



Edwin M. Lee, Mayor

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

MEMORANDUM

TO: AGING AND ADULT SERVICES COMMISSION

THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

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

DATE: JULY 5, 2017

SUBJECT: NEW GRANT: STEPPINGSTONE (NON-PROFIT) TO PROVIDE ADULT DAY HEALTH CARE SUPPORT SERVICES

GRANT TERM: 7/1/17-
6/30/22

	<u>Amount</u>	<u>Contingency</u>	<u>Total</u>
GRANT AMOUNT:	\$2,831,360	\$283,136	\$3,114,496

	<u>FY 17/18</u>	<u>FY 18/19</u>	<u>FY 19/20</u>	<u>FY 20/21</u>	<u>FY 21/22</u>
ANNUAL AMOUNT:	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272

	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
Funding Source	\$2,831,360	\$0	\$0	\$283,136	\$3,114,496
PERCENTAGE:	100%	0%	0%		100%

The Department of Aging and Adult Services (DAAS) requests authorization to enter into a new grant with SteppingStone for the period of July 1, 2017 through June 30, 2022, in an amount of \$2,831,360 plus a 10% contingency for a total amount not to exceed \$3,114,496. The purpose of this grant is to provide Enhanced Care Coordination for Adult Day Health Care centers to assist frail, low-income seniors and adults with disabilities in maintaining successful community living and prevent premature institutionalization.

Background

Adult Day Health Care (ADHC) centers offer a medical model of care through outpatient day programs for older adults and adults with disabilities who would otherwise be in risk of needing institutional care. The SteppingStone ADHC centers are co-located with low-income senior

housing and promote an aging-in-place service model for those who need services. Additionally, the Mission Creek Senior Community has a population of recently homeless and frail seniors and adults with disabilities who additionally need behavioral health services due to mental health and substance abuse issues. Enhanced Care Coordination bridges the gap for these vulnerable individuals who often need additional care coordination services in order to successfully engage with ADHC centers, utilize community resources, maintain independent living, and ultimately prevent pre-mature institutionalization. These services were previously under the purview of the San Francisco Department of Public Health (SFDPH), but will now be overseen by DAAS.

Service Description

Enhanced Care Coordination (ECC) is essential to ensure that individuals effectively engage with ADHC and, when appropriate, access necessary resources in a supportive housing environment. ECC consists of any or all of the following components with a focus on community living and an aging-in-place approach: Clinical Support for ADHC Services, Community and Outreach Activities, and Behavioral Health Services (specifically for Mission Creek Senior Community clients). These components will not duplicate existing services paid for by Community-Based Adult Services (CBAS) or other funding streams, but will provide adjunct services for vulnerable populations that may require more time, resources, and effort to maintain stability in the community.

Component 1: Clinical Support for ADHC

Grantee will perform Clinical Support for ADHC, providing on-site services including nursing, social work, activities coordinator, and rehabilitation services that promote ADHC program retention and effective engagement in order to maximize care and assure the accomplishment of care goals.

Component 2: Community and Outreach Activities

Grantee will engage in Community Outreach, which consists of activities such as health or mental health education, social events, and other related activities that increase awareness, enrollment, and retention of ADHC services, utilization of resources, and engagement with community.

Component 3: Behavioral Health Services

Specifically for the MCSC community, Grantee will work with individuals who have significant mental health, behavioral health, or cognitive issues that require more intense or frequent intervention to maintain community stability. These services will include, but not be limited to, shortterm case management, information and referral to community resources, brief counseling, and crisis intervention.

On an annual basis, Grantee will serve a minimum of 260 ADHC participants.

Selection

Grantee is a Sole Source provider of these services, by virtue of being exclusively licensed by the California Department of Public Health to deliver Adult Day Health Care services in the locations where the care recipients reside.

Funding

Funding for this grant will be provided entirely by County General Funds.

