



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

Department of Benefits
and Family Support

Department of Disability
and Aging Services

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org



London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: KELLY DEARMAN, EXECUTIVE DIRECTOR

FROM: JILL NIELSEN, DEPUTY DIRECTOR
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

DATE: APRIL 5, 2023

SUBJECT: NEW GRANT: **INSTITUTE ON AGING (NON-PROFIT)**
FOR THE PROVISION OF HIGH RISK SELF NEGLECT
MULTI-DISCIPLINARY TEAM & ELDER & DISABLED
DEATH REVIEW TEAM

DS
EL

GRANT TERM: 4/1/2023-6/30/2025

GRANT AMOUNT:	<u>New</u> \$ 561,199	<u>Contingency</u> \$56,120	<u>Total</u> \$617,319
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	<u>4/1/23- 6/30/23</u>	<u>7/1/23- 6/30/24</u>	<u>7/1/24- 6/30/25</u>
ANNUAL AMOUNTS	\$64,133	\$248,533	\$248,533

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:			\$561,199	\$56,120	\$617,319
PERCENTAGE:			100%		

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant agreement with the Institute on Aging, for the operation of a High Risk Self Neglect Multi-Disciplinary Team (HRSN-MDT) and an Elder and Disabled Death Review Team (EDDRT) for the period of April 1, 2023 to June 30, 2025, in an amount of \$561,199 plus a 10% contingency for a total amount not to exceed \$617,319. The purpose of the grant is to bring together agency



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representatives and experts in a variety of fields involved in the intervention and support of adults with disabilities and older adults that have demonstrated a lack of ability to self-support and or stabilize with pre-existing support systems, with a goal of collaborating and finding successful collaborative approaches to meet the needs of this population.

<u>Program</u>	<u>4/1/2023- 6/30/23</u>	<u>7/1/2023- 6/30-2024</u>	<u>7/1/2024- 6/30/2025</u>	<u>Total</u>
High Risk Self-Neglect Team	\$27,998	\$103,992	\$103,992	\$235,982
Elder Death review	\$36,135	\$144,541	\$144,541	\$325,217
Total	\$64,133	\$248,533	\$248,533	\$ 561,199

Background

Self-neglect accounts for over 60% of the reports made to the Adult Protective Services (APS) program and the program's subsequent investigations, assessments and interventions. These reports come from various community partners, who provide services to older adults and adults with disabilities that are substantially incapable of self-care and self-protection, and therefore at substantial risk of harm. These constituents often cannot secure or maintain food, clothing, shelter, cannot follow through with their medical care, cannot protect themselves from health and safety hazards, and are often dehydrated and malnourished. The reasons are often due to cognitive, mental health, developmental or physical limitations that prevent them from acting in their own rational self-interest. These constituents are at high risk of permanent injury, death, homelessness, and premature institutionalization. The High Risk Self Neglect Multi-Disciplinary Team (HRSN-MDT) coordinates community partners, such as hospitals, city departments, and community based organizations that are trained and capable of providing an array of preventive and remedial services in collaboration with APS, to bring about changes in these constituents' lives that would support safe and independent living in the least restrictive environment.

The SF Elder & Disabled Death Review Team (EDDRT) is responsible for convening and coordinating a multi-disciplinary team, comprised of SFPD, the District Attorney's Office, Adult Protective Services, the Office of the Public Guardian, Office of the Medical Examiner, and other



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relevant professionals deemed integral to the EDDRT case discussions. The multi-disciplinary team, otherwise known as the EDDRT, meets on a regular basis to discuss cases of deceased dependent adults and elders believed to have been victims of abuse, neglect, self-neglect or exploitation – with the goal to discuss inter-agency gaps in service or coordination, and sharing expertise and resources to reduce likelihood of future deaths as a result of abuse, neglect, self-neglect, and exploitation.

