



Edwin M. Lee, Mayor

Trent Rhorer, Executive Director
Shireen McSpadden, Executive Director

MEMORANDUM

TO: AGING and ADULT SERVICES COMMISSION

THROUGH: SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: MELISSA McGEE , ACTING DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS

DATE: AUGUST 3, 2016

SUBJECT: NEW GRANT: **ON LOK DAY SERVICES (NON-PROFIT) TO PROVIDE PHYSICAL FITNESS AND DIABETES SELF MANAGEMENT SERVICES**

CONTRACT TERM: 7/1/16 – 6/30/19

CONTRACT AMOUNT:	<u>New</u>	<u>Contingency</u>	<u>Total</u>		
	\$1,124,421	\$112,442	\$1,236,863		

ANNUAL AMOUNT:	<u>FY16/17</u>	<u>FY17/18</u>	<u>FY18/19</u>		
	\$374,807	\$374,807	\$374,807		

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$955,797		\$168,624	\$112,442	\$1,236,863
PERCENTAGE:	85%		15%		100%

The Department of Aging and Adult Services (DAAS) requests authorization to enter into a grant with On Lok Day Services for the period of July 1, 2016 to June 30, 2019 in an amount of \$1,124,421 plus a 10% contingency for a total amount not to exceed \$1,236,863. \$778,410 of the grant is to promote the physical health of seniors and adults with disabilities, as well as to train seniors to avoid slips and falls. \$346,011 of this grant will be to administer the Healthier Living-Chronic Disease Self-Management (CDSMP) and Diabetes Empowerment Education Program (DEEP) to seniors and adults with disabilities living with chronic diseases and diabetes.

Background

In order to address community need for programs that improve and/or maintain the health and well-being of seniors and adults with disabilities, and to increase this population’s ability to live independently, DAAS implemented two evidence-based Health Promotion Programs: the Health Promotion – Physical Fitness & Fall Prevention Program and Healthier Living Program for

targeted consumers. The program's focus is on assisting targeted population to better manage chronic health conditions, and to reduce risks for diseases and falls.

Grantee was initially awarded a 3-year grant as the lead agency to provide this program starting in FY 07/08. Grantee has successfully implemented this program over the last eight years.

Services to be Provided

Grantee will engage in planning activities to develop health promotion classes, training, marketing and outreach strategies in line with an established evidence-based health promotion program, and will collaborate with community partners to implement a citywide multidisciplinary health promotion program.

Through the Physical Fitness & Fall Prevention program, Grantee will collaborate with various community-based organizations to provide classes in thirteen or more different locations throughout the city, and to provide personal consultation for consumers enrolled in health promotion classes. Consultations by trained staff members will be available to all consumers and will include exercise recommendations and a wellness program for the participant. Physical Fitness & Fall Prevention classes will include strength, balance and flexibility workouts, low impact aerobics, and fall prevention.

In the Healthier Living-CDSMP and DEEP Program, Grantee will maintain or improve the well-being of high risk seniors and adults with disabilities by implementing evidence-based health promotion programs to improve overall physical and mental health and to empower individuals to take control over personal health through lifestyle changes.

Selection

Grantee was selected through RFP 683 which was competitively bid in April 2016.

Funding

Funding for these services will be provided through County General Funds and Federal Funds.

ATTACHMENTS

Appendices A and A1 - Services to be Provided

Appendices B and B1 – Calculation of Charges

**APPENDIX A
SERVICES TO BE PROVIDED BY GRANTEE**

**Health Promotion Program
Physical Fitness & Fall Prevention
July 1, 2016 to June 30, 2019**

I. Purpose

The purpose of this grant is to maintain or improve the well being of high risk seniors by implementing evidence-based disease prevention and health promotion programs focusing on physical fitness and fall prevention. Such evidence based programs have proven effective in reducing risk of falls and injury, improving fitness levels, and empowering high-risk seniors to take control of personal health through lifestyle changes.

