



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 *Jt*

DATE: DECEMBER 5, 2018

SUBJECT: GRANT MODIFICATION: **INSTITUTE ON AGING (NON-PROFIT) FOR THE EXPANSION OF CLINICAL COLLABORATIVE SERVICES**

GRANT TERM:	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
	7/1/2018- 6/30/2021	7/1/2018- 6/30/2021	7/1/2018- 6/30/2021		7/1/2018- 6/30/2021
GRANT AMOUNT:	\$662,286	\$225,000	\$887,286	\$88,728	\$976,014
ANNUAL AMOUNT:	<u>FY 18/19</u>	<u>FY 19/20</u>	<u>FY 20/21</u>		
	\$295,762	\$295,762	\$295,762		
FUNDING SOURCE MODIFICATION FUNDING:	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
PERCENTAGE:	\$225,000			\$22,500	\$247,500
	100%				100%

The Department of Aging & Adult Services (DAAS) requests authorization to modify the existing grant agreement with Institute on Aging for the time period beginning July 1, 2018 and ending June 30, 2021, in the additional amount of \$225,000 plus a 10% contingency, for a new total amount not to exceed of \$976,014. The purpose of this grant modification is to expand Clinical Collaborative services.

Background

The Clinical Collaborative program provides clinical support for individual case managers to improve the services delivered to their clients and to provide professional growth for the individual case manager. This model of service assists with the implementation and monitoring of the case management program standards developed in 2005 and revised in 2018. The

Citywide Case Management Clinical Collaborative provides such resources by bringing together community case managers from OOA-funded case management agencies for group and individual meetings, clinical oversight, and consultation. Case managers meet with LCSW and MFT licensed clinicians for both individual and group supervision at various locations throughout San Francisco.

Modification

The purpose of this modification is to expand the Clinical Collaborative program to non-case management staff, with a focus on Aging and Disability Resources Center (ADRC) staff to more broadly maintain agency level excellence in the provision of the services provided. Additionally, the expansion of Clinical Collaborative services is in response to community feedback and request for additional training and support for staff working with clients.

A significant portion (35%) of the first year addback will be directly utilized for startup costs of the Collaborative's ADRC expansion. This startup portion will be directed toward the translation of training curriculum into multiple languages: Cantonese, Tagalog, Korean, Japanese, Vietnamese, Russian and Spanish, as well as mobile technology costs needed to support field work of the additional clinical consultant (equipment, data plan, etc.). Document translation constitutes a majority of the startup costs as it is an important part of the "community training" arm of the expanded services. The remaining portion of the addback will be utilized to cover the costs of training non-case management staff.

Services to be Provided

The program provides clinical consult and support for OOA-funded case management and ADRC agencies. Services provided by the Clinical Collaborative include individual and group supervision, monthly meetings with agency supervisors, community trainings, and multi-disciplinary meetings (MDT). For additional service descriptions, see enclosed Appendix A.

Grantee Performance

Grantee was found to be compliant with Citywide Fiscal and Compliance Monitoring standards in April 2018. Program monitoring took place in January 2018 with no findings.

Grantee Selection

Grantee was selected through RFP #780 issued in March 2018.

Funding

This grant will be funded entirely through City and County funds.

Attachments

Appendix A1 - Scope of Services

Appendix B1 - Program Budget

APPENDIX A1: SERVICES TO BE PROVIDED BY GRANTEE

INSTITUTE ON AGING

JULY 1, 2018 TO JUNE 30, 2021

**Case Management: Clinical Collaborative Services
(Contract Enhancement 2018)**

I. Purpose:

The purpose of this grant is to improve the knowledge, skills, and performance of DAAS/OOA funded case managers working with seniors and adults with disabilities and to more broadly maintain agency level excellence in the provision of services.

Clinical supervision is an important component of the services offered. It provides clinical support for individual case managers to improve the services delivered to their clients, to provide professional growth for the individual case manager, and to help deter staff burnout. The clinical supervisor/consultant will provide such resources by bringing together community case managers from OOA-funded case management agencies, for group and individual supervision meetings, clinical oversight, and consultation. The case management clinical supervision as part of the collaborative is guided by Office on the Aging Program Memorandum #39 – “Case Management Program Standards.”

In addition to working with community-based organizations and their case management staff, Clinical Collaborative services’ staff is asked to work with DAAS/OOA staff around program and project improvements as needed.