Services to be Provided

Grantee shall provide the following services for HRSN-MDT:

- A. APS social workers and community partners that meet the criteria of multidisciplinary team member as defined in the California Elder Abuse and Dependent Adult Civil Protection Act (EADACPA) will present on challenging cases that require collaboration between multiple programs or agencies in order to address the protection issues of the client. The HRSN MDT meetings will act as a forum for deliberation and planning interventions for the cases to improve outcomes for the client.
- B. Grantee shall direct and coordinate all aspects of the San Francisco HRSN MDT, including reviewing referrals, facilitating twice-monthly meetings, and facilitating communication between partners. In addition, the contractor shall develop and maintain a statistical database to capture such variables as incidence and types of abuse, breakdown of referrals by age, ethnicity, sexual orientation and gender identity, additional allegations beyond self-neglect, as well as neighborhoods in San Francisco.
- C. Grantee shall also collect statistics on the number of cases reviewed by the HRSN MDT and the outcome of the multidisciplinary intervention, including the number of emergency placements by APS or other community partners.
- D. Grantee shall update annually a Memorandum of Understanding with each participating partner of the HRSN MDT.
- E. Grantee will ensure the privacy of clients discussed by requiring participants to sign a confidentiality agreement.

Grantee shall provide the following services for EDDRT:



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- A. Grantee shall facilitate quarterly meetings of the EDDRT Steering Committee, comprised of representatives of EDDRT partners.
- B. In collaboration with the District Attorney’s Office, the Medical Examiner’s Office, and other Forensic Center partners, the grantee shall coordinate the EDDRT and its monthly meetings. This coordination shall include setting and coordinating meetings, taking minutes, retaining signed confidentiality forms, and keeping statistics about the deceased elders and dependent adults that are reviewed at the EDDRT. The Grantee shall assist with the preparation of any EDDRT reports that are compiled by the team.
- C. Grantee shall update annually a Memorandum of Understanding with each participating partner of the EDDRT.

Location of Services

The meetings referenced above will take place in the office of Adult Protective Services at 1650 Mission Street. Nevertheless, with approval from the grantor, the meetings may be held online using applications approved by the grantor, or a hybrid of in-person and online options.

Selection

Grantee was selected through Request for Proposals #1045, which was competitively bid in November 22, 2022.

Funding

Funding for this grant is provided through Federal Funds.

ATTACHMENTS

- Appendix A – Services to be Provided- HRSN-MDT
- Appendix A-1 – Services to be Provided- EDDRT
- Appendix B – Budget- HRSN-MDT
- Appendix B-1 – Budget- EDDRT

APPENDIX A - SERVICES TO BE PROVIDED BY GRANTEE

High Risk Self-Neglect Multi-Disciplinary Team (HRSN MDT)

April 1, 2023 – June 30, 2025

I. Purpose of Grant

The High Risk Self-Neglect Multi-Disciplinary Team (HRSN MDT) is responsible for coordinating community partners, such as hospitals, city departments, and community based organizations that are trained and capable of providing an array of preventive and remedial services in collaboration with APS, to bring about changes in these constituents' lives that would support safe and independent living in the least restrictive environment.

II. Definitions

APS	Adult Protective Services. Government agency that receives and investigates reports of suspected elder/dependent adult abuse.
Adult with disability	Person 18 years of age or older living with a disability.
CARBON	Contracts Administration, Reporting and Billing On Line System
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
DAS	Department of Disability and Aging Services
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results 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, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
Dependent Adult	An Adult with a Disability who is 18-64 years, who cannot care for themselves and depend on others for protection or to meet their most basic needs.
Elder (an Older Adult)	An older adult who is 60 years or older.
Frail	An older individual that is determined to be functionally impaired because the individual either: (a) Is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, 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 older individual behaves in a manner that poses a serious health or safety hazard to the individual or others.

Grantee	Institute on Aging
HSA	Human Services Agency of City and County of San Francisco
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. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
Mandated Reporter	In California, any individual that has assumed full or intermittent care of an elder or a dependent adult through the course of his or her work.
OCM	Office of Contract Management, Human Services Agency
SOGI	Sexual Orientation and Gender Identity, a result of Ordinance No. 159-16 which 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.)

