



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://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:** WEDNESDAY, OCTOBER 5, 2022

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

DS  
EL

	Current	Modification	Revised	Contingency	Total
<b>GRANT TERM:</b>	07/01/21- 09/30/22	10/1/22- 3/31/23	07/01/21- 03/31/23		
<b>GRANT AMOUNT:</b>	\$180,000	\$76,320	\$256,320	\$25,632	\$281,952

**ANNUAL AMOUNTS:** See table page 2

**Funding Source:** County State Federal Contingency Total

**FUNDING:** \$256,320 \$25,632 \$281,952

**PERCENTAGE:** 100% 100%

The Department of Disability and Aging Services (DAS) requests authorization to modify the grant agreement with Institute on Aging for the provision of High Risk Self Neglect Multi-Disciplinary Team (HRSN-MDT) and Elder Death Review Team (EDDRT) during the period of October 1, 2022 through March 31, 2023, in an additional amount of \$76,320 plus a 10% contingency for a total amount not to exceed \$281,952. The purpose of this grant is to bring agency representatives and experts in a variety of fields involved in the intervention and support of older adults and adults with disabilities together, so that systemic gaps can



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be identified and filled to improve client outcomes, and to help prevent deaths because of abuse, neglect, self-neglect or exploitation.

Through this modification, services will be extended to March 2023 through admin code 21.24 which allows departments to extend services up to 12 months. The department plans to issue a new procurement by the end of this calendar year.

<u>Program</u>	<u>Current</u> <u>7/1/21-</u> <u>9/30/22</u>	<u>Modification</u> <u>10/1/22-</u> <u>3/31/23</u>	<u>Revised</u> <u>7/1/21-</u> <u>3/31/23</u>	<u>Contingency</u>	<u>Total</u> <u>Not To</u> <u>Exceed</u>
HIGH RISK SELF NEGLECT MULTI- DISCIPLINARY TEAM	\$130,000	\$55,120	\$185,120	\$18,512	\$203,632
ELDER DEATH REVIEW TEAM	\$50,000	\$21,200	\$71,200	\$7,120	\$78,320
<b>Total</b>	<b>\$180,000</b>	<b>\$76,320</b>	<b>\$256,320</b>	<b>\$25,632</b>	<b>\$281,952</b>

### **Background**

The High Risk Self Neglect Multi-Disciplinary Team (HRSN-MDT) is designed to coordinate interdisciplinary interventions to assist older adults and adults with disabilities who are substantially incapable of protecting themselves from imminent danger. Self-neglect accounts for over 50% 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 HRSN MDT would coordinate 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



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that would support safe and independent living in the least restrictive environment.

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.

**Services to be Provided**

Grantee shall continue to 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 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.



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- 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 through a signed confidentiality agreement.

Grantee shall continue to provide the following services for EDDRT:

- 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.

**Selection**

Grantee was selected through RFP #903 issued in April 2021. This service is being extended under admin code 21.24. The intention is to issue a competitive procurement by the end of this calendar year.

**Funding**

This grant is funded through Federal Funds.

**Attachments**

- Appendix A-1 – Services to be Provided- HRSN-MDT
- Appendix A-2 – Services to be Provided- EDDRT
- Appendix B-2 – Budget- HRSN-MDT
- Appendix B-3 – Budget- EDDRT

**APPENDIX A-1 - SERVICES TO BE PROVIDED BY GRANTEE****High Risk Self-Neglect Multi-Disciplinary Team (HRSN MDT)****July 1, 2021 – March 31, 2023****Amended October 2022****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. The grantee facilitator may be given office space for up to 1 employee with desk, computer, and phone. The facilitator may work at the APS program office if desired with their own equipment.

## **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**

- Facilitate twice-monthly HRSN MDT Meetings.(Minimum 20 Meetings)
- Summarize tracked statistics on meetings (attendees' organizations, number of cases presented, demographics and characteristics of cases presented in the quarter)
- Facilitate 2 bi-annual steering committee meetings to help guide the program and review quarterly reports
- 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**

- 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.
- 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.
  - 1. Grantee shall input all required data into the Contracts Administration, Reporting, and Billing Online (CARBON) database
  - 2. 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 <sup>st</sup> Quarter	July 1 – September 30	October 15
2 <sup>nd</sup> Quarter	October 1 – December 31	January 15
3 <sup>rd</sup> Quarter	January 1 – March 31	April 15
4 <sup>th</sup> Quarter	April 1 – June 30	July 15

- 3. 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.
- 4. 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.