Building off the success of this program, and in response to community feedback, this program will be expanded beginning in fiscal year 2018/2019 to include group trainings and Clinical Collaborative services for non-case management staff, with a focus on Aging and Disability Resources Center (ADRC) staff. New services are described separately in Description of Services section below.

II. Definitions:

ADRC

Aging and Disability Resource Centers (ADRC) provide a broad spectrum of information including options for long-term services and supports (LTSS) and referrals between a wide array of organizations. ADRCs are located throughout San Francisco and serve people of all ages, disabilities, and income levels.

Adult with Disability

Person age 18 and above with a condition

attributable to mental, cognitive or physical impairment, or a combination of mental, cognitive and/or 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.

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.
Case Management Module	An on-line case management module, which includes comprehensive assessment, service plan, progress notes and other tools. It is part of the CA-GetCare web-based application.
DAAS	San Francisco Department of Adult and Aging Services.
Grantee	Institute on Aging.
HSA	Human Services Agency of the City and County of San Francisco.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Older Adult	Person who is 60 years of age or older, used interchangeably with Senior.
OOA	Office on the Aging.
RTZ Associates	Vendor of CA-GetCare Case Management Module.
Senior	Person who is 60 years of age or older.

III. Eligibility for Clinical Collaborative Services:

The intended recipients of the services provided by the Clinical Collaborative are OOA funded case management programs and their case managers. Enhanced services will include capacity for ADRC staff and other community based organization staff (based on availability).

IV. Location and Time of Services:

Clinical Collaborative services are based at IOA's offices at 3575 Geary Blvd in San Francisco. The group and individual supervision, clinical oversight, and consultation are delivered at a variety of locations including participating agency sites, IOA offices, City offices, and other locations as agreed upon.

V. Description of Services

The goals of the Clinical Collaborative are:

- Improve case manager and ADRC staffs' knowledge, skills, and abilities.
- Emphasize core elements of case management – intake/enrollment, comprehensive assessment, service planning/implementation, monitoring, progress notes, re-assessment, discharge/disenrollment.
- Provide a support network for case managers and ADRC staff to enhance professional growth.
- Maintain quality of case management and ADRC services.
- Build networks among case management and ADRC providers.

To meet these goals, the Grantee shall provide individual and group clinical consultation, multi-disciplinary team meetings, clinical oversight, chart and documentation review (via the online Case Management Module), and an opportunity for professional networking/resource sharing.

Clinical Collaborative services includes at a minimum the following:

- **Monthly group supervision meetings for the Clinical Collaborative.** Group meetings provide case consultation, topic specific training, and review of core tasks and standards of case management. For group meetings, the Clinical Collaborative staff may also bring in outside experts and trainers to expand knowledge of resources, geriatric-related topics, behavioral health related issues, clinical skills and case management strategies with a focus on assessment, developing service plans, client relationship building, and managing challenging client issues. The Clinical Collaborative staff will encourage or enable participants' sharing of community resources, cross-agency referrals, peer review and guidance.

- **Bi-Weekly individual clinical consultation to members of the Collaborative.** Individual sessions emphasize specific case manager issues, challenging client issues, and offers guidance for maintaining quality services. In addition, individual consultation provides a forum to address and improve charting and documentation issues.
- **Monthly meetings with OOA case management supervisors and directors.** On a monthly basis, the Clinical Collaborative staff will meet with the agency supervisors and/or directors to ensure coordination between the Collaborative and the day to day case management supervisors, to improve program effectiveness and avoid any problems of “dual supervision.”
- **Routine review of assessments and service plans developed by case managers.** Reviews will look for thoroughness, relevance and client engagement upon admission or enrollment to the program.
- The Collaborative’s staff will advise OOA staff on program improvements and projects as needed.

Enhanced Services shall include at a minimum the following:

- **ADRC Clinical Group Consultation.** Collaborative staff will meet at various on-site locations with ADRC staff to discuss challenging client issues, and offer guidance for maintaining quality services while receiving feedback not only from the clinical staff, but from peers as well. The Clinical Collaborative staff will encourage or enable participants’ sharing of community resources, cross-agency referrals, and guidance.
- **Quarterly Community Trainings.** Building on the clinical consult and supervision content, the Clinical Collaborative staff identifies topics that providers have expressed interest in having more intensive training around and provide those trainings to the community providers; with an emphasis on case management and ADRC staff. Trainings will be held in a venue that can comfortably accommodate 30 or more community members. Trainings will be a minimum of two hours in length to appropriately cover the content of the topics being covered as well as allow time for questions from those in attendance.
- **Multi-Disciplinary Team (MDT) Meetings.** The MDT meeting is an additional consultation format that an agency already participating in the Collaborative can request if they believe their agency’s DAAS funded staff would benefit from a targeted training from the Clinical Collaborative staff. Staff from different disciplines bring cases to the MDT meeting to problem solve at an agency level on how to best serve difficult clients, or clients with unique needs and/or issues. Staff who could benefit from an agency MDT meeting could include case managers,