III. Target Populations

The target population discussed at HRSN MDT meetings are dependent adults between the ages of 18 to 59, and elders aged 60 and older who are self-neglecting, acutely vulnerable, and who demonstrate the inability to take action to protect themselves from the consequences of remaining in that situation or condition. The majority of HRSN MDT cases that are reviewed are also clients to APS, however, the HRSN MDT is a resource that can be accessed by other HSA programs, or by community-based service providers in San Francisco that work with the target population.

IV. Description of Services

Grantee shall provide the following services during the term of this contract:

- A. APS social workers and community partners that meet the criteria of multidisciplinary team member as defined in the California Elder Abuse and Dependent Adult Civil Protection Act (EADACPA) will present on challenging cases that require collaboration between multiple programs or agencies in order to address the protection issues of the client. The HRSN MDT meetings will act as a forum for deliberation and planning interventions for the cases to improve outcomes for the client.
- B. Grantee shall direct and coordinate all aspects of the San Francisco HRSN MDT, including reviewing referrals, facilitating twice-monthly meetings, and facilitating communication between partners. In addition, grantee will work directly with APS to determine the composition of MDT participants and suitable replacement members should there be a need to change or expand the composition of professional collaborators in the multidisciplinary team.
- C. Grantee shall develop a statistical database to capture such variables as incidence and types of abuse, breakdown of referrals by age, ethnicity, sexual orientation and gender identity, additional allegations beyond self-neglect, as well as neighborhoods in San Francisco.

- D. Grantee shall also collect statistics on the number of cases reviewed by the HRSN MDT and the outcome of the multidisciplinary intervention, including the number of emergency placements by APS or other community partners.
- E. Grantee shall update annually a Memorandum of Understanding with each participating partner of the HRSN MDT
- F. Grantee will ensure the privacy of clients discussed through a signed confidentiality agreement.

V. Location and Time of Services

The meetings referenced above will take place in the office of Adult Protective Services at 1650 Mission Street. Nevertheless, with approval from the grantor, the meetings may be held online using applications approved by the grantor, or a hybrid of in-person and online options.

VI. Grantee Responsibilities

Grantee shall provide the following services during the term of this grant:

- A. Develop work plans to carry out service and outcome objectives;
- B. Adhere to HIPAA guidelines regarding confidentiality and safely maintaining and storing all program materials;
- C. Comply with monitoring and reporting requirements;
- D. Hold quarterly Steering Committee meetings to report on program progress;

VII. Service Objectives

- A. Facilitate twice-monthly HRSN MDT Meetings.(Minimum 20 Meetings)
- B. Summarize tracked statistics on meetings (attendees' organizations, number of cases presented, demographics and characteristics of cases presented in the quarter)
- C. Facilitate 2 bi-annual steering committee meetings to help guide the program and review quarterly reports
- D. Annually, carry out a satisfaction survey with High Risk Self Neglect MDT partners and APS staff to evaluate effectiveness of the Contractor's coordination efforts. (1 Survey)

VIII. Outcome Objectives

- A. The HRSN MDT shall demonstrate value to the APS program through the reduction in risk factors for cases presented in the HRSN MDT forum. 80% of cases presented to the HRSN MDT shall have a net reduction of risk factors score from the pre-test score at case opening, and post-test score at closure of the case as reported in the APS client management database LEAPS.

- B. In surveys conducted by the Grantee, a minimum of 80% of respondents to the HRSN MDT Partners survey will indicate that grantee’s coordination efforts were appropriate, relevant, and adequate.

