



Edwin M. Lee, Mayor

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 *J91*

**DATE:** OCTOBER 4, 2017

**SUBJECT:** NEW GRANT: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) (NON-PROFIT) TO CONDUCT PROGRAM EVALUATION FOR SUPPORT AT HOME

**GRANT TERM:** 9/1/17-6/30/19

<b>GRANT AMOUNT:</b>	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$200,000	\$20,000	\$220,000

<b>ANNUAL AMOUNT</b>	FY 17/18	FY 18/19
	\$100,000	\$100,000

<b>Funding Source</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>FUNDING:</b>	\$200,000	\$0	\$0	\$20,000	\$220,000
<b>PERCENTAGE:</b>	100%	0%	0%		100%

The Department of Aging and Adult Services (DAAS) requests authorization to enter into a new grant agreement with University of California San Francisco for the time period beginning September 1, 2017 and ending on June 30, 2019, in an amount of \$200,000 plus a 10% contingency of \$20,000 for a total amount not to exceed \$220,000. The purpose of this grant is to conduct program evaluation for Support at Home (S@H), which is a home care voucher pilot program administered by Institute on Aging and funded by DAAS.

## **Background**

The Support at Home Program targets individuals who are typically described as individuals with lower incomes and up to 100% of the area median income (AMI) who need financial support for home care services in order to remain safely living in the community. This population often forgoes needed home care services or sacrifices quality of life due to the lack of informal support systems and/or inability to afford private pay options. Supporting home care costs for this group will result in measurable quality of life benefits.

The program evaluation is conducted in partnership with DAAS and Institute on Aging (IOA). Its main focus will be on efficacy of the program model. The final evaluation report will include policy implications and provide recommendations to inform future programming, specifically for individuals for whom financial assistance for home care costs would make a significant impact. This program evaluation is vital as it will help to inform replication, expansion, and derivatives of this home care voucher model.

## **Services to be Provided**

Grantee will conduct program evaluation for the Support at Home Program. The goal is to demonstrate the program impact on quality of life outcomes for the target population and the overall efficacy and effectiveness of a home care voucher program for select individuals who meet the stated income parameters.

The program evaluation will use Support at Home data obtained during the 2-year contract period with IOA from May 2017 to April 2019. Evaluation approach will measure S@H goals based on established research methodologies. Grantee will identify indicators to measure program success, such as improvements to quality of life, economic security, consumer empowerment, adherence to health care, health outcomes, and prevent or delay the intent to institutionalize. Research questions will evaluate program impact, including quality of life and implementation measures. Final report will include a cost-benefit analysis that evaluates the strengths and challenges of the program model, discusses sustainability, and makes recommendations to inform future replication, expansion, or derivation of the model.

For more specific information regarding the services to be provided, please refer to the attached Appendix A.

## **Selection**

Grantee was selected through RFP (Request for Proposals) #741, which was issued in May 2017.

## **Funding**

The grant will be funded through City and County funds.

## **ATTACHMENTS**

Appendix A – Services to be Provided

Appendix B – Budget

## **Appendix A – Services to be Provided**

**Effective September 1, 2017 to June 30, 2019**

**University of California, San Francisco  
Philip R. Lee Institute for Health Policy Studies**

### **Program Evaluation for Support at Home**

#### **I. Purpose of Grant**

The San Francisco Department of Aging and Adult Services (DAAS), under Human Services Agency, is entering into contract with the Philip R. Lee Institute for Health Policy Studies, under University of California in San Francisco, to conduct program evaluation for Support at Home (S@H), which is a home care voucher pilot program administered by Institute on Aging and also funded by DAAS. The goal of the evaluation is to analyze the program impact on quality of life outcomes for the target population. The target populations are individuals who are not eligible for entitlement programs and who have a need for low-to-moderate amount of home care. This population often forgoes needed home care services or sacrifices quality of life due to the lack of informal support systems and/or inability to afford private pay options. Supporting home care costs for this group will result in measurable quality of life benefits.

The program evaluation focuses on efficacy of the program model. The final evaluation report will include policy implications and provide recommendations to inform future programming, specifically for individuals for whom financial assistance for home care costs would make a significant impact. This program evaluation is vital not only in analyzing program and client outcomes but also in evaluating the efficacy and value of this home care voucher model. Conducted in partnership with DAAS and the Institute on Aging (IOA), the evaluation will inform replication, expansion, and derivatives of this home care voucher model.

The contract agreement shall have a tentative term from September 1, 2017 to June 30, 2019. In addition, the City shall have the option to extend the term for a period of one (1) additional year, for a total of three (3) years, subject to annual availability of funds, annual satisfactory contractor performance, and need. DAAS has the sole, absolute discretion to exercise this option, and reserves the right to enter into contracts of a shorter duration.

