

File No. 050058

Committee Item No. 4
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee City Services

Date 1-27-05

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: M. Red
Completed by: _____

Date 1-24-05
Date _____

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

[Reintegrate clients at Laguna Honda Hospital into independent living in the community.]

Resolution authorizing the San Francisco Department of Public Health/ Laguna Honda Hospital and Rehabilitation Center (SFPDH/LHH) to accept and expend retroactively a grant in the amount of \$50,000 from the California HealthCare Foundation (CHCF), to reintegrate clients into independent living within the community and to enter into an agreement for the use of these funds; for the period of January 1, 2005 through December 31, 2005.

WHEREAS, SFPDH/LHH has applied for and been awarded a grant from CHCF in the amount of \$50,000 to reintegrate as many clients as possible into independent community living; and,

WHEREAS, As a condition of receiving the grant funds, CHCF requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 050058, which is hereby declared to be a part of this resolution as if set forth fully herein; and,

WHEREAS, This Resolution requires expedited review by the Board of Supervisors because the award was not issued until December 6, 2004; and,

WHEREAS, Resolutions authorizing the acceptance and expenditure of grant funds may be placed automatically on the consent agendas in committee, as they are usually considered to be routine items, and this resolution authorizes the acceptance and expenditure of grant funding; and,

WHEREAS, SFPDH/LHH proposes to maximize use of available grant funds on program expenditures by not including indirect costs in the grant budget; now, therefore, be it


1 RESOLVED, That SFDPH/LHH is hereby authorized to accept and expend
2 retroactively a grant in the amount of \$50,000 from CHCF; and, be it

3 FURTHER RESOLVED, That SFDPH/LHH is hereby authorized to accept and expend
4 the grant funds in accordance with the requirements set forth in the Agreement pursuant to
5 San Francisco Administrative Code section 10-170-1; and, be it

6 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
7 indirect costs in the budget of the agreement; and, be it

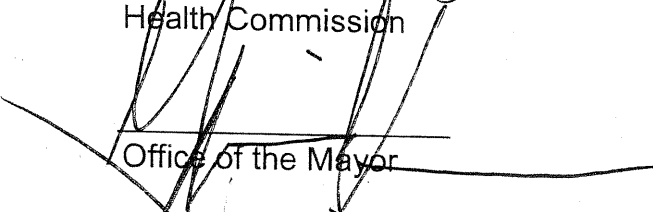
8 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
9 agreement on behalf of the City.

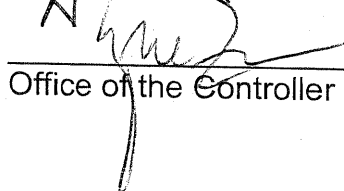
10
11
12
13 RECOMMENDED:

14
15 
16 Mitchell Katz, M.D.
17 Director of Health

APPROVED:

18 
19 Health Commission

20 
21 Office of the Mayor

22 
23 Office of the Controller
24
25



TO: Gloria L. Young, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.
Director of Health

DATE: December 27, 2004

SUBJECT: Accept and Expend Resolution for Subject Grant

GRANT TITLE: Social Rehabilitation in Long Term Care

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed resolution; original signed by Department, Mayor, and Controller
- ☒ Grant information form, including disability checklist.
- ☒ Budget
- ☒ Award Letter and Agreement
- ☒ Other (Explain): None

Special Timeline Requirements: None

Departmental representative to receive a copy of the adopted resolution:

Name: Lucille Burlew-Lawler

Phone: 554-2644

Interoffice Mail Address: Department of Public Health, 101 Grove Street, Room 307
Certified copy required Yes ☐ No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Social Rehabilitation: Changing the Culture to Close the Gaps in the Long-Term Care Continuum
2. Department: San Francisco Department of Public Health: Laguna Honda Hospital and Rehabilitation Center
3. Contact Person: Mivic Hirose, RN, MS, CNS Telephone: 759-4510
4. Grant Approval Status (check one):

☒ Approved by funding agency☐ Not yet approved
5. Amount of Grant Funding Approved: \$50,000
- 6a. Matching Funds Required: none
- b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: California HealthCare Foundation (CHCF)
- b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary:

The purpose of the grant is to implement a Social Rehabilitation model at Laguna Honda Hospital that provides skilled nursing rehabilitation with the goal of reintegrating as many clients as possible into community independent living.

The objective of the grant is to implement in a single care unit at Laguna Honda Hospital a Social Rehabilitation delivery model that promotes effective use of health care workers and resources with the goals of reintegrating clients into the community and promoting accountability to the public who fund public health in San Francisco.

The scope of work will include:

- Create an advisory committee for the project.
- Introduce the Social Rehabilitation model.
- Create an interdisciplinary team, including nurses, physicians, activity therapists, dietitians, and social workers to partner with residents in developing their social rehabilitation plan.
- Conduct training of the interdisciplinary team members.
- Clinically operationalize the Social Rehabilitation model.
- Develop a database program program to capture factors and barriers to closing the gap in the long-term care continuum.
- Implement the model within a single clinical care unit.
- Summarize and analyze data and evaluate the effectiveness of the project.