IX. Reporting Requirements

- A. Grantee will provide a quarterly report of activities, referencing the tasks as described in Section IV– Description of Services, VI– Service Objectives, and VII- Outcome Objectives. Reports are due 15 days after the close of the reporting period and must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
- B. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV– Description of Services, VI- Service Objectives, and VII - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. This report is due 15 days after the completion of the program year and must be entered into CARBON.
- C. Grantee will provide various reports during the term of the grant agreement.
- D. Grantee shall submit to DAS/APS a quarterly report on the High Risk Self Neglect MDT Quarterly Activity Report (Report form to be provided)

Quarterly Reporting Period: Specific reporting periods and due dates are as follows:

<u>Quarter</u>	<u>Report Periods</u>	<u>Due Date from Grantee</u>
1 st Quarter	July 1 – September 30	October 15
2 nd Quarter	October 1 – December 31	January 15
3 rd Quarter	January 1 – March 31	April 15
4 th Quarter	April 1 – June 30	July 15

- E. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report shall be entered into CARBON and is due to HSA no later than July 31.
- F. Provider shall report total Elder Abuse Forensic Center Federal and Local funds separately in their audited financial statements (in tables or in text). These expenditures, based upon invoiced payments, will be reported by HSA to the provider in time for inclusion. Provider shall staff keep records of time studies or other basis of documenting actual time spent and charged to the program.
- G. Grantee will provide an annual consumer satisfaction survey report to DAS/APS by March 15 each grant year.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10th.
- I. Grantee shall develop and deliver ad hoc reports as requested by HSA.

- J. Apart from reports requested to be sent via e-mail to the Program Director and/or Contract Manager, all other reports should be sent to the following addresses:

Akiles Ceron, Program Director
DAS, APS
1650 Mission Street, 5/F
San Francisco, CA 94103

Tim Vo, Administrative Analyst
Human Services Agency
PO Box 7988
San Francisco, CA 94120

X. Monitoring Activities

- A. Program Monitoring: Program monitoring includes a review of quarterly reports and quarterly meetings between the Grantee and the APS Program Director to evaluate the status of the Grantee's progress towards meeting the service and outcome objectives. Additionally, the Grantee will be observed by the APS Program Director facilitating High Risk Self Neglect meetings and carrying out coordination activities to facilitate an improved elder abuse response by the HRSN partners. Future program monitoring activities will include an annual survey to HRSN partners and APS staff that utilize the HRSN to determine areas for quality improvement.
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring includes a review of the Grantee's organizational budget, the 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 Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E
1	Appendix B, Page 1				
2					
3	HUMAN SERVICES AGENCY BUDGET SUMMARY				
4	BY PROGRAM				
5	Name		Term		
6	Institute on Aging		4/1/23-6/30/25		
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: High Risk Self-Neglect Multi-Disciplinary Team				
10	Budget Reference Page No.(s)				4/1/2023-6/30/2025
11	Program Term	4/1/2023-6/30/23	7/1/2023-6/30-2024	7/1/2024-6/30/2025	Total
12	Expenditures				
13	Salaries & Benefits	\$21,589	\$80,190	\$80,190	\$181,969
14	Operating Expenses	\$2,757	\$10,238	\$10,238	\$23,233
15	Subtotal	\$24,346	\$90,428	\$90,428	\$205,202
16	Indirect Percentage (%)	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$3,652	\$13,564	\$13,564	\$30,780
18	Subcontractor/Capital Expenditures				
19	Total Expenditures	\$27,998	\$103,992	\$103,992	\$235,982
20	HSA Revenues				
21	Federal Funds (CFDA 93.747) (Elder Death Review Team)	\$27,998	\$103,992	\$103,992	\$235,982
22					
23					
24					
25					
26					
27					
28	TOTAL HSA REVENUES	\$27,998	\$103,992	\$103,992	\$235,982
29	Other Revenues				
30					
31					
32					
33					
34					
35	Total Revenues	\$27,998	\$103,992	\$103,992	\$235,982
36	Full Time Equivalent (FTE)				
38	Prepared by:		Telephone No.:		
39	HSA-CO Review Signature: _____				
40	HSA #1				12/2/2020