The source of funding for these services is local funds. Payment for all services provided in accordance with provisions under this contract shall be contingent upon the availability of funds. The City shall not be required to provide any definite units of services nor does the City guarantee any minimum amount of funding for these services. Estimated annual funding for the S@H Program Evaluation is \$100,000.

## II. Definitions

ADL	Activities of Daily Living includes transfer, mobility, bathing, dressing, toileting, eating, ambulating, and grooming
City	City and County of San Francisco
DAAS	San Francisco Department of Aging and Adult Services
Grantee	UCSF Health Policy Studies, S@H Program Evaluation Grantee
HSA	San Francisco Human Services Agency
IADL	Instrumental Activities of Daily Living includes managing medicines, shopping, meal preparation, telephone, transportation, light housework, heavy housework, managing money, stair climbing, mobility indoors, mobility outdoors, and laundry
IOA	Institute on Aging, S@H Grantee
Low-to-Moderate Home Care Hours	Approximately 7-30 hours a week, or as defined by S@H Program
MOU	Memorandum of Understanding
S@H	Support at Home program, a home care voucher pilot funded by DAAS
S@H Project Team	The S@H Project Team includes DAAS, IOA, and Grantee
S@H Target Population	<p>Support at Home Program Eligibility Criteria:</p> <ul style="list-style-type: none"> <li>• A resident of San Francisco;</li> <li>• Senior aged 60 and above or adult with disabilities aged 18 to 59;</li> <li>• Require assistance with a minimum of two Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);</li> <li>• Income up to 100% of Area Median Income (AMI);</li> <li>• Asset limit of \$40,000 (excluding house and one car);</li> <li>• Able to demonstrate both financial and functional need for subsidized home care</li> <li>• Willing to contribute, on a sliding scale, to supplement home care cost;</li> <li>• Willing to participate with program requirements and pre/mid/post evaluations; and</li> <li>• Be ineligible for other subsidized home care through programs such as Medi-Cal In-Home Support Services, Community Living Fund, In-Home Operations and/or other state waiver programs.</li> </ul>

## III. Description of Services

Grantee will conduct program evaluation for the Support at Home Program which administers home care vouchers for the target population. The goal is to demonstrate the program impact on quality of life outcomes for the target population and the overall efficacy and effectiveness of a home care voucher program for select individuals. Grantee will focus on a population perspective and conduct value-added activities for a robust program evaluation analysis. This includes identifying and using control or comparison group(s), collecting data from caregivers and other stakeholders, and using administrative datasets when possible and appropriate. Grantee will also work in close partnership with the IOA to analyze S@H program and client outcomes related to clients' success in achieving personal health, mental health, and quality of life goals. The evaluation will include a continuous quality improvement component so that IOA can respond to any issues that arise during the pilot. While some elements within the design may be subject to change based on challenges intrinsic to a pilot program, the overall structure of the design and overarching goals will be consistent and assure continuity throughout the project.

Grantee will work with DAAS to finalize program evaluation based on final S@H program model. The evaluation plan will expand beyond, and not merely replicate, the contract objectives within S@H pilot. The evaluation plan will include the following:

- **Approach** – Evaluation approach will measure S@H goals based on established research methodologies. Evaluation approach will consider diversity issues, financial status, functional status, and other possible impacts on an effective evaluation. Grantee will draw upon existing evaluations of other sliding scale, voucher, and/or home care models. This approach will include:
  - Research questions will evaluate program impact, including quality of life and implementation measures. Grantee will use standardized quality of life measures as appropriate and include indicators.
  - Grantee will identify indicators to measure program success, such as improvements to quality of life, economic security, consumer empowerment, adherence to health care, health outcomes, and prevent or delay the intent to institutionalize. Indicators are finalized early for a unified approach and the finalization of the evaluation tools. Quality assurance plan will ensure data integrity and a consistent understanding of indicators and assumptions for S@H Project Team.
  - The identification of control or comparison group(s) is based on comparable qualities or indicators for the target population. Grantee will describe data collection approach, roles, and activities in the work plan. This may include telephone calls, focus groups, in-person visits, online surveys, or use of incentives to bolster response rate.
  - Grantee will obtain representative stakeholder input from a variety of perspectives including community advocates, and both agency and non-agency caregivers.

