


City and County of San Francisco*London Breed, Mayor***Human Services Agency**
 Department of Human Services
 Department of Disability and Aging Services
 Office of Early Care and Education
*Trent Rhorer, Executive Director***MEMORANDUM**

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
 ESPERANZA ZAPIEN, INERIM DIRECTOR OF CONTRACTS 

DATE: SEPTEMBER 02, 2020

SUBJECT: NEW GRANT: **THRIVING IN PLACE (NON-PROFIT)** TO PROVIDE A PALLIATIVE CARE WORKGROUP PILOT PROGRAM

GRANT TERM: 7/1/2020-6/30/2021

GRANT AMOUNT:	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$100,000	\$10,000	\$110,000

ANNUAL AMOUNT	<u>FY20/21</u>
	\$100,000

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$100,000			\$10,000	\$110,000
PERCENTAGE:	100%				100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant agreement with Thriving in Place for the period of July 1, 2020 through June 30, 2021, in an amount of \$100,000, plus a 10% contingency for a total amount not to exceed \$110,000. The purpose of the grant is to pilot a palliative care workgroup program.

Background

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of illness. The San Francisco Palliative Care Task Force was created in 2014 to address gaps in the availability and delivery of palliative care in San Francisco. The task force specifically identified shortfalls in advance care planning in the community. The African-American, Latinx and Chinese populations in San Francisco were found in particular to be affected due to lack of access to services, language, racial, and cultural barriers.

The Palliative Care Workgroup is piloting the Learning Journeys Program, which is designed to work directly with these communities to determine/develop the best tools to use and ways to

communicate with them around advance care planning and access to palliative care. The group was able to secure funding for this program from the Stupski Foundation in the amount of \$235,000. The overall program cost of launching and piloting this program is estimated to be \$335,000. The Palliative Care Workgroup reached out to the Department of Disability and Aging Services (DAS) to help fund the program.

Services to be Provided

The Palliative Care Workgroup pilot program will provide education and resources to historically underserved San Francisco community residents age 60 and older, or those with a serious illness. The program will provide community activities that incorporate cultural and communication preferences to increase engagement with advance care planning, and access to palliative care.

Grantee, through the collective funding of DAS and the Stupski Foundation, shall provide the following five program elements and services:

- 1) **Research and Engagement-** Grantee will conduct research mapping of targeted communities, and develop partnerships with organizations, community leaders, and health systems to increase participation in advance care planning and palliative care.
- 2) **Develop Tools and Resources -** Grantee will conduct focus groups with the target populations to understand communication and cultural preferences in relation to advance care planning, and palliative care.
- 3) **Outreach-** Grantee will conduct outreach to the target population through various methods including, but not limited to, a combination of grassroots and social media marketing, word-of-mouth referrals from client base, participation with local associations and organizations, senior centers, visits to churches, grocery, and drug stores.
- 4) **Activities-** Grantee will provide a variety of workshops and activities that include advance care-planning, and access to palliative care.
- 5) **Website-** Grantee will create a website with culturally appropriate information and tools for advance care planning, palliative care, and caregiver resources for consumers

Selection

Grantee was selected through pilot programming sole source as outlined in San Francisco Administrative Code 21.5 (e).

Funding

Funding for this grant is Dignity Fund.

ATTACHMENTS

Appendix A - Services to be Provided
Appendix B – Budget

**Appendix A– Services to be Provided
Palliative Care Workgroup Pilot Program – Learning Journey**

July 1, 2020 – June 30, 2021

I. Purpose of Grant

The purpose of this grant is to provide information on advance care planning, and access to palliative care to older adults and adults with serious illnesses through educational workshops and activities.

Advance care planning provides an avenue for patients to interact with their healthcare professionals to ensure the health care treatment they may receive is consistent with their wishes and preferences should they become unable to voice their needs, or make their own decisions.

II. Definitions

Advance care planning	Advance care planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness or at end of life.
City	City and County of San Francisco
Consumer	Persons eligible for advance care planning workshops, and information on what palliative care is and how and where to access it.
DAS	Department of Disability and Aging Services of San Francisco
HSA	Human Services Agency of the City and County of San Francisco
Palliative Care	Palliative care is specialized medical care for people living with serious illness. It is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. It is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support based on the needs of the patient, not on the patient's prognosis and is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.
Serious Illness	A serious illness is a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life, OR excessively strains their caregiver.

III. Target Population

Services must target those older adults and adults with disabilities (aged 18-59) who are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low-income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBTQ+ community

Program design will include additional focus on the following populations of San Francisco:

- African- American
- Chinese
- Latinx

IV. Eligibility for Services

- Resident of San Francisco *and*
- Person aged 60 and above *or*
- Person with a serious illness (over 18 years)

V. Description of Services / Services to be Provided

The Palliative Care Workgroup – Learning Journey pilot program provides education and resources to historically underserved San Francisco community residents age 60 and older, or those with a serious illness. The program will provide community activities that incorporate cultural and communication preferences among African-American, Chinese, and Latinx communities to increase engagement with advance care planning, and access to palliative care.