	A	B	C	D	E	F	G	H	I
1	Appendix B, Page 2								
2									
3	Institute on Aging								
4	Program: High Risk Self-Neglect Multi-Disciplinary Team								
5									
6									
7	Salaries & Benefits Detail								
8									
9									
10									
11	4/1/2023-6/30/23 7/1/2023-6/30-2024 7/1/2024-6/30/2025 4/1/2023-6/30/2025								
12		Agency Totals		HSA Program		DAS	DAS	DAS	TOTAL
	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
13	Lead Supervisor Consultive Services	\$95,000	1.00	5%	0.05	\$1,279	\$4,750	\$4,750	\$10,779
14	Program Development Specialist	\$78,764	1.00	60%	0.60	\$12,723	\$47,258	\$47,258	\$107,240
15	Program Coordinator	\$59,409	1.00	10%	0.10	\$1,600	\$5,941	\$5,941	\$13,481
16	Snr Manager of Community Programs	\$124,048	1.00	5%	0.05	\$1,670	\$6,202	\$6,202	\$14,075
17					-				
18					-				
19					-				
20					-				
21					-				
22					-				
23					-				
24					-				
25					-				
26					-				
27					-				
28					-				
29					-				
30	TOTALS		4.00	80%	0.80	\$17,271	\$64,152	\$64,152	\$145,575
31									
32	FRINGE BENEFIT RATE	25%							
33	EMPLOYEE FRINGE BENEFITS					\$4,318	\$16,038	\$16,038	\$36,394
34									
35									
36	TOTAL SALARIES & BENEFITS					\$21,589	\$80,190	\$80,190	\$181,969
37	HSA #2								12/2/2020

	A	B	C	D	E	F	G	H	I	J	K	L
1												Appendix B, Page 3
2												
3	Institute on Aging											
4	Program: High Risk Self-Neglect Multi-Disciplinary Team											
5												
6												
7	Operating Expense Detail											
8												
9												
10												
11												TOTAL
12	<u>Expenditure Category</u>			TERM	<u>4/1/2023-6/30/23</u>	<u>7/1/2023-6/30-2024</u>	<u>7/1/2024-6/30/2025</u>					<u>4/1/2023-6/30/2025</u>
13	Rental of Property				\$487	\$1,810	\$1,810					\$ 4,106
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$206	\$765	\$765					\$ 1,736
15	Office Supplies, Postage				\$57	\$211	\$211					\$ 479
16	Insurance				\$135	\$500	\$500					\$ 1,135
17	Staff Travel-(Local & Out of Town)				\$135	\$500	\$500					\$ 1,135
18	Outreach Support				\$72	\$269	\$269					\$ 610
19	Staff Training				\$135	\$500	\$500					\$ 1,135
20	Tech and License Fees				\$291	\$1,080	\$1,080					\$ 2,451
21	Professional Services				\$1,240	\$4,604	\$4,604					\$ 10,447
22												
23	CONSULTANTS											
24	Consulting											\$ -
25												\$ -
26												
27	OTHER											
28												\$ -
29												\$ -
30												
31	TOTAL OPERATING EXPENSE				\$ 2,757	\$ 10,238	\$ 10,238					\$ 23,233
32												
33	HSA #3											12/2/2020

APPENDIX A-1 - SERVICES TO BE PROVIDED BY GRANTEE

ELDER & DISABLED DEATH REVIEW TEAM

April 1, 2023 – June 30, 2025

I. Purpose of Grant

The SF Elder & Disabled Death Review Team (EDDRT) is an interdisciplinary team, comprised of SFPD, the District Attorney’s Office, Adult Protective Services, the Office of the Public Guardian, Office of the Medical Examiner, and other relevant professionals deemed integral to the EDDRT case discussions. The multi-disciplinary team, otherwise known as the EDDRT, meets on a regular basis to discuss cases of deceased dependent adult and elders believed to have been victims of abuse, neglect, or exploitation. The goal of these meetings is to discuss inter-agency gaps in service or coordination and to share expertise and resources to reduce the likelihood of future deaths as a result of abuse, neglect, self-neglect, and exploitation.

