program (CDSMP). It includes a series of 2 ½ hour workshops presented over a 6-week period and provides participants with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, and chronic pain. https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management/
Lay Leader Training	Planning, coordinating, and providing in person training for individuals to become certified lay leaders to implement the Healthier Living program or DEEP. The training must align with the curriculum established and approved by the program license holder and follow any guidelines and/or criteria established by OCP. 1 training unit = the provision of one multi-day training.

HSA	Human Services Agency of the City and County of San Francisco
LGBTQ+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Low-Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Used by consumers to self-identify their income status and is not used as a means test to qualify for the program.
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.
OCP	Office of Community Partnerships. (Previously known as Office on the Aging / OOA.)
OCM	Office of Contract Management, San Francisco Human Services Agency
Older Adult	Person who is 60 years or older; used interchangeably with the term "senior"
Older Americans Act (OAA)	The Older Americans Act (OAA), passed by Congress in 1965, with the goal of supporting older Americans to live at home and in the community with dignity and independence for as long as possible. https://www.ncoa.org/public-policy-action/older-americans-act/
Partners in Care Foundation	A non-profit organization that the California Department of Aging has contracted with to administer evidenced-based health promotion programs.
Senior	Person who is 60 years or older; used interchangeably with the term "older adult"
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i>

amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (*Chapter 104, Sections 104.1 through 104.9.*)

Service Unit: Contact	One contact = one person who attended a workshop session.
Service Unit: Graduate	One graduate = one person who attended 5 out of 6 DEEP workshops, or 4 out of 6 Healthier Living workshops.
Title III D of OAA	Authorizing Legislation: Section 361 of the Older Americans Act (OAA) of 1965, as amended. It provides grants to states and territories based on their share of the population aged 60 and older for programs that support healthy lifestyles and promote healthy behaviors. https://acl.gov/programs/health-wellness/disease-prevention

III. Target Population

The target population is older adults and adults with disabilities with a chronic health condition living in the City and County of San Francisco.

Grantee shall additionally target services to members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need:

- Low income
- Limited or No English Speaking Proficiency
- Minority populations
- Frail
- LGBTQ+

IV. Eligibility for Health Promotion Services

Persons 18 years of age or older with a chronic health condition or a caregiver of an adult with a chronic health condition.

V. Location and Time of Services

The workshops will be conducted in San Francisco; dates and locations are determined by the Grantee and reviewed and approved by OCP.

VI. Description of Services and Program Requirements

The evidence-based health promotion programs are partially funded with state grant and federal funds under Title IIID of the Older Americans Act to improve the quality of life for older adults and adults with disabilities by teaching behavior modification skills and coping strategies to manage chronic disease and by increasing their physical activity levels.

1. Grantee will secure community partner sites to host health promotion workshops and establish signed agreements with community partner/s to clarify the expectations and responsibilities between the parties involved. Grantee will provide DAAS-OCP with copies of all signed partner site agreements.
2. Grantee will provide Healthier Living and DEEP classes. Classes will be:
 - Conducted by certified lay leaders or master trainers and implemented in a manner to assure program fidelity and quality according to the program model.
 - Offered in group settings in different accessible locations throughout the city such as congregate meal sites, community centers, senior housing, or senior centers.
 - Offered in at least three (3) different languages to meet needs in the community, including English, Chinese (Cantonese & Mandarin), and Spanish.
 - Enrolled at a minimum class size of 12 participants and maximum of 25 participants for Healthier Living and maximum of 20 participants for DEEP.
3. Grantee will provide an opportunity for program participants to make voluntary contributions.
4. Grantee will conduct program outreach and marketing of the health promotion programs. An outreach plan will be provided to DAAS for review and approval within 60 days after the contract begins, and updated annually and as needed. Outreach strategies should be neighborhood-based as well as citywide and may include activities such as disseminating materials at community meetings and other group settings or special events/fairs, announcements, electronic bulletins, and other mass media. As part of program outreach, Grantee will post workshops and maintain current information for DAAS sponsored workshops on the State's web site: www.CaHealthierLiving.org
5. Grantee will conduct and document program quality-fidelity monitoring visits at one or more sessions of a workshop facilitated by all new lay leaders. New lay leaders shall be evaluated by the grantee within one month of starting a workshop. Grantee will provide support and technical assistance to lay leaders, as needed, to ensure that the workshops follow the curriculum and program model for program fidelity. A minimum of four additional fidelity checks for existing lay leaders and master trainers will also be conducted annually. Fidelity checks will be shared with DAAS on a quarterly basis in September, December, March and June.
6. Grantee will track and maintain a current list of lay leaders and master trainers and share an updated list with DAAS twice a year, and as requested.
7. Grantee will ensure workshop leaders publicize and actively recruit workshop graduates to the DAAS-NCOA sponsored Healthier Living Alumni online community (<https://community.selfmanage.org>) so they will continue to have the support/resources to make positive lifestyle changes to maintain or improve their health. Grantee will inform and invite the program graduates to join the online community at the 5th and 6th workshop session.