ATTACHMENTS

Appendix A – Scope of Services

Appendix B – Budget

**APPENDIX A – SERVICES TO BE PROVIDED
STEPPINGSTONE**

**July 1, 2017 to June 30, 2022
Enhanced Care Coordination for Adult Day Health Care**

I. Purpose

The purpose of this contract is to provide Enhanced Care Coordination for Adult Day Health Care (ADHC) centers to assist frail, low-income seniors and adults with disabilities in maintaining successful community living. These individuals often need additional care coordination services in order to successfully maintain independent living, connect with their community, and/or engage with structured programs like ADHC. ADHC sites are co-located with low-income senior housing and can support the aging-in-place service model. Enhanced Care Coordination includes, but is not limited to, clinical services, community building and outreach efforts, as well as behavioral health services specifically for Mission Creek Senior Community clients.

II. Definitions

ADHC	Adult Day Health Care is a licensed community-based day health program that provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care. SteppingStone operates four (4) ADHC centers: Golden Gate, Mabini, Mission Creek, and Presentation.
BHS	Behavioral Health Services include, but are not limited to, short-term case management, information and referral to community resources, brief counseling, and crisis intervention, for individuals who have significant mental health, behavioral health, or cognitive issues.
CBAS	Community-Based Adult Services (CBAS) is a Medi-Cal managed care benefit that is collaboratively administered by the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA). CDPH licenses ADHC centers and CDA certifies them for participation in the Medi-Cal Program.
City	City and County of San Francisco
Contractor	North and South of Market Adult Day Health Corp. dba SteppingStone
DAAS	Department of Aging and Adult Services, a division of the Human Services Agency
DAH	Direct Access to Housing is a program established by the San Francisco Department of Public Health that focuses on permanent supportive housing for low income residents with complex issues including recent homelessness, and co-occurring health, mental health, and/or substance abuse issues.
DPH	San Francisco Department of Public Health
ECC	Enhanced Care Coordination, which includes any or all of the following service components: Clinical Support, Behavioral Health Services, Community and Outreach Activities
HSA	San Francisco Human Services Agency
MCSC	Mission Creek Senior Community, managed by Mercy Housing California and located at 225 Berry Street, serves very low-income seniors, many of whom are at risk of homelessness, have HIV/AIDS, and/or have behavioral health issues. The housing development resulted from collaboration between Mercy Housing California, the San Francisco Redevelopment Agency, the San Francisco Department of Public Health, and the San Francisco Public Library to create affordable senior housing. Mission Creek ADHC is located onsite.

III. Target Population

The target populations are low-income and frail seniors (over 60 years old) and adults with disabilities (18-59 years old) living in San Francisco who are enrolled in or potentially eligible for ADHC services.

Co-located with low income senior housing buildings, SteppingStone ADHC sites are ideal environments for seniors and adults with disabilities to access ADHC services consistent with an age-in-place model. Additionally, at Mission Creek Senior Community (MCSC), there are clients who are additionally vulnerable due to recent homelessness, or have co-occurring health, mental health, and/or substance abuse issues. The clients at MCSC with high risk issues reside in the Direct Access to Housing (DAH) units funded by the Department of Public Health and have priority for all service components.

Eligible individuals for Enhanced Care Coordination are:

- Program participants of SteppingStone ADHC;
- Low income seniors and adults with disabilities at adjacent sites or in community;
- Residents of the 51 DAH units at MCSC; and
- Residents of MCSC with behavioral health or declining health issues.

IV. Description of Services

Enhanced Care Coordination (ECC) is essential to ensure that individuals effectively engage with ADHC and, when appropriate, access necessary resources in a supportive housing environment. ECC consists of any or all of the following components with a focus on community living and an aging-in-place approach: Clinical Support for ADHC Services, Community and Outreach Activities, and Behavioral Health Services (specifically for MCSC). These components will not duplicate existing services paid for by CBAS or other funding streams, but will provide adjunct services for vulnerable populations that may require more time, resources, and effort to maintain stability in the community. ECC services are currently dedicated to three ADHC centers - Mabini, Mission Creek, and Presentation.

Component 1: Clinical Support for ADHC

Individuals under this component have applied for or are enrolled in ADHC but need additional support to remove barriers for attendance, compliance, and overall health and mental health maintenance.

Clinical Support for ADHC consists of on-site services administered by staff that promote ADHC program retention and effective engagement in order to maximize care. The services provided by staff are beyond CBAS requirements but are necessary to manage the needs of the target population. These may include, but are not limited to, *clinical positions* such as nursing, social work, physical therapy, occupational therapy; and *program support positions* such as activity coordinator, and program and/or rehabilitation aides that promote participation and full attendance in order to achieve an ADHC participant's care plan goals.