II. Definitions

Adult with Disability	Person age 18 and above with 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.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
DAAS	San Francisco Department of Adult and Aging Services
Evidence-based Health Promotion Program: Physical Fitness & Fall Prevention Services	<p>A variety of activities to maintain or improve the service population's physical health using <i>recognized evidence-based</i> physical fitness and fall prevention programs. Evidence-based refers to a program that has both sufficient research and studies to support positive program outcomes and is endorsed by one or more reputable health, scientific and/or research institutions.</p> <p>Examples: <i>A Matter of Balance</i> http://www.healthyyagingprograms.org/content.asp?sectionid=32&ElementID=489</p>

EnhanceFitness:

<http://promisingpractices.fightchronicdisease.org/programs/detail/enhancefitness>

Tai Chi: Moving for Better Balance

<http://www.ncbi.nlm.nih.gov/pubmed/18579921>

<http://ori.org/~fuzhongl/TaiChiCDC/>

See National Council on Aging, Center for Healthy Aging's web site for more information:

<http://www.healthyagingprograms.org/content.asp?sectionid=73>

And the Center for Disease Control & Prevention:

<http://www.cdc.gov/ncipc/preventingfalls/>

The program should be sustainable, easily replicated and implemented in a community-based setting.

Frail	A functionally impaired older individual who is either: (a) unable to perform at least two Activities of Daily Living (ADL) or Independent Activities of Daily Living (IADL) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) having a cognitive or other mental impairment that requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Grantee	On Lok Day Services
HSA	Human Services Agency of the City and County of San Francisco
Low-Income	100% of poverty level. 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.
Minority	African-American, Hispanic, American Indian/Alaskan Native, Asian American, Pacific Islander
OOA	Office on the Aging
OCM	Office of Contract Management, San Francisco Human Services Agency.
Senior	Person who is 60 years or older
SF12 perception of health questionnaire	The SF-12® is a multipurpose short-form (SF) generic measure of health status and outcome from the participant's point of view. The tool is developed by Quality Metric Incorporated and proven to provide valid outcome data.

III. Target Population

Individuals 60 years of age or above and adults age 18 and above with disabilities. Services must target clients 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
- Lesbian/Gay/Bisexual/Transgender

IV. Eligibility for Health Promotion Services

Consumer who is age 60 and above, and adults 18-59 living with a disability.

V. Location and Time of Services

The details of the sites and operation hours are to be determined with the Grantee and will be included in Site Chart with OOA's approval.

VI. Description of Services and Program Requirements

Grantee will provide evidence-based health promotion programs which have been proven to be effective in reducing older people's risk of disease, disability and injury, increase people's fitness level and empower people to take more control over their own health through lifestyle changes.

The grantee will:

- 1) Engage in **planning activities** to develop health promotion classes, training, marketing and outreach strategies in line with an established evidence-based health promotion program. A marketing-outreach plan will be provided to DAAS for review approval within 45 days after grant begins and updated semi-annually.
- 2) **Establish signed MOUs** to collaborate with at least ten community partners to implement a citywide multidisciplinary health promotion program that is (a) community-based, (b) sustainable, and (c) culturally relevant to participants in the targeted communities.
- 3) **Provide workshops to train and certify or re-certify wellness trainers.** Wellness trainers are individuals who conduct strength, flexibility, low impact aerobics, balance and/or fall prevention health promotion classes. On an annual basis, continuing certified wellness trainers shall complete and have documentation for at least four hours of continuing education training through in person workshops/training or online training.
- 4) **Offer health promotion classes.**
Classes will be:
 - a. Focused to include strength and flexibility, low impact aerobics, balance, and fall prevention;
 - b. Conducted by certified wellness trainers;
 - c. Offered in group settings in at least 10 locations throughout the city such as congregate meal sites, community centers, senior housing, or senior centers;
 - d. Offered at least 2-3 times a week at each location, at 1-hour per session (or as per the program model dictates);
 - e. Enrolled a minimum class size of 10 and maximum of 30 per trainer.

- 5) Conduct **wellness program outreach** in order to achieve consumer enrollment service objectives within a diverse target population. Outreach strategies will be neighborhood-based and may include activities such as disseminating materials at community meetings, other group settings or special events/fairs and announcements. Publicity for the Fall Prevention classes shall include outreach to public and private health clinics/hospitals in the community.
- 6) **Provide personal consultation for consumers enrolled in health promotion classes.** Consultations will be available to all consumers, provided by trained staff member, and will include information on exercise recommendations and designing a wellness program for the individual.
- 7) Conduct follow-up with participants to measure program outcomes.
- 8) Offer sufficient number of wellness trainer workshops to have sufficient number of certified wellness trainers to meet the number of health promotion classes offered.
- 9) The Grantee will have to be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