8. Grantee will develop and maintain current program policies and procedures with OCP's approval to meet the Health Promotion service standards set forth by the licensed organization and OCP, including but not limited to having a current list of master trainers and lay leaders, inventory list of program workbooks, and health promotion incentives available. Policy and procedures will also be compliant with local/city, state, and federal regulatory agencies, including the DAAS policy memoranda manual.
9. Grantee will have a representative to participate in the statewide CA Healthier Living Coalition.
10. Grantee will be responsible for collecting the Healthier Living participant attendance log, participant surveys from the workshops, and sending them to Partners in Care as indicated in the affiliate agreement between OCP and Partners in Care, and entering the service data into CaGetCare.
11. Grantee will be responsible for collecting the DEEP participant attendance log and participant surveys from the workshops, and entering the service data into CaGetCare.
12. Grantee will be responsible for documenting the number of participants enrolled, and the number of participants who completed the Health Promotion workshops and share with DAAS-OCP on a monthly basis.

VII. Service Objectives:

1. Provide the minimum annual service units indicated in Table A below.

FY 2019-2020	Healthier Living	DEEP	Total
Total # Workshops Offered*	15	36	51
Total # consumers enrolled in the program	213	452	665
Total # Contacts <i>One contact = one individual who attends a workshop session.</i>	1,044	2,215	3,259
Total # Graduates	160	339	499
Total # of Master Trainers Trained	1	0	1
Total # Lay Leaders Trained	18	0	18
FY 2020-2021	Healthier Living	DEEP	Total
Total # Workshops Offered*	15	36	51
Total # consumers enrolled in the program	213	452	665
Total # Contacts <i>One contact = one individual who attends a workshop session.</i>	1,044	2,215	3,259
Total # Graduates	160	339	499
Total # of Master Trainers Trained	1	0	1
Total # Lay Leaders Trained	18	0	18

*The number of workshop types offered (i.e. Healthier Living and DEEP) are subject to change based on identified needs in the community and available resources and as shown on the OCP approved Site Chart. Any change in the type of workshop provided must be pre-approved by DAAS OCP. The total number of units however will remain a minimum of 51.

2. Graduate on average of a minimum 65% of participants enrolled per workshop in Healthier Living and DEEP.

VIII. Outcome Objectives:

1. Based on pre and post surveys, at least 75% of the DEEP workshop participants will report a greater understanding of diabetes and how to prevent and/or better manage it.
2. Based on pre and post surveys, at least 75% of the Healthier Living workshop participants will report more confidence in managing their chronic health conditions.

IX. Reporting and other Requirements

1. The grantee will enter into the CA GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
2. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system and include Service Objectives.
3. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
4. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10th.
5. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
6. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
7. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
8. Grantee will assure that services delivered are consistent with professional standards for this service.

9. Pursuant to California Department of Aging Requirement, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
10. Grantee will develop a Grievance Policy consistent with Office on the Aging Program Memorandum #33 - Consumer Grievance Policy.
11. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies "Focal Points" which are designed to help older adults connect to services throughout the City. These Focal Points are:

Designated Community Focal Points		
Name	Address	Phone
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
Bayview Senior Connections	5600 3rd St, San Francisco, 94124	415-647-5353
OMI Senior Center (CCCYO)	65 Beverly St, San Francisco, 94132	415-335-5558
Richmond Senior Center (GGSS)	6221 Geary Blvd, San Francisco, 94121	415-404-2938
30th Street Senior Center (On Lok)	225 30th St, San Francisco, 94131	415-550-2221
Openhouse	1800 Market St, San Francisco, 94102	415-347-8509
SF Senior Center (SFSC)	481 O'Farrell St, San Francisco, 94102	415-202-2983
Aquatic Park Senior Center (SFSC)	890 Beach St, San Francisco, 94109	415-202-2983
South Sunset Senior Center (SHE)	2601 40th Ave , San Francisco, 94116	415-566-2845
Self-Help for the Elderly	601 Jackson St, San Francisco, 94133	415-677-7585
Geen Mun Activity Center (SHE)	777 Stockton St, San Francisco, 94108	415-438-9804
Toolworks	25 Kearny St, San Francisco, 94108	415-733-0990
DAAS Benefits and Services Hub	2 Gough St, San Francisco, 94103	415-355-6700

12. For assistance with reporting and contract requirements, please contact:

Lauren McCasland
 Nutritionist
 DAAS OCP
 email: Lauren.McCasland@sfgov.org

and

Esperanza Zapien
 Senior Contract Manager
 HSA OCM
 email: Esperanza.Zapien@sfgov.org

X. Monitoring Activities

1. **Program Monitoring:** Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-Getcare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures manual of all OOA-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool; translation and social services are based on staff hours.

2. **Fiscal Compliance and Contract Monitoring:** Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