In the MCSC community, services are conducted either at the ADHC center or at ADHC participants' residence, depending on care or clinical issues specific to each participant. Examples of Clinical Support are home visits by an occupational therapist after a fall or clinical review of discharge documentation after hospital visits by a Registered Nurse to update medication list, diagnosis, and monitor and support individual's health.

Component 2: Community and Outreach Activities

Individuals under this component may or may not be enrolled in ADHC but would benefit from community and outreach activities for community building and resource engagement. There is

targeted outreach for DAH residents in MCSC community and for individuals residing in the adjacent senior buildings.

Community and Outreach Activities are an essential part of ADHC awareness, resource engagement, and community building. Activities consist of health or mental health education, social events, and other related activities that promote stability and successful aging-in-place for the target population. While the goal is to boost ADHC awareness and enrollment, activities can help maintain ADHC enrollment and strengthen community relations.

A robust volunteer program is a vital component of Community and Outreach Activities and consists of a standardized application process that may include interviews, background and reference checks, TB test, program orientation, training curriculum, scheduling, supervision, and overall management of the volunteer program.

All community and outreach efforts include accessible, language-appropriate, and culturally-sensitive activities, with a targeted approach to non-ADHC residents who are typically minimally connected, marginally stable, and in need of ongoing monitoring.

Component 3: Behavioral Health Services

Individuals under this component are residents of MCSC and are primarily DAH residents who may or may not be enrolled in ADHC but need additional support to assure stability, promote housing retention, and address emerging issues as they arise.

Behavioral Health Services (BHS) include, but are not limited to, short-term case management, information and referral to community resources, brief counseling, and crisis intervention, as needed. These services primarily support MCSC's DAH residents, and must be provided by Behavioral Health Specialist with a valid license as a Licensed Clinical Social Worker or Marriage and Family Therapist by the California Board of Behavioral Science. Exceptions to license requirements may be granted with DAAS pre-approval. Staff must have expertise working with individuals who have significant mental health, behavioral health, or cognitive issues that require more intense or frequent intervention to maintain community stability.

Examples of Behavioral Health Services include short-term case management after a psychiatric hospitalization to assure compliance with treatment, or assistance of an ADHC referral for a reluctant individual after surgery.

Behavioral Health Specialist shall serve as a consultant for both Steppingstone and Mercy Housing as part of the MCSC community. This includes monthly and ad hoc meetings as well as working collaboratively with the ADHC social worker (who conducts general ADHC case management) and the MCSC Service Coordinator (who addresses housing retention and property management issues). Behavioral Health Specialist is involved in the application process of new ADHC applicants and new DAH/MCSC housing applicants, primarily to assure that anticipated behavioral health or psychiatric needs are addressed upfront.

The roles and responsibilities of SteppingStone, Mercy Housing, DAAS, and DPH will be outlined and regularly updated in a shared agreement.

V. Provider Responsibilities

Contractor will hire qualified staff and will support staff development efforts. Contractor will assure competency levels are appropriate to roles and responsibilities and always with sensitivity to the needs of diverse populations, including culture, language, gender, and sexual orientation.

Contractor will work collaboratively with DAAS on an ongoing basis with regards to program development, implementation, and evaluation. Contractor will manage ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular meetings with DAAS.

Specifically at the MCSC community, Contractor will work collaboratively with DAAS, Department of Public Health, and Mercy Housing for shared client issues. This includes regular case consultations of new and existing clients and monthly operations meetings.

Contractor shall have policies and procedures, including complying with privacy and HIPAA requirements as well as incorporating the DAAS Grievance Procedure.

Contractor shall administer an annual client satisfaction survey in several languages consistent with the satisfaction survey domains in Older Americans Act.

Contractor shall monitor, maintain, and improve the quality of its services throughout the contract, by using a Quality Assurance Plan that minimally adheres to regulatory requirements set forth by relevant licensure as well as Health and Safety sections of Title 22 of the California Code of Regulations. The Quality Assurance Plan will focus on quality improvement goals and best practices for all three components of Enhanced Care Coordination under this contract.