Evaluation components will include tracking the following:

- Skilled nursing length of stay,
- Skilled nursing costs,
- Staff job satisfaction,
- Resident satisfaction,
- Number of discharges,
- Number of readmissions,
- Clinical data such as physical functioning, behavioral/emotional patterns, quality of life, and
- Gaps in community based long-term care alternatives.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 1/1/05

End-Date: 12/31/05

10. Number of new positions created and funded: None

11. If new positions are created, explain the disposition of employees once the grant ends? 12a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? : N/A

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? : N/A

d. Is this likely to be a one-time or ongoing request for contracting out? : NA

13a. Does the budget include indirect costs?

☐ Yes

☒ No

b1. If yes, how much?

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

☐ Not allowed by granting agency

☒ To maximize use of grant funds on direct services

☐ Other (please explain):

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):

☒ Existing Site(s)

☒ Existing Structure(s)

☐ Existing Program(s) or Service(s)

☐ Rehabilitated Site(s)

☐ Rehabilitated Structure(s)

☒ New Program(s) or Service(s)

☐ New Site(s)

☐ New Structure(s)

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:
Comments:

Departmental or Mayor's Office of Disability Reviewer: _____

Date Reviewed: _____

Department Approval: _____
Mitchell H. Katz, M.D, Director of Health

California HealthCare Foundation Leveraging Leadership Grant Budget

1. Grant Title: Social Rehabilitation: Changing the Culture to Close the Gaps in the Long-Term Care Continuum
2. Department: San Francisco Department of Public Health: Laguna Honda Hospital and Rehabilitation Center
3. Contact Person: Mivic Hirose, RN, MS, CNS
Office Phone #: 759-4510
Email: mivic.hirose@sfdph.org

Project Budget	
Project Staff Per Diem RN Salary*	\$45,000.00
Project Staff Travel	\$1,500.00
Consultant Fees & Travel	\$3,500.00
TOTAL :	\$50,000.00

*Per Diem RN Salary Description:

<u>Classification</u>	<u>% time</u>	<u># Total Hours</u>
P103 Special Nurse	0.4	832 (40 hours/per week for one year)



CALIFORNIA
HEALTHCARE
FOUNDATION

Mark D. Smith, M.D., M.B.A.
President and CEO

December 6, 2004

Mivic Hirose, RN, MS, CNS
San Francisco Dept. of Public Health
Laguna Honda Hospital and Rehabilitation Center (LHH)
375 Laguna Honda Blvd
San Francisco, CA 94116

Dear Ms. Hirose:

Reference: Grant # 04-1430

It is my pleasure to inform you that the California HealthCare Foundation is awarding a one-year grant in the amount of \$50,000 to the San Francisco Dept. of Public Health: Laguna Honda Hospital and Rehabilitation Center (LHH) to provide support for the project, *Social Rehabilitation: Changing the Culture to Close the Gaps in the Long-Term Care Continuum*. This grant is being awarded under the Foundation's *Leveraging Leadership* Initiative.

The grant is subject to the terms described in the Grant Agreement and Conditions enclosed with this letter. Jan Eldred, Senior Program Officer, will have responsibility among our staff for this grant. One original agreement should be signed and returned to Darnise Martin; the second original should be retained for your files. Once we have received the signed agreement we will process the first grant payment.

We are happy to make this grant and look forward to working with you on this project.

Sincerely,

Mark D. Smith

MDS/dm
Enclosure



GRANT AGREEMENT AND CONDITIONS

This grant from the California HealthCare Foundation (CHCF), a California nonprofit public benefit corporation, is for the purposes described below and is subject to your acceptance of the conditions specified below. This Agreement will be effective when signed by a properly authorized representative of your organization and returned to CHCF.

Grant Number: 04-1430

Grantee: San Francisco Department of Public Health: Laguna Honda Hospital and Rehabilitation Center (LHH)

Award Amount: \$50,000

Period of Grant: January 1, 2005 through December 31, 2005

Project: Social Rehabilitation: Changing the Culture to Close the Gaps in the Long-Term Care Continuum

Project Director: Mivic Hirose, RN, MS, CNS

Phone: 415-759-4510

Fax: 415-759-2374

Purpose:

To implement a Social Rehabilitation model at Laguna Honda Hospital that provides skilled nursing rehabilitation with the goal of reintegrating as many clients as possible into community independent living.

CHCF Staff Assigned to this Grant: Jan Eldred, Senior Program Officer

Report Schedule:*

Date Due	Type of Report
By December 17, 2004	Signed Agreement
By December 31, 2005	One to two page "Lessons from the Field" report and final narrative report using final report guidelines provided under Section 3, "Reporting," below.
By March 15, 2006	Final Financial Report**

* It is the Grantee's responsibility to submit deliverables and reports on time and to alert CHCF if problems arise that impact the grant reporting schedule.