VII. Other Grantee Responsibilities:

- A. Grantee will administer the SF12 perception of health questionnaire to all health promotion class enrollees annually in April. .
- B. Grantee will administer an annual consumer satisfaction survey to statistically significant number of health promotion class enrollees using survey tool approved by DAAS. The survey results will be shared with DAAS by March 15th.
- C. Grantee will develop and maintain current program policies and procedures with OOA approval to meet the program service standards set forth by the Office on the Aging.
- D. Grantee will collect and enter consumer and service unit data into the online Ca-GetCare database in accordance to OOA program policies and procedures.
- E. Grantee will use a valid and reliable fall risk assessment tool to collect baseline data for participants in the Fall Prevention class, and to conduct post-program evaluation.
- F. Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

VIII. Service Objectives

The total units of service and allocation by site will be shown on the OOA-approved Site Chart.

Annual Service Units:

	FY 16-19
# Unduplicated consumers to be served	850
# Health promotion classes (1)	1,584
# Fall Prevention classes (2)	312
Total # Classes (1+2)	1,896
# Hours individual consultation	600

- Offer one (4-hours) Wellness Trainer workshop annually
- Train 4 Wellness Trainer annually

IX. Outcome Objectives

- Grantee will provide quality services that attain a high satisfaction level from participants. At least 85% of surveyed participants will be satisfied with the service delivery by staff and/or volunteers.
- At least 70% of the assessed participants who participate in the program will show maintenance or improvements in functional fitness levels and maintain a 70th percentile or better score on average for each of the three validated functional fitness assessments (Functional Reach Test, Timed up and Go Test and 30 second Chair Stance Test).
- All the surveyed participants who participate in the program will maintain scores higher than the 50th percentile for Physical Composite Scale as measured through SF12 survey tool.
- Using the three validated functional fitness assessment tools, at least 75% of the assessed participants who completed the Fall Prevention class will show reduction in their risk for falls when compared to baseline data and the endpoint data at the end of the workshop.

X. Reporting Requirements

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

- Grantee shall input all required data into CA-GetCare on a monthly basis into the Service Recording Tool by the 5th working day of the month for the preceding month.
- Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st.
- Grantee will provide an annual consumer satisfaction survey report to OOA by March 15th.
- Grantee shall develop and deliver ad hoc reports as requested by HSA and DAAS.
- Quarterly and Annual Reports will be entered into the Contracts Management System (CMS). For assistance with reporting requirements or submission of reports, contact:

Linda Lau, OOA Lead Nutritionist, Linda.Lau@sfgov.org

Drake Herrador, HSA Contracts Manager, Drake.Herrador@sfgov.org

XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all OOA funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; and whether services are provided appropriately according to Sections VI and VII.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, HIPAA compliance, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**APPENDIX A-1
SERVICES TO BE PROVIDED BY GRANTEE**

**Health Promotion Program
Healthier Living- Chronic Disease Self-Management Program (CDSMP) and DEEP
July 1, 2016 to June 30, 2019**

I. Purpose

The purpose of this grant is to maintain or improve the well-being of high risk seniors and adults with disabilities by implementing evidence-based health promotion programs to improve overall physical and mental health and to empower individuals to take control over personal health through lifestyle changes. Grantee will accomplish these goals by coordinating the Healthier Living-CDSMP and Diabetes Empowerment Education Program (DEEP), expanding and improving its operation, and administering the program to meet the federal and state grant requirements for health promotion programs.

II. Definitions

ADL	Activities of Daily Living: The basic tasks of everyday life including eating, bathing, dressing, toileting and transferring (i.e., getting in and out of a bed or chair).
Adult with Disability	Person age 18 and above with 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.
CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
CARBON	Human Service Agency's Contracts Administration, Reporting, and Billing On-line (CARBON) system
Certified Master Trainer	A qualified individual who has attended Stanford University's Master training for "Healthier Living" Program or the DEEP program and meets the requirements to be a certified Master Trainer.
Certified Lay Leader	A qualified individual who has successfully completed "Healthier Living" or DEEP Lay Leader training and completed one "Healthier Living" workshop within a year of the training.
Controller	Controller of the City and County of San Francisco or designated agent