VI. Location and Time of Services

SteppingStone ADHC sites consists of Golden Gate, Mission Creek, Mabini, and Presentation, and all are co-located with low income senior housing buildings. Mission Creek ADHC is located within the Mission Creek Senior Community.

SteppingStone ADHC Locations	Address	ADHC Hours of Operation	Business Hours
Mission Creek	930 Fourth Street San Francisco, CA 94158	7:30am-12:30pm; 12:30pm-5:30pm Double Shift	7:30am-5:30pm
Mabini	55 Mabini Street San Francisco, CA 94107	9:00am-2:00pm	8:00-4:00 pm
Presentation	301 Ellis Street San Francisco, CA 94102	9:00am-2:00pm	8:00-4:00 pm
Golden Gate	350 Golden Gate Avenue San Francisco, CA 94102	9:00am-2:00pm	8:00-4:00 pm

VII. Service Objectives

On an annual basis and at minimum, Contractor shall meet the following **Service Objectives**:

Component 1: Clinical Support for ADHC

Objective: Contractor shall provide 8268 service units for 260 unduplicated ADHC participants annually.

Service units under Clinical Support for ADHC Services include, but are not limited to, interventions from clinical positions such as nursing, social work, physical therapy, occupational therapy, and/or from program support positions such as activity coordinator, and program and rehabilitation aides.

Component 2: Community and Outreach Activities

Objective: Contractor will conduct 310 community and outreach activities annually.

Community and outreach activities includes creative and engaging activities across a diverse range of interests including education, health promotion, celebrations, and other events that build community and/or promotes awareness, engagement, and retention of ADHC services.

Component 3: Behavioral Health Services

Objective: For the MCSC community, contractor shall provide 810 service units for 100% of DAH residents with Behavioral Health Services.

Service units under Behavioral Health Services include, but are not limited to, mental health services, brief case management, case conference, clinical supervision, and crisis intervention.

VIII. Outcome Objectives

On an annual basis and at minimum, Contractor shall meet the following **Outcome Objectives**:

Component 1: Clinical Support for ADHC

Objective: 75% of ADHC participants receiving Clinical Support will achieve 50% or more of their care plans goals.

Achieved care plan goals are defined as active goals that are completed after one (1) year of service provision.

Objective: For the MCSC community, 50% of DAH residents enrolled in ADHC will demonstrate stable community living as evidence by achieving at least 70% of scheduled ADHC attendance and 80% resident housing retention.

Housing retention is defined as no eviction or unresolved lease violations.

Component 2: Community and Outreach Activities

Objective: 80% of attendance goals will be met.

Current estimates are approximately 49 individuals per site, per day. Actual numbers will increase after program expansion pilot phase to dual shifts.

Objective: For the MCSC community, 70% of DAH residents who are not enrolled in ADHC have demonstrated meaningful community and resource engagement including participation in community activities and events or ADHC orientation.

Component 3: Behavioral Health Services

Objective: For the MCSC community, 80% of DAH residents not enrolled in ADHC will demonstrate stable community living as evidenced by active engagement with Behavioral Health Specialist and 80% resident housing retention.

Active engagement includes brief case management (at minimum twice a year), and participation with activities or groups led by Behavioral Health Specialist.

VII. Reporting Requirements

Contractor will provide various reports during the term of the contract.

- A. Contractor will provide Quarterly Summary Reports on progress toward Sections VII and VIII (Service and Outcome Objectives) by the 15th of the following month.
- B. Contractor will provide an Annual Report summarizing the contract activities, referencing the tasks as described in Section IV - Description of Services, VII - Service Objectives, and VIII - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor. This report is due forty-five (45) days after the completion of the each program year.