5. Grantee will provide an annual consumer satisfaction survey report to DAS/APS by March 15 each grant year.
6. 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.
7. Grantee shall develop and deliver ad hoc reports as requested by HSA.
8. 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 Contract 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	F
1	Appendix B-2, Page 1					
2						
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Name		Term			
6	Institute on Aging		7/1/21-3/31/23			
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>					
8	If modification, Effective Date of Mod. 10/1/2022 No. of Mod. 1					
9	<b>Program: High Risk Self-Neglect Multi-Disciplinary Team</b>					
10	Budget Reference Page No.(s)		Modification		Revised	
11	Program Term		7/1/21-6/30/22		7/1/22-9/30/22	
12			10/1/22-3/31/23		7/1/22-3/31/23	
13	<b>Expenditures</b>				Total	
14	Salaries & Benefits		\$84,890		\$21,223	
15	Operating Expenses		\$5,545		\$1,385	
16	<b>Subtotal</b>		\$90,435		\$22,609	
17	Indirect Percentage (%)		15%		15%	
18	Indirect Cost (Line 16 X Line 15)		\$13,565		\$3,391	
19	Subcontractor/Capital Expenditures		\$0		\$0	
20	<b>Total Expenditures</b>		<b>\$104,000</b>		<b>\$26,000</b>	
21	<b>HSA Revenues</b>					
22	Federal Funds (CFDA 93.747) (HRSN-MDT)		\$104,000		\$26,000	
23	CODB				\$3,120	
24						
25						
26						
27						
28	<b>TOTAL HSA REVENUES</b>		<b>\$104,000</b>		<b>\$26,000</b>	
29	<b>Other Revenues</b>					
30						
31						
32						
33						
34						
35	<b>Total Revenues</b>		<b>\$104,000</b>		<b>\$26,000</b>	
36	Full Time Equivalent (FTE)					
38	Prepared by:		Telephone No.:			
39	HSA-CO Review Signature:		_____			
40	<b>HSA #1</b>		<b>12/2/2020</b>			

	A	B	C	D	E	F	G	H	I	J
1	Appendix B-2, Page 2									
2										
3	Institute on Aging									
4	Program: High Risk Self-Neglect Multi-Disciplinary Team									
5										
6										
7	<b>Salaries &amp; Benefits Detail</b>									
8										
9										
10										
11						7/1/21-6/30/22	7/1/22-9/30/22	10/1/22-3/31/23	7/1/22-3/31/23	7/1/21-3/31/23
		Agency Totals		HSA Program		DAS	DAS	Modification	Revised	TOTAL
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary			Budgeted Salary
12	POSITION TITLE									
13	Supervisor EAP	\$95,000	1.00	5%	0.05	\$4,531	\$1,133	\$2,428	\$3,561	\$8,092
14	Program Development Specialist	\$75,000	1.00	70%	0.70	\$51,479	\$12,870	\$26,841	\$39,710	\$91,189
15	Program Coordinator	\$58,240	1.00	10%	0.10	\$6,521	\$1,630	\$2,978	\$4,608	\$11,129
16	Manager Community Programms	\$121,000	1.00	5%	0.05	\$5,381	\$1,345	\$3,093	\$4,438	\$9,819
17					-					\$0
18					-					\$0
19					-					\$0
20					-					\$0
21					-					\$0
22					-					\$0
23					-					\$0
24					-					\$0
25					-					\$0
26					-					\$0
27					-					\$0
28					-					\$0
29					-					\$0
30	TOTALS		4.00	90%	0.90	\$67,912	\$16,978	\$35,340	\$52,318	\$120,230
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$0				\$16,978	\$4,245	\$8,835	\$13,079	\$30,057
34										
35										
36	TOTAL SALARIES & BENEFITS	\$0				\$84,890	\$21,223	\$44,175	\$65,397	\$150,287
37	HSA #2	12/2/2020								