- **Methodology and Tools** – Grantee will utilize standardized or evidence-based tools or methods for both qualitative and quantitative data needed for this evaluation. While this is not a rigorous research project, Grantee will guide and inform the evaluation while adhering to standard research practices and data integrity. Grantee will use structured, standardized models and approaches whenever appropriate. This may include pre/mid/exit surveys, focus groups, and administrative data sets of comparable populations. Grantee will design processes that support rapid cycle testing and be able to manage “real time feedback”. Tools and methods will be accessible, language, and culturally appropriate.
- **Work Plan** – Grantee will provide a 2-year program evaluation work plan and activities related to each evaluation phase, including but not limited to planning, implementation, completion, and reporting. This will include a detailed timeline proposal for the first two months of the pilot.
- **Data Collection and Management**
  - Grantee will have access to S@H data and other evaluation data generated from this contract. The City and County of San Francisco maintains all rights for the data generated from this contract. However, Grantee may have the license to use data with prior approval. Grantee is responsible for the Institutional Review Board approval process and related activities for research and publication.
  - While IOA is responsible for managing S@H referral and enrollment records, Grantee will include proposed structure and technology for collecting and managing additional datasets generated from evaluation tools. Grantee will include this structure in the work plan.
  - Grantee will describe how data integrity and quality assurance will be managed for this program evaluation. This includes knowledge of data assumptions and assurances to reduce bias, reliability issues, and other common evaluation errors.
- **Evaluation Reports**
  - The program evaluation will use S@H data obtained during the 2-year contract period with IOA between May 2017 – April 2019, and other additional datasets as defined or generated from this contract.
  - Grantee will include a target population analysis, including evaluation of clients served by S@H program, control or comparison group(s), and overall target population.
  - Final report will include a cost-benefit analysis that evaluates the strengths and challenges of the program model, discusses sustainability, and makes recommendations to inform future replication, expansion, or derivation of the model.

- This program evaluation is ultimately an analysis of the utility of a home care voucher program for the target population, not solely an analysis of the S@H contract alone.

#### **IV. Grantee Responsibilities**

Grantee will work collaboratively with DAAS on an ongoing basis including the program evaluation plan, implementation approach, project timeline, and evaluation tools to communicate and troubleshoot projected issues and barriers. This includes ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular DAAS meetings.

Grantee is a member of and will work collaboratively in the S@H Project Team which includes DAAS and the IOA. Grantee will be flexible, collaborative, and responsive to the team at all stages of the evaluation process as well as with community stakeholders. Grantee will guide and support the S@H Project Team to adhere to standard research practices and data integrity.

The evaluation plan will describe a continuous quality improvement plan and utilize standardized tools, including population data, data analysis, quality of life measures, and surveys. When appropriate, Grantee will additionally conduct trainings or data analysis to ensure data integrity. At defined intervals, Grantee will collect, review, and analyze data to ensure data quality and integrity as well as to provide guidance, insight, and recommendations towards the overall program evaluation.

Grantee will be responsible for presentations, trainings, and similar activities as appropriate for administering program evaluation. For example, S@H Program Evaluation Grantee may provide trainings to ensure data integrity or survey tool implementation, participate in community meetings, and present report or findings at various milestones throughout the pilot and at contract conclusion.

Grantee will work with DAAS and IOA on deliverables in Section VI. As the deliverables under this contract will be shared with the public, Grantee will share draft versions for feedback prior to finalization.

Grantee will be mindful of the client experience throughout the project to minimize duplication of surveys and similar activities. Whenever possible, Grantee and IOA should aim for complimentary approaches that will maximize opportunities and the timing of data collection and similar activities.

Grantee will serve as consultants throughout project. Grantee will employ qualified and competent staff for this contract, and identify project leads who will have a consistent presence at meetings or as the project defines. Roles and responsibilities are clear and defined.

Grantee will include input from diverse perspectives as part of the evaluation plan including the S@H Advisory Committee, community advocates, and other stakeholders.

Grantee will comply with privacy and compliance regulations, including the Health Insurance Portability and Accountability Act (HIPAA) (Appendix E) and the utilization of Business Associate Addendum (Appendix F).