**All financial reporting must be submitted on CHCF reporting forms which can be downloaded from the *Grants and RFPs Section* of our Web site, www.chcf.org.

Payment Schedule:

\$ 40,000	Within 30 days of receipt of fully-executed grant agreement
\$ 10,000	Within 30 days of receipt and approval of final financial report due by March 15, 2006 and all project deliverables received.

Objectives/Scope of Work:

To implement in a single care unit at Laguna Honda Hospital a Social Rehabilitation delivery model that promotes effective use of health care workers and resources with the goals of reintegrating clients into the community and promoting accountability to the public who fund public health in San Francisco.

Scope of Work

- Create an advisory committee for the project.
- Introduce the Social Rehabilitation model.
- Create an interdisciplinary team, including nurses, physicians, activity therapists, dietitians, and social workers to partner with residents in developing their social rehabilitation plan.
- Conduct training of the interdisciplinary team members.
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- Implement the model within a single clinical care unit.
- Summarize and analyze data and evaluate the effectiveness of the project.

Under a separate CHCF contract, the Center for the Health Professions at the University of California, San Francisco, will provide guidance and technical assistance to the project as needed

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Under a separate CHCF contract, the Center for the Health Professions at the University of California, San Francisco, will provide guidance and technical assistance to the project as needed

and will facilitate discussion of the *Leveraging Leadership* projects among CHCF Health Care Leadership Program alumni and fellows.

Evaluation: Grantee will measure the effectiveness of the model by tracking the following indicators: 1) skilled nursing length of stay; 2) skilled nursing costs; 3) staff job satisfaction; 4) resident satisfaction; 5) number of discharges; 6) number of readmissions; 7) clinical data such as physical functioning, behavioral/emotional patterns, quality of life; and 8) gaps in community based long-term care alternatives.

Special Conditions: None.

Type of Organization* (Check one)

_____ **Private Foundation**

_____ **501(c)3 organization**

_____ **Other nonprofit organization** **TYPE:** 501(c) _____

**Documentation Required*

GRANT CONDITIONS

1. Political Activities

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

2. IRS Determination

A copy of the determination letter from the Internal Revenue Service should be submitted to CHCF as an attachment to this Agreement. *(Public agencies are exempt from this requirement.)*

3. Reporting

Progress Reports

Periodic reports may be required as a condition of this grant. Narrative reports should include project progress to date and any related project activities. Financial reports should include a summary of expenditures for the period covered by the report, consistent with the approved project budget.

Final Report

A final report is usually required as a condition of CHCF grants (see page 2 of this agreement for the specific requirements of this grant). If required, the final report should be comprehensive and include: 1) a summary of the project objectives; 2) accomplishments toward achieving those objectives and any changes made during the course of the project in the strategy for accomplishing them; 3) problems you may have encountered and how they were resolved; and 4) a complete financial statement showing all grant funds received and expended. In the case of multi-year grants, the final financial report need only report on expenditures from the last reporting period through the end of the grant period.

4. Expenditure of Funds

This grant is to be used in accordance with the Grantee's approved program and budget. Permission to make any major changes in program objectives, implementation strategy, key personnel, timetable, or in the approved budget (line items added or deleted or transfers among line items, amounting to \$1,000 or 10 percent of the approved line item amount, whichever is larger), must be requested in writing, and CHCF's approval obtained before such changes are implemented.

Grantees are encouraged to deposit grant funds in insured interest bearing accounts. Interest funds accrued during the course of the grant may be used to benefit project activities with prior approval of CHCF staff assigned to the project. Any funds (including interest accrued) not expended or committed for the purposes of the grant within the grant period (or any authorized extension of the grant period) must be returned to CHCF within 60 days of the close of the grant.

5. Payments

All payments under this grant will be made in accordance with the specific requirements described under the "Payment Schedule". Payments contingent on progress reports listed under the "Report Schedule" will be issued within thirty (30) days of receipt and approval of the reports. Reference: page 2 of this agreement.

6. Financial Records

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If your grant is selected, you will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

7. Acknowledgement and Publicity

CHCF may periodically issue a general press release announcing grant awards. If the Grantee wishes to issue a press release regarding this grant, CHCF requires review and final sign-off of the text by its Publishing and Communications Department.

Any publication produced by the grantee that refers or results from this grant should include an acknowledgment of CHCF that reads: *Supported by a grant from the California HealthCare Foundation, based in Oakland, California.*

8. Grant Termination

CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions of the grant award.

9. Limitation

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

Acceptance of Terms and Conditions. This document is to be signed by an official authorized to sign for your organization and by the project director,* signifying that your organization agrees to comply with all the terms and conditions of the grant specified above. If the project director is authorized to sign for the institution, the same person may sign in both capacities.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

For: _____
Grantee Institution

By: _____
Signature of Authorized Official

Signature of Project Director

Name

Name

Title

Title

Date

Date

*The project director is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project.

Please return a signed copy of this document to:

Darnise Martin
California HealthCare Foundation
476 Ninth Street
Oakland, CA 94607