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Appendix B-2, Page 3												
2													
3	<b>Institute on Aging</b>												
4	<b>Program: High Risk Self-Neglect Multi-Disciplinary Team</b>												
5													
6													
7	<b>Operating Expense Detail</b>												
8													
9													
10													
11													
12	<u>Expenditure Category</u>		TERM	<u>7/1/21-6/30/22</u>	<u>7/1/22-9/30/22</u>			<u>Modification</u>		<u>Revised</u>		<u>TOTAL</u>	
								<u>10/1/22-3/31/23</u>		<u>7/1/22-3/31/23</u>		<u>7/1/21-3/31/23</u>	
13	Rental of Property			\$2,200	\$455			\$800		\$1,255		\$	3,455
14	Utilities(Elec, Water, Gas, Phone, Garbage)			\$765	\$214			\$429		\$643		\$	1,408
15	Office Supplies, Postage			\$211	\$49			\$97		\$146		\$	357
16	Insurance			\$500	\$66			\$132		\$198		\$	698
17	Staff Travel-(Local & Out of Town)			\$500	\$143			\$285		\$428		\$	928
18	Outreach Support			\$269	\$100			\$200		\$300		\$	569
19	Staff Training			\$500	\$200			\$369		\$569		\$	1,069
20	Tech and License Fees			\$600	\$160			\$319		\$479		\$	1,079
21													
22	<b>CONSULTANTS</b>												
23	Medical Consultant							\$	1,125	\$	1,125	\$	1,125
24												\$	-
25													
26	<b>OTHER</b>												
27												\$	-
28												\$	-
29													
30	<b>TOTAL OPERATING EXPENSE</b>			<b>\$ 5,545</b>	<b>\$ 1,385</b>			<b>\$ 3,756</b>		<b>\$ 5,141</b>		<b>\$</b>	<b>10,686</b>
31													
32	<b>HSA #3</b>												<b>12/2/2020</b>

**APPENDIX A-2 - SERVICES TO BE PROVIDED BY GRANTEE****ELDER & DISABLED DEATH REVIEW TEAM****July 1, 2021 – March 31, 2023****Amended October 2022****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.

- d. 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. The grantee facilitator may be given office space for up to 1 employee with desk, computer, and phone. The facilitator may work at the APS program office if desired with their own equipment.

## **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:

- The grantee will schedule EDDRT meetings, prepare agendas, and take minutes. (12 meetings)
- Coordinate and facilitate at least 4 MDT Meetings annually (4 Meetings)
- 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)
- Annually, carry out a satisfaction survey with EDDRT partners to evaluate effectiveness of the Contractor's coordination efforts. (1 Survey)
- 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**

- 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.
- 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.
- 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.
- 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 15<sup>th</sup> 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 <sup>st</sup> Quarter	July 1 – September 30	October 15



2 <sup>nd</sup> Quarter	October 1 – December 31	January 15
3 <sup>rd</sup> Quarter	January 1 – March 31	April 15
4 <sup>th</sup> Quarter	April 1 – June 30	July 15

2. 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.
3. 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.
4. Grantee will provide an annual consumer satisfaction survey report to DAS/APS by March 15 each grant year.
5. 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.
6. Grantee shall develop and deliver ad hoc reports as requested by HSA.
7. 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 Contract 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	F
1	Appendix B-3, Page 1					
2						
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Name		Term			
6	Institute on Aging		7/1/21-3/31/23			
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>					
8	If modification, Effective Date of Mod. 10/1/2022 No. of Mod. 1					
9	<b>Program: Elder Death Review Team</b>					
10	Budget Reference Page No.(s)		Modification		Revised	
11	Program Term		7/1/22-9/30/22		7/1/22-3/31/23	
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$20,220	\$5,054	\$11,224	\$16,278	\$36,498
14	Operating Expenses	\$14,563	\$3,641	\$7,211	\$10,852	\$25,415
15	<b>Subtotal</b>	<b>\$34,783</b>	<b>\$8,696</b>	<b>\$18,435</b>	<b>\$27,130</b>	<b>\$61,913</b>
16	Indirect Percentage (%)	15%	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$5,217	\$1,304	\$2,765	\$4,070	\$9,287
18	Subcontractor/Capital Expenditures	\$0	\$0	\$0	\$0	\$0
19	<b>Total Expenditures</b>	<b>\$40,000</b>	<b>\$10,000</b>	<b>\$21,200</b>	<b>\$31,200</b>	<b>\$71,200</b>
20	<b>HSA Revenues</b>					
21	Federal Funds (CFDA 93.747) (Elder Death Review Team)	\$40,000	\$10,000	\$20,000	\$30,000	\$70,000
22	CODB			\$1,200	\$1,200	\$1,200
23						
24						
25						
26						
27						
28	<b>TOTAL HSA REVENUES</b>	<b>\$40,000</b>	<b>\$10,000</b>	<b>\$21,200</b>	<b>\$31,200</b>	<b>\$71,200</b>
29	<b>Other Revenues</b>					
30						
31						
32						
33						
34						
35	<b>Total Revenues</b>	<b>\$40,000</b>	<b>\$10,000</b>	<b>\$21,200</b>	<b>\$31,200</b>	<b>\$71,200</b>
36	Full Time Equivalent (FTE)					
38	Prepared by:		Telephone No.:			
39	HSA-CO Review Signature: _____					
40	<b>HSA #1</b> <span style="float: right;">12/2/2020</span>					