## V. Deliverables and Reporting Requirements

S@H Program Evaluation Grantee will submit the following deliverables during the term of the grant agreement:

- A. 2-year program evaluation work plan due within the first quarter of the contract;
- B. Logic model for S@H program due within the first quarter of the contract;
- C. Formal evaluation and informal tools created, adopted, or used under this contract are due as defined on evaluation work plan;
- D. At minimum, monthly progress reports are completed to support the continuous quality improvement process;
- E. Midpoint report due on June 30, 2018 with evaluation progress, preliminary data analysis, highlights, projected outcomes, and barriers/issues to address;
- F. Comprehensive final program report due on or before June 21, 2019 and a final presentation with findings, conclusions, and recommendations to DAAS before the end of the contract end date, June 30, 2019. Respondent will work collaboratively with DAAS and Institute on Aging to finalize program report; and
- G. Ad hoc reports as requested by DAAS.
- H. The Evaluation Workplan, Monthly, Midpoint and Final Reports will be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.
- I. Other deliverables and reports will be sent via e-mail to the Program Manager and/or Contract Manager to the following addresses:

Carrie Wong  
Program Manager  
Department of Aging and Adult Services  
PO Box 7988  
San Francisco, CA 94120  
[carrie.wong@sfgov.org](mailto:carrie.wong@sfgov.org)

Richard Sin  
Contract Manager  
Human Services Agency  
PO Box 7988  
San Francisco, CA 94120  
[richard.y.sin@sfgov.org](mailto:richard.y.sin@sfgov.org)

## VI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of compliance to contract terms and monthly/periodic deliverables as well as a supporting documentation; adherence to quality assurance plan; reporting performance including monthly reports; maintenance of electronic data and data integrity; agency and organization standards



which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program evaluation operations which includes a review of the work plan, staffing assigned to roles, written project income policies, if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound; a board of director list; and whether services are provided appropriately according to Sections IV and V.

- 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.

**UCSF Detailed Budget - Fee Schedule for Year 1**

**Project Title:** Program Evaluation for Support at Home Pilot Project

**Budget Period:** 09/01/2017 - 06/30/2018

<b>Total Months</b>	<b>12.0</b>
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<b>Personnel</b>	<b>Role</b>	<b>Hourly Rate</b>	<b>Total Task Hours</b>	<b>Line Costs</b>
Spetz, Joanne	Principal Investigator	\$154	139	\$21,438
Wagner, Laura	Co-Investigator	\$88	177	\$15,617
Chapman, Susan	Co-Investigator	\$140	64	\$8,982
Coffman, Janet	Co-Investigator	\$105	20	\$2,106
TBN	Project Manager	\$68	169	\$11,546
TBN	Research Analyst	\$42	467	\$19,533
TBN	Financial Analyst	\$56	60	\$3,346
			<b>1,096</b>	<b>\$82,568</b>

<b>Other Direct Costs</b>	<b>Hourly Rate</b>	
UCSF IT Fied Svcs Recharge	\$0.33	\$360
UCSF Data Network Recharge	\$0.27	\$291
Communications	\$0.20	\$221
Computing & Data Processing	\$0.50	\$550
UCSF General Auto & Employment Liability (GAEL)	\$0.45	\$490
<b>Project Materials/Supplies: (itemized below)</b>		
Incentives for focus groups		\$1,360
Project supplies, including USB backups, paper		\$365
Mailing costs for surveys		\$750
		<b>\$4,387</b>

Total Direct Costs		\$86,955
Indirect Costs	15.00%	\$13,043
<b>Total Cost *</b>		<b>\$99,998</b>

\*All totals have been rounded to the nearest dollar.

## UCSF Detailed Budget - Fee Schedule for Year 2

Appendix B Pg. 2

Project Title: Program Evaluation for Support at Home Pilot Project

Budget Period: 07/01/2018 - 06/30/2019

<b>Total Months</b>	<b>12.0</b>
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Personnel	Role	Hourly Rate	Total Task Hours	Line Costs
Spetz, Joanne	Principal Investigator	\$157	148	\$23,168
Wagner, Laura	Co-Investigator	\$90	164	\$14,687
Chapman, Susan	Co-Investigator	\$142	44	\$6,267
Coffman, Janet	Co-Investigator	\$107	21	\$2,244
TBN	Project Manager	\$70	170	\$11,962
TBN	Research Analyst	\$43	473	\$20,378
TBN	Financial Analyst	\$57	66	\$3,791
			<b>1,086</b>	<b>\$82,497</b>

<u>Other Direct Costs</u>	<u>Hourly Rate</u>	
UCSF IT Fied Svcs Recharge	\$0.34	\$370
UCSF Data Network Recharge	\$0.28	\$301
Communications	\$0.20	\$219
Computing & Data Processing	\$0.50	\$545
UCSF General Auto & Employment Liability (GAEL)	\$0.50	\$547
Project Materials/Supplies: <i>(itemized below)</i>		
Incentives for focus groups		\$1,360
Project supplies, including USB backups, paper		\$365
Mailing costs for surveys		\$750
		<b>\$4,457</b>

Total Direct Costs		\$86,954
Indirect Costs	15.00%	\$13,043
<b>Total Cost *</b>		<b>\$99,997</b>

\*All totals have been rounded to the nearest dollar.