CDA	California Department of Aging
DAAS	San Francisco Department of Adult and Aging Services
DEEP	Diabetes Empowerment Education Program is an evidence-based health promotion program developed by University of Chicago, Illinois. It is a 6-week program, at 2 hour per class. This program is targeted adults with diabetes or pre-diabetics.
Frail	A functionally impaired older individual who is either: (a) unable to perform at least two ADL or IADL without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) having a cognitive or other mental impairment that requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Grantee	On Lok Day Services
Healthier Living- Chronic Disease Self-Management Program (CDSMP)	“Healthier Living-CDSMP” is an evidence-based health promotion program developed and licensed by Stanford University. It includes a series of 2 ½ hour workshops presented over a 6-week period by two trained leaders. The curriculum includes workshops and appropriate behavior modifications and coping strategies to enable the participants to manage their chronic diseases and medications and increase physical activity levels. The program enables the participants to work on effective communication skills with family, friends, and health professionals. Besides the regular CDSMP workshops, there are CDSMP workshops targeted for consumers with Diabetes, HIV/AIDS, Chronic Pain and Arthritis.
Healthier Living Lay Leader Training Workshop	Planning, coordinating and providing hands-on training to train individuals to become Lay Leaders for implementing the Healthier Living Program based on Stanford University’s curriculum (4-days training) or the DEEP training (3-days training) based on University of Chicago’s curriculum and guidelines set for this program and activities to meet the criteria set by the Office on the Aging. 1 unit = one completed multi-days training in accordance to the program model.
Healthier Living Program Coordinator	Person who works under the Grantee and who is responsible for coordinating and managing the various aspects in implementation of the Healthier Living Program.

Healthier Living Coalition Partners	Organizations in the community who are interested in providing CDSMP and/or DEEP program to their consumers and have a signed Memorandum of Understanding with DAAS and Grantee that specifies the responsibilities of each party.
HSA	Human Services Agency of the City and County of San Francisco
HSAG	Health Services Advisory Group Inc. is a corporation that Grantee is partnering with to provide DEEP training, resources and technical assistance
IADL	Instrumental Activities of Daily Living: activities related to independent living including preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone
Low-Income	100% of poverty level. 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.
Minority	African-American, Hispanic, American Indian/Alaskan Native, Asian American, Pacific Islander
OOA	Office on the Aging
Partners in Care Foundation	A non-profit organization that the California Department of Aging has contracted to administer evidenced-based health promotion programs.
Senior	Person who is 60 years or older
Title III D of OAA	This program is funded by Older Americans Act (OAA) Funds Title III D. The funds will be used to provide an evidence-based health promotion program.

III. Target Population

Persons 60 years or older and persons between 18 and 59 years of age living with disabilities, or caregiver of an adult with disabilities. According to the federal mandates of the Older Americans Act, services must target clients 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
- Lesbian/Gay/Bisexual/Transgender

IV. Eligibility for Healthier Living Services

Persons 60 years of age or older and persons between 18 and 59 years of age living with disabilities or chronic health conditions, or caregiver of an adult with chronic health conditions.

V. Location and Time of Services

The workshops and training dates and location are to be determined by the Grantee with OOAs approval.

VI. Description of Services and Program Requirements

The Healthier Living Program is an evidence-based health promotion program funded with state grant and federal funds under Title IIID of the Older Americans Act to improve the quality of life for older adults and adults with disabilities by: (1) providing them skills for appropriate behavior modifications; (2) providing them with coping strategies to manage their chronic diseases and medications; and (3) increasing their physical activity levels.

The Grantee will:

1. Engage in **planning activities** to develop health promotion classes, training, marketing and outreach strategies in line with an established evidence-based health promotion program. A marketing-outreach plan will be provided to DAAS for review approval within 60 days after contract begins, and updated annually or as needed.
2. **Establish signed MOUs** to collaborate with at least six community partners to implement a citywide multidisciplinary health promotion program that is (a) community-based, (b) sustainable, and (c) culturally relevant to participants in the targeted communities.
3. **Provide workshops to train and/or re-certify Lay Leaders or train Master Trainers.** Master Trainers or Lay Leaders are individuals who are qualified to facilitate Healthier Living-CDSMP or DEEP workshops. Facilitators shall be available in at least the following languages to lead workshops in: English, Chinese (Cantonese & Mandarin), and Spanish. To the extent possible, provide other bilingual facilitators to meet other language needs in the communities.
4. **Offer Healthier Living-CDSMP and DEEP classes.**
Classes will be:
 - Conducted by the number of qualified facilitators needed to implement the program in a manner to assure program fidelity and quality according to program model.
 - Offered in group settings in different accessible locations throughout the city such as congregate meal sites, community centers, senior housing, or senior centers.
 - Offered in at least three (3) different languages to meet needs in the community, including English, Chinese (Cantonese & Mandarin), and Spanish.
 - Enrolled at a minimum class size of 12 people and maximum of 25 for CDSMP, and maximum of 20 for DEEP.