	A	B	C	D	E	F	G	H	I	J
1	Appendix B-3, Page 2									
2										
3	Institute on Aging									
4	Program: Elder Death Review Team									
5										
6										
7	<b>Salaries &amp; Benefits Detail</b>									
8										
9										
10										
11		Agency Totals		HSA Program		7/1/21-6/30/22	7/1/22-9/30/22	10/1/22-3/31/23	7/1/22-3/31/23	7/1/21-3/31/23
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DAS Budgeted Salary	DAS Budgeted Salary	Modification	Revised	TOTAL Budgeted Salary
13	Supervisor EAP	\$95,000	1.00	5%	0.05	\$4,531	\$1,133	\$2,428	\$3,561	\$8,092
14	Program Development Specialist	\$77,000	1.00	5%	0.05	\$3,677	\$919	\$1,968	\$2,888	\$6,565
15	Program Coordinator	\$58,240	1.00	5%	0.05	\$3,261	\$815	\$1,489	\$2,304	\$5,565
16	Manager Community Programms	\$121,000	1.00	5%	0.05	\$5,381	\$1,345	\$3,093	\$4,438	\$9,819
17					-					\$0
18					-					\$0
19					-					\$0
20					-					\$0
21					-					\$0
22					-					\$0
23					-					\$0
24					-					\$0
25					-					\$0
26					-					\$0
27					-					\$0
28					-					\$0
29					-					\$0
30	TOTALS		4.00	20%	0.20	\$16,850	\$4,212	\$8,979	\$13,191	\$30,041
31										
32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS	\$0				\$3,370	\$842	\$2,245	\$3,298	\$7,510
34										
35										
36	TOTAL SALARIES & BENEFITS	\$0				\$20,220	\$5,054	\$11,224	\$16,489	\$37,551
37	HSA #2									

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Appendix B-3, Page 3												
2													
3	<b>Institute on Aging</b>												
4	<b>Program: Elder Death Review Team</b>												
5													
6													
7	<b>Operating Expense Detail</b>												
8													
9													
10													
11													
12	<u>Expenditure Category</u>		TERM	<u>7/1/21-6/30/22</u>	<u>7/1/22-9/30/22</u>			<u>Modification</u>		<u>Revised</u>		<u>TOTAL</u>	
								<u>10/1/22-3/31/23</u>		<u>7/1/22-3/31/23</u>		<u>7/1/21-3/31/23</u>	
13	Rental of Property			\$2,200	\$455			\$800		\$1,255		\$	3,455
14	Utilities(Elec, Water, Gas, Phone, Garbage)			\$765	\$214			\$429		\$643		\$	1,408
15	Office Supplies, Postage			\$211	\$49			\$97		\$146		\$	357
16	Insurance			\$500	\$66			\$132		\$198		\$	698
17	Staff Travel-(Local & Out of Town)			\$500	\$143			\$285		\$428		\$	928
18	Outreach Support			\$269	\$100			\$200		\$300		\$	569
19	Staff Training			\$500	\$200			\$400		\$600		\$	1,100
20	Tech and License Fees			\$600	\$160			\$319		\$479		\$	1,079
21													
22	<b>CONSULTANTS</b>												
23	Medical Consultant			\$ 9,018	\$ 2,256			\$ 4,549		\$ 6,805		\$	15,823
24												\$	-
25													
26	<b>OTHER</b>												
27												\$	-
28												\$	-
29													
30	<b>TOTAL OPERATING EXPENSE</b>			<b>\$ 14,563</b>	<b>\$ 3,641</b>			<b>\$ 7,211</b>		<b>\$ 10,852</b>		\$	25,415
31													
32	<b>HSA #3</b>												<b>12/2/2020</b>