- C. On an annual basis, Contractor will provide a Summary Report on the results of the Recipient Satisfaction Surveys. This report is due forty-five (45) days after the completion of the each program year.
- D. Monthly, Quarterly, and Annual Reports will be entered into the CARBON (Contracts Administration, Billing and Reporting Online) system.
- E. Contractor shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- F. Additional reports requested are to be sent via e-mail to the Program Manager and/or Contract Manager at the following addresses:

Carrie Wong
 Program Manager
 Department of Aging and Adult Services
 PO Box 7988
 San Francisco, CA 94120
Carrie.Wong@sfgov.org

Richard Sin
 Contract Manager
 Human Services Agency
 PO Box 7988
 San Francisco, CA 94120
Richard.Sin@sfgov.org

VIII. Monitoring Activities

- A. 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, 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; program operation, which includes a review of a written policies and procedures manual of all DAAS-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 IV and V (Description of Services and Provider’s Responsibilities).
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Contractor'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	F	G
1							Appendix B, Page 1
2							Document Date:
3	HUMAN SERVICES AGENCY BUDGET SUMMARY						
4	BY PROGRAM						
5	Name					Term	
6	SteppingStone					July 1, 2017 - June 30, 2022	
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:						
10	Budget Reference Page No.(s)						Total
11	Program Term	7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	7/1/17-6/30/22
12	Expenditures						
13	Salaries & Benefits	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
14	Operating Expense	\$0	\$0	\$0	\$0	\$0	\$0
15	Subtotal	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
16	Indirect Percentage (15% max)	0%	0%	0%	0%	0%	0%
17	Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0	\$0	\$0
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
20	HSA Revenues						
21	General Fund	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
22							
23							
24							
25							
26							
27							
28							
29	TOTAL HSA REVENUES	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
30	Other Revenues						
31							
32							
33							
34							
35							
36	Total Revenues	\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,831,360
37	Full Time Equivalent (FTE)	8.53					
39	Prepared by:	Jennifer Marks		Telephone No.:	415-974-6874	Date	
40	HSA-CO Review Signature:	_____		_____			
41	HSA #1						10/25/2016

A	B	C	D	E	F	G	H	I	J	K
1										
2										
3										
4	Program:									
5	(Same as Line 9 on HSA #1)									
6										
7										
8										
9										
10										
11										
12	POSITION TITLE	Agency Totals	HSA Program	HSA Program	HSA Program	HSA Program	HSA Program	HSA Program	HSA Program	TOTAL
		Annual Full Time Salary for FTE	% funded by department	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	7/1/17-6/30/22
13	LCSW	\$70,000	37.5%	0.38	\$26,250	\$26,250	\$26,250	\$26,250	\$26,250	\$131,250
14	Registered Nurses (2)	\$68,640	100.0%	1.13	\$77,220	\$77,220	\$77,220	\$77,220	\$77,220	\$386,100
15	LVN	\$53,560	75.0%	0.75	\$40,170	\$40,170	\$40,170	\$40,170	\$40,170	\$200,850
16	Social Worker	\$57,200	75.0%	0.75	\$42,900	\$42,900	\$42,900	\$42,900	\$42,900	\$214,500
17	Social Worker Assistant	\$43,680	75.0%	0.75	\$32,760	\$32,760	\$32,760	\$32,760	\$32,760	\$163,800
18	Physical Therapist	\$83,200	75.0%	0.75	\$62,400	\$62,400	\$62,400	\$62,400	\$62,400	\$312,000
19	Occupational Therapist	\$83,200	75.0%	0.75	\$62,400	\$62,400	\$62,400	\$62,400	\$62,400	\$312,000
20	Behavioral Health Specialist	\$72,800	50.0%	0.50	\$36,400	\$36,400	\$36,400	\$36,400	\$36,400	\$182,000
21	Activity Coordinator	\$43,680	75.0%	0.75	\$32,760	\$32,760	\$32,760	\$32,760	\$32,760	\$163,800
22	Program Aides (3)	\$29,120	100.0%	2.03	\$58,968	\$58,968	\$58,968	\$58,968	\$58,968	\$294,840
23										
24										
25										
26										
27										
28										
29	TOTALS	\$605,080	11.15	8.53	\$472,228	\$472,228	\$472,228	\$472,228	\$472,228	\$2,361,140
30										
31	FRINGE BENEFIT RATE	19.9%								
32	EMPLOYEE FRINGE BENEFITS	\$120,501			\$94,044	\$94,044	\$94,044	\$94,044	\$94,044	\$282,131
33										
34										
35	TOTAL SALARIES & BENEFITS	\$725,581			\$566,272	\$566,272	\$566,272	\$566,272	\$566,272	\$2,643,271
36	HSA #2									10/25/2016

Salaries & Benefits Detail