- Administered surveys/forms to collect the necessary data from program participants.
5. Conduct program outreach in order to achieve consumer enrollment service objectives within a diverse target population. Outreach strategies will be neighborhood-based as well as citywide and may include activities such as disseminating materials at community meetings, other group settings or special events/fairs, announcements, electronic bulletins, and other mass media.
 6. Conduct and document program quality-fidelity monitoring visits for majority of the new Lay Leaders (i.e. who are facilitating workshop for the first time) at one or more sessions of the workshop and provide support and technical assistance, as needed, to ensure that the workshops follow the curriculum and program model for program fidelity. Program fidelity checks will be conducted for other Leaders, as needed, to ensure that the curriculum and program model is followed. A minimum of 10 fidelity monitoring check will be conducted annually. The fidelity monitoring visit reports will available to share with DAAS as requested, and on file .
 7. Provide information and/or referrals to targeted consumers to community CDSMP or online workshops.
 8. Work with DAAS and Healthier Living Coalition partners to plan, coordinate and run the Healthier Living Coalition meetings at least 6 times a year.
 9. Track and maintain a current list of lay leaders and Master trainers accessible to the Healthier Living Coalition and work with DAAS and Healthier Living Coalition partners to plan and implement strategies to keep Master Trainers and Lay Leaders informed, connected and engaged in order to maximize leader retention.
 10. Will conduct one or more meetings a year, as needed, with Master Trainers and Lay Leaders to provide program updates and technical assistance.
 11. The Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
 12. Grantee will help publicize and actively recruit Healthier Living program graduates to the DAAS-NCOA sponsored Healthier Living Graduate online community so they will continue to have the support/resources to make positive lifestyle changes to maintain or improve their health.

VII. Other Grantee Responsibilities:

- A. Grantee will develop and maintain current program policies and procedures with OOA's approval to meet the Healthier Living program service standards set forth by Stanford University and Office on the Aging, including having a current list of Master Trainers/Lay Leaders, inventory list of program workbooks and incentives available.

- B. Grantee will have a representative to participate in the statewide CA Healthier Living Coalition.
- C. In consultation with DAAS, Grantee will be responsible for improving, maintaining, updating and publicizing CDSMP workshops on the statewide web site: www.CaHealthierLiving.org
- D. Grantee will be responsible for collecting the CDSMP participant attendance log, participant surveys from the workshops, and sending them to Partners in Care as indicated in the written agreement, or another designated agency.
- E. Grantee will be responsible for collecting the DEEP participant attendance log, participant surveys from the workshops, and sending them to HSAG as indicated in their written agreement.
- F. Grantee will be responsible for documenting a list of the number of participants enrolled and completed the Healthier Living workshops and share with DAAS-OOA on a regular basis.
- G. Grantee will inform and invite the program graduates to join the Healthier Living Graduate online community at the 5th and 6th workshop session.
- H. Grantee will participate in other activities to help promote and support expansion of health promotion program.
- I. Grantee will be responsible for developing methods for program sustainability for program expansion and/or continuation after grant ends.

VIII. Service Objectives

- A. Graduate a total of workshop participants annually as indicated in the table below.
- B. Offer the following number of CDSMP workshops annually as indicated in Table A below. The types of workshops offered will be negotiated with DAAS based on identified needs in the community and available resources and as shown on the OOA approved Site Chart.
- C. Train the following number of Master Trainers as indicated in Table A below
- D. Certify/re-certify the following number of Lay Leaders as indicated in the table below
- E. Reach the following number of contacts in the workshops as indicated in the table below. One contact = one person who attended a workshop session.