II. Definitions

APS	Adult Protective Services. Government agency that receives and investigates reports of suspected elder/dependent adult abuse.
CARBON	Contracts Administration, Reporting and Billing On Line System
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
DAS	Department of Disability and Aging Services
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results 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, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
Dependent Adult	An Adult with a Disability who is 18-59 years, who cannot care for themselves and depend on others for protection or to meet their most basic needs.
SF-EAFC – or Forensic Center	San Francisco Elder Abuse Forensic Center
EDDRT	Elder & Disabled Death Review Team
Elder (an Older Adult)	An older adult who is 60 years or older.
Frail	An older individual that is determined to be functionally impaired because the individual either: (a) Is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks,

	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 older individual behaves in a manner that poses a serious health or safety hazard to the individual or others.
Grantee	Institute on Aging
HSA	Human Services Agency of City and County of San Francisco
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. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
Mandated Reporter	In California, any individual that has assumed full or intermittent care of an elder or a dependent adult through the course of his or her work.
OCM	Office of Contract Management, Human Services Agency
SOGI	Sexual Orientation and Gender Identity, a result of Ordinance No. 159-16 which 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.)

III. Target Populations

The target population of presentations and discussions at Elder & Disabled Death Review Team (EDDRT) meetings are deceased adults with a disability who were considered dependent adults between the ages of 18 to 59, and older adults aged 60 and older that possibly died due to suspected or confirmed abuse, neglect, self-neglect, or exploitation. The majority of EDDRT cases that are reviewed should also have been clients to APS. However, the EDDRT is a resource that can be accessed by other HSA programs, City Public Agencies, and CBOs in San Francisco that worked with the target population.

IV. Description of Services

Grantee shall provide the following services during the term of this contract:

- A. Grantee shall facilitate quarterly meetings of the EDDRT Steering Committee, comprised of representatives of EDDRT partners.
- B. In collaboration with the District Attorney's Office, the Medical Examiner's Office, and other Forensic Center partners, the grantee shall coordinate the EDDRT and its monthly meetings. This coordination shall include setting and coordinating meetings, taking minutes, retaining signed confidentiality forms, and keeping statistics about the deceased elders and dependent adults that are reviewed at the EDDRT. The Grantee shall assist with the preparation of any EDDRT reports that are compiled by the team.
- C. Grantee shall update annually a Memorandum of Understanding with each participating partner of the EDDRT.

V. Location and Time of Services

The meetings referenced above will take place in the office of Adult Protective Services at 1650 Mission Street. Nevertheless, with approval from the grantor, the meetings may be held online using applications approved by the grantor, or a hybrid of in-person and online options.

VI. Grantee Responsibilities

Grantee shall provide the following services during the term of this grant:

- A. Develop work plans to carry out service and outcome objectives;
- B. Adhere to HIPAA guidelines regarding confidentiality and safely maintaining and storing all program materials;
- C. Comply with monitoring and reporting requirements;
- D. Hold quarterly Steering Committee meetings to report on program progress;

VII. Service Objectives

Facilitation:

- A. The grantee will schedule EDDRT meetings, prepare agendas, and take minutes. (12 meetings)
- B. Coordinate and facilitate at least 4 MDT Meetings annually (4 Meetings)
- C. Provide at least one annual update/orientation re: the Elder & Disabled Death Review Team to APS staff to help ensure their understanding of the EDDRT's role in informing APS practice improvement. (1 Presentation)
- D. Annually, carry out a satisfaction survey with EDDRT partners to evaluate effectiveness of the Contractor's coordination efforts. (1 Survey)
- E. Annually, carry out a satisfaction survey with aging and disability community based partners, to evaluate the effectiveness of the quarterly MDT meetings and determine programmatic areas that need to be changed or updated. (1 Survey)

VIII. Outcome Objectives

- A. In surveys conducted by the Grantee, a minimum of 80% of respondents to the EDDRT Partners survey will indicate that grantee's coordination efforts were appropriate, relevant, and adequate.
- B. In surveys conducted by the Grantee, a minimum of 80% of MDT meeting attendee respondents will indicate that the MDT meeting educational components were satisfactorily informative.
- C. In surveys conducted by the Grantee, 80% of APS staff attendees at the annual Elder & Disabled Death Review Team update will indicate that grantee's presentation was informative and did a satisfactory job of explaining the purpose of the EDDRT.
- D. In surveys conducted by the Grantee of the EDDRT Steering Committee members, 80% of members who regularly attend the meetings will indicate that the EDDRT is useful to their staff and that the EDDRT steering committee

meetings are useful for providing input and working through issues that arise in the EDDRT.