ADRC staff, community staff, meal staff, and other potential DAAS funded staff as needed.

VI. Objectives:

Service Objectives

Grantee will be required to follow specific service objectives that measure the quantity of services provided:

- Grantee will provide Clinical Collaborative services to a total of **30** case managers working in Office on the Aging (OOA) funded case management programs.
- Grantee will provide a minimum of **44** case management clinical group consultation meetings per year.
- Grantee will provide a minimum of **550** individual consultation sessions to the case managers annually.
- Grantee will provide a total of **12** meetings with participating case management agency supervisors or directors.

Service Objectives (for Clinical Collaborative Contract Enhancement)

Grantee will be required to follow specific service objectives in response to the program expansion that measure the quantity of services provided:

- Grantee will provide a minimum of **6** ADRC clinical group consultation meetings per fiscal year.
- Grantee will provide clinical collaborative services to a minimum of **14** ADRC staff.
- Grantee will provide a minimum of **4** community based trainings per fiscal year to case management and ADRC staff.
- Grantee will provide a minimum of **4** multi-disciplinary (MDT) consultations to participating Collaborative agencies (this service would be limited to those agencies already engaged in consultation services for case management and ADRC).

Outcome Objectives

Grantee will be required to follow specific outcome objectives that measure the quality and other relevant aspects of the services provided:

- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will state the services were beneficial to them.
- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will state the services helped improve their skill level and performance.

- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will report that when they brought specific issues to the Collaborative, they were able to get training on that issue.
- At least eighty-five percent (85%) of case management Supervisors and Directors receiving services through the Collaborative and responding to a satisfaction survey will state that the services were beneficial to their Case Manager staff.
- At least eighty-five percent (85%) of case management Supervisors and Directors receiving services through the Collaborative and responding to an annual satisfaction survey will report that Collaborative services helped improve their case managers' skill levels and performance.
- At least eighty-five percent (85%) of case management supervisors and directors receiving services through the Collaborative and responding to an annual satisfaction survey will report that if they brought an issue facing their case managers to the Collaborative, the Collaborative would be able to provide consultation or training to help the case managers.

Outcome Objectives (for Dignity Fund Contract Enhancement)

Grantee will be required to follow specific outcome objectives that measure the quality and other relevant aspects of the services provided:

- At least eighty-five percent (85%) of ADRC staff receiving services through the Collaborative and responding to an annual satisfaction survey will state the services were beneficial to them.
- At least eighty-five percent (85%) of ADRC staff receiving services through the Collaborative and responding to an annual satisfaction survey will report that when they brought specific issues to the Collaborative, they were able to get training on that issue.
- At least eighty-five percent (85%) of ADRC staff will report that the community-based trainings were relevant to their daily work.
- At least eighty-five percent (85%) of ADRC staff will report they were able to better help the clients they serve using new interventions learned from the community-based trainings they received.
- At least eighty-five percent (85%) of ADRC supervisors and directors in the Collaborative responding to a satisfaction survey will state that the community-based trainings were beneficial to their ADRC staff.
- At least eighty-five percent (85%) of providers who attend the community-based trainings will report the topics presented were relevant and needed.
- At least eighty-five percent (85%) of providers who attend the community-based trainings will report the topics presented were helpful to them in their work.

VII. REPORTING REQUIREMENTS:

Grantee will provide various reports during the term of the grant agreement.