Table A: Annual Service Units:

	CDSMP	DEEP	Total
Total # Workshops	12	24	36
Average # Graduate Per Workshop	10	10	20
Total # CONTACTS	864	1,728	2,592
Total # Graduates	120	240	360
Master Trainers Trained Annually	1	1	2
Lay Leaders Trained Annually	10	10	20

IX. Outcome Objectives

- A. Grantee will retain an average of at least 65% of the participants at each workshop.
- B. Based on pre and post surveys, at least 75% of the DEEP workshop participants will demonstrate greater understanding of Diabetes and how to prevent or better manage it.
- C. Based on pre and post surveys, at least 65% of the DEEP workshop participants will show an increase in consumption of fruits or vegetable and/or increase in physical activity.

X. Monitoring Activities

A. Program Monitoring: Program monitoring will include review of 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 service unit reports; 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 OOA funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and whether services are provided appropriately according to Sections VI and VII.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance, and HIPAA Compliance.

XI. Reporting Requirements

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

- A. Grantee shall provide DAAS a list of the “Healthier Living” workshop schedule at least on a quarterly basis, and more often as it is updated.
- B. Within 2-weeks of completing the “Healthier Living” workshop, Grantee will submit a copy of the workshop attendance log, Session 1 and Session 6 participant surveys to Partners in Care Foundation for data entry and processing. Grantee will work with Partners in Care Foundation or HSAG to provide reports for each of the completed workshop to Grantee and DAAS at least on a quarterly basis. Grantee will submit a workshop summary report (including date of workshop, names of the facilitators, location of workshop, and number of participants enrolled and graduated) to OOA at least on a quarterly basis. The reports are due to OOA at end of the month in September, December, March and June.
- C. Grantee will shared with OOA a summary report of the number of fidelity checks completed (including the leader’s name, visit date and who completed the check)

on quarterly basis. The reports are due to OOA at end of the month in September, December, March and June.

- D. Grantee will enter in the CARBON database on a quarterly basis, the service units as described in Section VIII – Service Objectives. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the following month: October, January, April, July.
- E. Grantee will enter the annual Outcome Objective metrics in the CARBON database by the 15th of the month following the end of the program year.
- F. Grantee shall submit a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st.
- G. Grantee will provide OOA with an updated list of the Lay Leaders trained and their certification status at least on a semi-annual basis. The report is due to OOA in end of December and June, or more frequent, as needed.
- H. Grantee shall develop and deliver ad hoc reports as requested by HSA and DAAS OOA. For assistance with reporting requirements or submission of reports, contact:

Linda Lau, OOA Lead Nutritionist, email: Linda.Lau@sfgov.org

Drake Herrador, Contracts Manager, email: Drake.Herrador@sfgov.org

	A	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 7/13/2016				
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY				
4					
5	Contractor's Name		Contract Term		
6	On Lok Day Services		7/1/16-6/30/19		
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: Health Promotion (Physical Fitness & Fall Prevention)				
10	Budget Reference Page No.(s)	Health Promotion	Health Promotion	Health Promotion	Total
11	Program Term	7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19	7/1/16-6/30/19
12	Expenditures				
13	Salaries & Benefits	\$160,803	\$160,803	\$160,803	\$482,410
14	Operating Expense	\$153,142	\$146,854	\$146,854	\$446,851
15	Subtotal	\$313,946	\$307,658	\$307,658	\$929,261
16	Indirect Percentage (%)	7%	7%	7%	
17	Indirect Cost (Line 16 X Line 15)	\$21,424	\$21,424	\$21,424	\$64,272
18	Capital Expenditure	\$0	\$0	\$0	\$0
19	Total Expenditures	\$335,370	\$329,082	\$329,082	\$993,533
20	HSA Revenues				
21	General Fund	\$259,470	\$259,470	\$259,470	\$778,410
22					\$0
23					\$0
24					\$0
25					\$0
26					\$0
27					\$0
28					\$0
29	TOTAL HSA REVENUES	\$259,470	\$259,470	\$259,470	\$778,410
30	Other Revenues				
31	Project Income	\$11,000	\$11,000	\$11,000	\$33,000
32	Fundraising	\$64,900	\$58,612	\$58,612	\$182,124
33					\$0
34					\$0
35					\$0
36	Total Revenues	\$335,370	\$329,082	\$329,082	\$993,534
37	Full Time Equivalent (FTE)				
39	Prepared by: Valorie Villela	Telephone No.:	(415) 550-2211		7/13/2016
40	HSA-CO Review Signature:				
41	HSA #1				11/15/2007