IX. Reporting Requirements

- A. Grantee will provide a quarterly report of activities, referencing the tasks as described in Section IV– Description of Services, VI– Service Objectives, and VII- Outcome Objectives. Reports are due 15 days after the close of the reporting period and must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
- B. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV– Description of Services, VI- Service Objectives, and VII - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. This report is due 15 days after the completion of the program year and must be entered into CARBON.
- C. Grantee will provide various reports during the term of the grant agreement.
 - 1. Grantee shall input all required data into the Contracts Administration, Reporting, and Billing Online (CARBON) database on a quarterly basis. Grantee is required to input monthly unit of service reports into the Summary Service Recording Tool by the 15th working day of the month for the preceding month.

Quarterly Reporting Period: Specific reporting periods and due dates are as follows:

<u>Quarter</u>	<u>Report Periods</u>	<u>Due Date from Grantee</u>
1 st Quarter	July 1 – September 30	October 15
2 nd Quarter	October 1 – December 31	January 15
3 rd Quarter	January 1 – March 31	April 15
4 th Quarter	April 1 – June 30	July 15

- D. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report shall be entered into CARBON and is due to HSA no later than July 31.
- E. Provider shall report total Elder Abuse Forensic Center federal and local funds separately in their audited financial statements (in tables or in text). These expenditures, based upon invoiced payments, will be reported by HSA to the provider in time for inclusion. Provider shall keep records of time studies or other basis of documenting actual time spent and charged to the program.
- F. Grantee will provide an annual consumer satisfaction survey report to DAS/APS by March 15 each grant year.

- G. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10th.
- H. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- I. Apart from reports requested to be sent via e-mail to the Program Director and/or Contract Manager, all other reports should be sent to the following addresses:

Akiles Ceron, Program Director
DAS, APS
1650 Mission Street, 5/F
San Francisco, CA 94103

Tim Vo, Administrative Analyst
Human Services Agency
PO Box 7988
San Francisco, CA 94120

X. Monitoring Activities

- A. Program Monitoring: Program monitoring includes a review of quarterly reports and quarterly meetings between the Grantee and the APS Program Director to evaluate the status of the Grantee's progress towards meeting the service and outcome objectives. Additionally, the Grantee has been observed by the APS Program Director facilitating Forensic Center and EDDRT meetings and carrying out coordination activities to facilitate an improved elder abuse response by EDDRT partners. Future program monitoring activities will include an annual survey to EDDRT partners and APS staff that utilize the EDDRT to determine areas for quality improvement.
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring includes a review of the Grantee's organizational budget, the 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 Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E
1	Appendix B-1, Page 1				
2					
3	HUMAN SERVICES AGENCY BUDGET SUMMARY				
4	BY PROGRAM				
5	Name		Term		
6	Institute on Aging		4/1/23-6/30/25		
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: Elder Death Review				
10	Budget Reference Page No.(s)				4/1/2023-6/30/2025
11	Program Term	4/1/2023-6/30/23	7/1/2023-6/30-2024	7/1/2024-6/30/2025	Total
12	Expenditures				
13	Salaries & Benefits	\$8,661	\$95,921	\$95,921	\$200,505
14	Operating Expenses	\$22,760	\$29,767	\$29,767	\$82,293
15	Subtotal	\$31,421	\$125,688	\$125,688	\$282,797
16	Indirect Percentage (%)	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$4,713	\$18,853	\$18,853	\$42,420
18	Subcontractor/Capital Expenditures				
19	Total Expenditures	\$36,135	\$144,541	\$144,541	\$325,217
20	HSA Revenues				
21	Federal Funds (CFDA 93.747) (Elder Death Review Team)	\$36,135	\$144,541	\$144,541	\$325,217
22					
23					
24					
25					
26					
27					
28	TOTAL HSA REVENUES	\$36,135	\$144,541	\$144,541	\$325,217
29	Other Revenues				
30					
31					
32					
33					
34					
35	Total Revenues	\$36,135	\$144,541	\$144,541	\$325,217
36	Full Time Equivalent (FTE)				
38	Prepared by:		Telephone No.:		
39	HSA-CO Review Signature: _____				
40	HSA #1				12/2/2020