- A. The grantee will enter into the CA-GetCare Service Unit section all the units of service by the 5th working day of the month for the preceding month.
- B. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX - Service and Outcome Objectives.
- D. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 85% of case managers and ADRC staff and 85% of Supervisors and Directors participating in Collaborative services. Grantee will also survey attendees at the end of each community training provided.
- E. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- F. Grantee is required to attend all mandatory Case Management Provider's meetings and other meetings as needed.
- G. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- H. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports should be sent to the following addresses:

Monte Cimino, MSW
 Program Manager
 DAAS, Office on the Aging
 PO Box 7988
 San Francisco, CA 94120
 Email address: monte.cimino@sfgov.org

David Kashani, Contract Manager
 Human Services Agency
 PO Box 7988
 San Francisco, CA 94120
 Email address: david.kashani@sfgov.org

VIII. MONITORING ACTIVITIES:

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements as stated in the OOA Policy Memorandum #39, Case Management Standards; 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 that program staff have completed the California Department of Aging (CDA) Security Awareness Training; 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 director list and whether services are provided appropriately according to Sections VI and VII.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include 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, the current board roster and selected board minutes for compliance with the Sunshine Ordinance, and HIPAA compliance.

	A	B	C	D	E	F
1	Appendix B1, Page 1					
2						
3	HUMAN SERVICES AGENCY BUDGET SUMMARY					
4	BY PROGRAM					
5	Name			Term		
6	Institute on Aging (IOA)			7/1/18-6/30/21		
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: Clinical Collaborative Services					
10	Budget Reference Page No.(s)	Original	Revised	Revised	Revised	
11	Program Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	Expenditures					
13	Salaries & Benefits	\$177,182	\$211,225	\$236,517	\$236,517	\$684,259
14	Operating Expenses	\$14,785	\$45,961	\$20,669	\$20,669	\$87,299
15	Subtotal	\$191,967	\$257,186	\$257,186	\$257,186	\$771,558
16	Indirect Percentage (%)	15%	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$28,795	\$38,576	\$38,576	\$38,576	\$115,728
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$220,762	\$295,762	\$295,762	\$295,762	\$887,286
20	HSA Revenues					
21	General Fund	\$189,533	\$189,533	\$189,533	\$189,533	\$568,599
22	CFDA 93.778	\$25,845	\$25,845	\$25,845	\$25,845	\$77,535
23	CODB 18-19 Baseline	\$5,384	\$5,384	\$5,384	\$5,384	\$16,152
24	Dignity Fund Allocation		\$75,000	\$75,000	\$75,000	\$225,000
25						
26						
27						
28						
29	TOTAL HSA REVENUES	\$220,762	\$295,762	\$295,762	\$295,762	\$887,286
30	Other Revenues					
31						
32						
33						
34						
35						
36	Total Revenues	\$220,762	\$295,762	\$295,762	\$295,762	\$887,286
37	Full Time Equivalent (FTE):	1.82	2.42	2.42	2.42	
39	Prepared by:	Telephone No.:			Date: 5/10/18	
40	HSA-CO Review Signature: _____					
41	HSA #1					10/25/2016

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Program: Clinical Collaborative Services
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	Original TERM 7/1/18-6/30/21	Modification	Revised	Modification	Revised	Revised	TOTAL 7/1/18-6/30/21
		7/1/18-6/30/19	7/1/18-6/30/19	7/1/19-6/30/20 & 7/1/20-6/30/21	7/1/19-6/30/20	7/1/20-6/30/21	
Occupancy	\$5,088	\$1,500	\$6,588	\$1,500	\$6,588	\$6,588	\$19,764
Office Supplies, Postage	\$1,585	\$38	\$1,623	\$638	\$2,223	\$2,223	\$6,069
Professional Training/Retreat	\$3,264	\$2,250	\$5,514	\$0	\$3,264	\$3,264	\$12,042
Staff Travel-(Local & Out of Town)	\$1,500	\$462	\$1,962	\$462	\$1,962	\$1,962	\$5,886
Technology (mobile computer equipment)	\$0	\$3,400	\$3,400	\$1,000	\$1,000	\$1,000	\$5,400
Equipment Data Plan	\$2,400	\$1,000	\$3,400	\$1,000	\$3,400	\$3,400	\$10,200
Licensing Fees	\$948	\$84	\$1,032	\$84	\$1,032	\$1,032	\$3,096
Curriculum Translations (Cantonese, Tagalog, Korean, Japanese, Vietnamese, Russian and Spanish)	\$0	\$21,242	\$21,242	\$0	\$0	\$0	\$21,242
CONSULTANTS							
OTHER							
Insurance		\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$3,600
TOTAL OPERATING EXPENSE	\$14,785	\$31,176	\$45,961	\$5,884	\$20,669	\$20,669	\$87,299

\$87,299

10/25/2016