Program Name:
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

11	12	13	7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/19							
			Agency Totals		For HSA Program		For DHS Program	For DHS Program	For DHS Program	TOTAL
			Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	7/1/16-6/30/19
14	DIRECTOR	\$134,191	100%	10%	10%	\$13,419	\$13,419	\$13,419	\$40,257	
15	REGIONAL COORDINATOR	\$44,803	100%	100%	100%	\$44,803	\$44,803	\$44,803	\$134,410	
16	HEALTH & FITNESS MANAGER	\$52,998	100%	54%	54%	\$28,619	\$28,619	\$28,619	\$85,857	
17	ADMINISTRATIVE SECRETARY	\$62,504	100%	10%	10%	\$6,250	\$6,250	\$6,250	\$18,751	
18	HOSPITALITY COORDINATOR	\$36,856	100%	4%	4%	\$1,474	\$1,474	\$1,474	\$4,423	
19	PROGRAM ASSISTANT	\$41,600	100%	50%	50%	\$20,800	\$20,800	\$20,800	\$62,400	
20	ASSISTANT DIRECTOR	\$75,005	100%	15%	15%	\$11,251	\$11,251	\$11,251	\$33,752	
21										
22										
23										
24										
25										
26										
27										
28										
29	TOTALS	\$447,958	7.00	2.43	2.43	\$126,617	\$126,617	\$126,617	\$379,850	
30										
31	FRINGE BENEFIT RATE	27%								
32	EMPLOYEE FRINGE BENEFITS	\$120,949				\$34,187	\$34,187	\$34,187	\$102,560	
33										
34										
35	TOTAL SALARIES & BENEFITS	\$568,906				\$160,803	\$160,803	\$160,803	\$482,410	
36	HSA #2								11/15/2007	

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 3										
2	Document Date: 7/13/2016										
3											
4	Program Name:										
5	(Same as Line 9 on HSA #1)										
6											
7	Operating Expense Detail										
8											
9											
10											
11											
12	<u>Expenditure Category</u>			<u>TERM</u>	<u>7/1/16-6/30/17</u>	<u>7/1/17-6/30/18</u>	<u>7/1/18-6/30/19</u>				<u>TOTAL</u> <u>7/1/15-6/30/16</u>
13	Rental of Property										\$0
14	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$2,472	\$1,200	\$1,200				\$4,872
15	Office Supplies, Postage				\$1,500	\$1,500	\$1,500				\$4,500
16	Building Maintenance Supplies and Repair				\$10,016	\$5,000	\$5,000				\$20,016
17	Printing and Reproduction				\$1,000	\$1,000	\$1,000				\$3,000
18	Insurance				\$2,735	\$2,735	\$2,735				\$8,205
19	Staff Training										\$0
20	Staff Travel-(Local & Out of Town)				\$1,300	\$1,300	\$1,300				\$3,900
21	Rental of Equipment				\$800	\$800	\$800				\$2,400
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23	San Francisco Senior Center				\$61,226	\$ 61,226	\$ 61,226				\$183,679
24	University of San Francisco				\$50,733	\$ 50,733	\$ 50,733				\$152,199
25											\$0
27											\$0
28	OTHER										
29	Exercise Leader Stipends				\$9,000	\$ 9,000	\$ 9,000				\$27,000
30	Program Support Services - Self-Help				\$5,360	\$ 5,360	\$ 5,360				\$16,080
31	Community Living Campaign				\$7,000	\$ 7,000	\$ 7,000				\$21,000
32											\$0
33											\$0
34											\$0
35											\$0
36											\$0
37											\$0
38											\$0
39	TOTAL OPERATING EXPENSE				\$153,142	\$146,854	\$146,854				\$446,851
40											
41	HSA #3										11/15/2007

**HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY
 BY PROGRAM**

Contractor's Name			Contract Term		
On Lok Day Services			7/1/16-6/30/19		
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
If modification, Effective Date of Mod. 7/1/16 No. of Mod.					
Program: Healthier Living (CDSMP)					
Budget Reference Page No.(s)					Total
Program Term	7/1/16-6/30/17	7/1/17-6/30/18	7/1/17-6/30/19		7/1/16-6/30/19
Expenditures					
Salaries & Benefits	\$142,787	\$142,787	\$142,787		\$428,360
Operating Expense	\$18,412	\$24,612	\$24,612		\$67,636
Subtotal	\$161,199	\$167,399	\$167,399		\$495,996
Indirect Percentage (%)	6%	6%	6%		
Indirect Cost (Line 16 X Line 15)	\$9,523	\$9,523	\$9,523		\$28,570
Capital Expenditure	\$0	\$0	\$0		\$0
Total Expenditures	\$170,722	\$176,922	\$176,922		\$524,565
HSA Revenues					
General Fund	\$59,129	\$59,129	\$59,129		\$177,387
State (CDSMP)					\$0
Federal (CFDA 93.043)	\$56,208	\$56,208	\$56,208		\$168,624
CODB					\$0
Add-Back					\$0
TOTAL HSA REVENUES	\$115,337	\$115,337	\$115,337		\$346,011
Other Revenues					
HSAG	\$5,348	\$5,348	\$5,348		\$16,044
Fundraising	\$50,037	\$56,237	\$56,237		\$162,511
Total Revenues	\$170,722	\$176,922	\$176,922		\$524,566
Prepared by: Valorie Villela			Telephone No.: (415) 550-2211		7/13/2016
HSA-CO Review Signature: _____					
HSA #1					11/15/2007

Program Name:
 Healthier Living (CDSMP)

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		7/1/16-6/30/17	7/1/17-6/30/18	7/1/17-6/30/19	TOTAL	
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	7/1/16-6/30/19
HEALTH PROMOTION PROGRAM MANAGER	\$52,998	100%	46%	46%	\$24,379	\$24,379	\$24,379		\$73,138
HEALTHIER LIVING PROGRAM COORDINATOR	\$50,096	50%	100%	50%	\$25,048	\$25,048	\$25,048		\$75,143
DIRECTOR	\$134,191	100%	5%	5%	\$6,710	\$6,710	\$6,710		\$20,129
HEALTHIER LIVING PROGRAM ASSISTANT	\$41,600	50%	100%	50%	\$20,800	\$20,800	\$20,800		\$62,400
ADMINISTRATIVE SECRETARY	\$62,504	100%	5%	5%	\$3,125	\$3,125	\$3,125		\$9,376
ASSISTANT DIRECTOR	\$75,005	100%	7%	7%	\$5,250	\$5,250	\$5,250		\$15,751
PROGRAM ASSISTANT	\$41,600	55%	9.4%	5.19%	\$2,158	\$2,158	\$2,158		\$6,475
Health Educator (New)	\$41,600	60%	100%	60%	\$24,960	\$24,960	\$24,960		\$74,880
TOTALS	\$499,594	6.15	3.72	2.28	\$112,430	\$112,430	\$112,430	\$0	\$337,291
FRINGE BENEFIT RATE	27%								
EMPLOYEE FRINGE BENEFITS	\$134,890				\$30,356	\$30,356	\$30,356	\$0	\$91,069
TOTAL SALARIES & BENEFITS	\$634,484				\$142,787	\$142,787	\$142,787	\$0	\$428,360
HSA #2	11/15/2007								

Program Name:
 Healthier Living (CDSMP)

Operating Expense Detail

<u>Expenditure Category</u>	TERM				TOTAL
		<u>7/1/16-6/30/17</u>	<u>7/1/17-6/30/18</u>	<u>7/1/17-6/30/19</u>	<u>7/1/16-6/30/19</u>
Rental of Property					\$0
Utilities(Elec, Water, Gas, Phone, Scavenger)		\$0	\$1,200	\$1,200	\$2,400
Office Supplies, Postage		\$900	\$900	\$900	\$2,700
Building Maintenance Supplies and Repair		\$0	\$5,000	\$5,000	\$10,000
Printing and Reproduction		\$5,522	\$5,522	\$5,522	\$16,566
Insurance		\$1,770	\$1,770	\$1,770	\$5,310
Staff Training					\$0
Staff Travel-(Local & Out of Town)		\$400	\$400	\$400	\$1,200
Rental of Equipment		\$550	\$550	\$550	\$1,650
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
<u>Lay Leader</u>		\$8,670	\$8,670	\$8,670	\$26,010
<u>Workshop Refreshments</u>		\$600	\$600	\$600	\$1,800
					\$0
					\$0
OTHER					
					\$0
					\$0
					\$0
					\$0
					\$0
TOTAL OPERATING EXPENSE		\$18,412	\$24,612	\$24,612	\$0
					\$67,636

HSA #3

11/15/2007