Grantee shall provide the following five program elements and services:

1) Research and Engagement

Grantee will conduct research mapping of targeted communities to include key leaders and activities, review of existing advance care planning, palliative care, and family caregiver support resources available in the African- American, Chinese, and Latinx communities. Grantee will develop partnerships with organizations, community leaders, and health systems to increase participation in advance care planning and palliative care. Grantee will map existing tools and activities available to help these communities access and engage in advanced care planning and palliative care.

2) Develop Tools and Resources

Grantee will conduct focus groups with the target populations to understand communication and cultural preferences in relation to advance care planning, and palliative care. The focus groups' goal is to help develop culturally sensitive tools and activities to assist consumers' access and engage in advance care planning, and palliative care.

3. Outreach

Outreach – All community and outreach efforts include accessible, language-appropriate, and culturally sensitive activities. Grantee will conduct outreach to the target population through various methods including, but not limited to, a combination of grassroots and social media marketing, word-of-mouth referrals from client base, participation with local associations and organizations, senior centers, visits to churches, grocery, and drug stores.

4. Activities

Program Activities – Grantee will provide a variety of workshop and activities that include advance care planning, and access to palliative care. Grantee will include subject matter experts from local health systems, members of the Palliative Care workgroup, and other relevant speakers as part of workshop activities. Workshops will be at least 1.5 hours in length, with a goal of 20 attendees at each workshop and will include topics such topics as:

- a) Advance care planning (understand what advance care planning means and why it's important, how to complete an advance health care directive, assigning a healthcare proxy)
- b) Palliative care (what is palliative care, how to access, and how to advocate for palliative care)

5. Website

Grantee will create a website with culturally appropriate information and tools for advance care planning, palliative care, and caregiver resources for consumers.

VI. Location and Type of Services

Grantee's administrative offices are located at 832 Folsom Street, 9th Floor, San Francisco, CA 94107 and are open during regular business hours. In the implementation portion of this grant, scheduled to take place in April- June of 2021, Grantee will schedule and promote events at community-based

organizations and other public spaces in identified target communities. Grantee will notify OCP analyst of all scheduled events.

VII. Service Objectives

On an annual basis, Grantee will meet the following service objectives:

- Grantee will conduct at least **6** focus groups, to include at least **80 unduplicated** consumers in total.
- Grantee will provide at least **40 activities and workshops** on advance care planning, and palliative care.
- Grantee will serve **1,300** unduplicated consumers.
- Grantee will create **1** website with culturally appropriate information and tools to help people engage in advance care planning, and to help them access palliative care, and caregiver resources for both consumers and caregivers.
- Grantee will partner with **15** community organizations to provide resources and information on advance care planning and palliative care. Grantee will ensure 15 community organizations have implemented new programming tools that continue facilitating access to palliative care, and advance care planning for their clients.

VIII. Outcome Objectives

On an annual basis, the Contractor will meet the following Outcome Objectives. Measurement data shall be collected via a pre-workshop and post-workshop client survey administered by Grantee. Grantee will compare the average change in response across the same set of clients. Grantee shall ensure a survey response of at least 35% of annual contracted unduplicated consumer level for that particular contract year.

1. Participants completing workshops will show an improved readiness to sign official papers naming a person or group of people to make medical decisions on their behalf.
Target: 90%
2. Participants completing workshops will show an improved readiness to talk with their medical decision maker about the kind of medical care they would like to receive if they were very sick or nearing the end of life.

Target: 90%

3. Participants completing workshops will show an improved readiness to talk with their doctors about the medical care they would want to receive if they were very sick or near the end of life

Target: 90%

4. Participants completing the workshop will show an increased readiness to sign official papers putting their wishes in writing about the kind of medical care they would want if they were very sick or near the end of life.

Target: 90%

5. Participants completing the workshop will show increased knowledge on palliative care.

Target: 90%

6. Participants completing the workshop will show increased knowledge on how to access palliative care.

Target: 90%

IX. Reporting and Other Requirements

In all respects, the grantee shall comply with Federal, State and City reporting requirements.

A. Annual Reporting Requirements:

1. A Recipient Satisfaction Survey report, including at least the measurements stated in Section VI, Outcome Objectives.
2. 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.

B. Quarterly Reporting Requirements:

1. Quarterly reporting will include data on progress toward each service and outcome objective as required in Section VI, Outcome Objectives.
2. The Grantee shall submit within 30 (thirty) days following each three-month period a detailed accounting of the actual costs incurred in providing services under this contract/grant. This accounting report shall tie to the year-end audited report.
3. Grantee/Contractor shall submit a Utilization Management (UM) quarterly report that includes analysis of service utilization trend, rationale of underutilization, and projection of future utilization.