	A	B	C	D	E	F	G	H	I	
1	Appendix B-1, Page 2									
2										
3	Institute on Aging									
4	Program: Elder Death Review									
5										
6										
7	Salaries & Benefits Detail									
8										
9										
10										
11					4/1/2023-6/30/23	7/1/2023-6/30-2024	7/1/2024-6/30/2025	4/1/2023-6/30/2025		
	Agency Totals		HSA Program		DAS	DAS	DAS	TOTAL		
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary		
12	POSITION TITLE									
13	Lead Supervisor Consultive Services	\$95,000	1.00	5%	0.05	\$1,279	\$4,750	\$4,750	\$10,779	
14	Program Development Specialist	\$78,764	1.00	15%	0.15	\$3,181	\$11,815	\$11,815	\$26,810	
15	Program Coordinator	\$59,409	1.00	5%	0.05	\$800	\$2,970	\$2,970	\$6,741	
16	Snr Manager of Community Programs	\$124,048	1.00	5%	0.05	\$1,670	\$6,202	\$6,202	\$14,075	
17	Program Development Specialist	\$68,000	1.00	100%	0.75	\$0	\$51,000	\$51,000	\$102,000	
18					-					
19					-					
20					-					
21					-					
22					-					
23					-					
24					-					
25					-					
26					-					
27					-					
28					-					
29					-					
30	TOTALS		5.00	130%	1.05	\$6,929	\$76,737	\$76,737	\$160,404	
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$0				\$1,732	\$19,184	\$19,184	\$40,101	
34										
35										
36	TOTAL SALARIES & BENEFITS	\$0				\$8,661	\$95,921	\$95,921	\$200,505	
37	HSA #2								12/2/2020	

	A	B	C	D	E	F	G	H	I	J	K	L
1												Appendix B-1, Page 3
2												
3	Institute on Aging											
4	Program: Elder Death Review											
5												
6												
7	Operating Expense Detail											
8												
9												
10												
11												TOTAL
12	<u>Expenditure Category</u>			TERM	<u>4/1/2023-6/30/23</u>	<u>7/1/2023-6/30-2024</u>	<u>7/1/2024-6/30/2025</u>					<u>4/1/2023-6/30/2025</u>
13	Rental of Property				\$592	\$2,200	\$2,200					\$ 4,992
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$404	\$1,500	\$1,500					\$ 3,404
15	Office Supplies, Postage				\$1,012	\$2,000	\$2,000					\$ 5,012
16	Insurance				\$538	\$2,000	\$2,000					\$ 4,538
17	Staff Travel-(Local & Out of Town)				\$1,346	\$5,000	\$5,000					\$ 11,346
18	Outreach Support				\$808	\$3,000	\$3,000					\$ 6,808
19	Staff Training				\$269	\$1,000	\$1,000					\$ 2,269
20	Tech and License Fees				\$10,000	\$1,000	\$1,000					\$ 12,000
21	Professional Services				\$1,191	\$2,970	\$2,970					\$ 7,131
22												
23	CONSULTANTS											
24	Consulting				\$ 6,600	\$ 9,097	\$ 9,097					\$ 24,793
25												\$ -
26												
27	OTHER											
28												\$ -
29												\$ -
30												
31	TOTAL OPERATING EXPENSE				\$ 22,760	\$ 29,767	\$ 29,767					\$ 82,293
32												
33	HSA #3											12/2/2020