C. Monthly Reporting Requirements:

Grantee will provide Ad Hoc reports as required by the Department. All required reports must be loaded into HSA's Contracts Administration, Reporting, and Billing Online (CARBON) system.

For assistance with reporting requirements or submission of reports, contact:

David.kashani@sfgov.org

Senior Administrative Analyst,
Office of Contract Management

or

Ofelia.Trevino@sfgov.org

Analyst
DAS, Office of Community Partnerships

I. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of specific program standards or requirements as outlined above; back-up documentation for reporting progress towards meeting service and outcome objectives; internal policies and procedures; training standards and requirements; and records maintenance.
- 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, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C
1	Appendix B, Page 1		
2			
3	HUMAN SERVICES AGENCY BUDGET SUMMARY		
4	BY PROGRAM		
5	Name		
6	Thriving in Place		
7	(Check One) New <input checked="" type="checkbox"/> Renewal _____ Modification _____		
8	If modification, Effective Date of Mod.		No. of Mod.
9	Program:Palliative Care Pilot Programming		
10	Budget Reference Page No.(s)	Palliative Care	7/1/20-6/30/21
11	Program Term	7/1/20-6/30/21	Total
12	Expenditures		
13	Salaries & Benefits	\$76,991	\$76,991
14	Operating Expenses	\$13,920	\$13,920
15	Subtotal	\$90,911	\$90,911
16	Indirect Percentage (%)	10%	10%
17	Indirect Cost (Line 16 X Line 15)	\$9,089	\$9,089
18	Total Expenditures	\$100,000	\$100,000
19	HSA Revenues		
20	Dignity Fund	\$100,000	\$100,000
21			
22			
23			
24			
25			
26			
27			
28	TOTAL HSA REVENUES	\$100,000	\$100,000
29	Other Revenues		
30			
31			
32			
33			
34			
35	Total Revenues	\$100,000	\$100,000
36	Full Time Equivalent (FTE)	0.48	
38	Prepared by:	Telephone No.:	
39	HSA-CO Review Signature: _____		
40	HSA #1		7/23/2020

	A	B	C	D	E	F	G
1	Appendix B, Page 2						
2							
3	Thriving in Place						
4	Program:Palliative Care Pilot Programming						
5							
6							
7	Salaries & Benefits Detail						
8							
9							
10							
11							
12		Agency Totals		HSA Program		7/1/20-6/30/21	7/1/20-6/30/21
	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DAS Budgeted Salary	TOTAL Budgeted Salary
13	Program Manager	\$176,800	0.40	30%	0.12	\$21,110	\$21,110
14	Community Ambassador-1 (Latinx)	\$156,000	0.40	30%	0.12	\$18,627	\$18,627
15	Community Ambassador-2 (Chinese)	\$156,000	0.40	30%	0.12	\$18,627	\$18,627
16	Community Ambassador-3 (Bayview/Western Addition)	\$156,000	0.40	30%	0.12	\$18,627	\$18,627
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30	TOTALS		1.60	119%	0.48	\$76,991	\$76,991
31							
32	FRINGE BENEFIT RATE	0%					
33	EMPLOYEE FRINGE BENEFITS					\$0	\$0
34							
35							
36	TOTAL SALARIES & BENEFITS	\$0				\$76,991	\$76,991
37	HSA #2						7/23/2020

	A	B	C	D	E	F	G
1	Appendix B, Page 3						
2							
3	Thriving in Place						
4	Program:Palliative Care Pilot Programming						
5							
6							
7	Operating Expense Detail						
8							
9							
10							
11	TOTAL						
12	<u>Expenditure Category</u>			TERM	<u>7/1/20-6/30/21</u>		<u>7/1/20-6/30/21</u>
13	Rental of Property				\$0		\$ -
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$0		\$ -
15	Office Supplies, Postage				\$0		\$ -
16	Building Maintenance Supplies and Repair				\$0		\$ -
17	Printing and Reproduction				\$0		\$ -
18	Insurance				\$0		\$ -
19	Staff Training				\$0		\$ -
20	Staff Travel-(Local & Out of Town)				\$0		\$ -
21	Rental of Equipment				\$0		\$ -
22	CONSULTANTS						
23							
24							\$ -
25							
26	OTHER						
27							\$ -
28	Marketing and Communication				\$4,250		\$ 4,250
29	Focus Groups & Research				\$5,000		\$ 5,000
30	Event Related Costs				\$4,670		\$ 4,670
31							
32	TOTAL OPERATING EXPENSE				\$ 13,920		\$ 13,920
33							
34	HSA #3						7/23/2020