



**California Community Foundation  
Adult Day Services - Best Care Initiative  
Technical Consultants Final Report**

**Prepared by:**

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**Executive Summary**

Introduction

As part of the California Community Foundation’s (CCF) Adult Day Care – Best Care Initiative (the Initiative), CCF contracted with Vital Research (VR) for two years (July 2008 – June 2010) to serve as the technical consultant, working with a selected group of providers (grantees). The grantees represented the spectrum of provider types. The purpose of the Initiative was to strengthen the capacity of licensed Adult Day Service (ADS) providers to assess program effectiveness and measure client outcomes in order to:

1. Make evidence-based decisions
2. Improve program quality
3. Streamline data gathering for reports
4. Outreach to potential clients (marketing)
5. Attract funding from multiple sources
6. Conduct effective advocacy

To achieve the goal of the Initiative, the objectives were to 1) develop a relevant, user-friendly data collection and reporting system for ADSs, 2) implement the system in the grantees’ actual contexts, and 3) sustain use of the system after the end of the grant as an integrated part of each grantee’s planning and evaluation cycle.

The result is a system that:

- Consists of a set of practical and generally accepted instruments.
  - That can be realistically administered in ADSs.
  - That can be responded to by most participants, even if they have mild to moderate cognitive impairment.
- Yields program outcome (as opposed to process) data.
- Is sensitive to ADS activities (social and/or clinical).
- Is multidimensional, covering multiple critical domains of quality.
- Streamlines data entry to that it can be conducted reliably by typical program staff with minimal in-service training and retraining.
- Uses instruments.

## Phase I

The initiative was conducted over two years in four phases with VR providing facilitation and support for the grantees to drive development of the system. Phase I was Research and Development, which focused on:

1. Understanding the grantees' goals and objectives, their oversight requirements, work processes, and technical capacities;
2. Reviewing the literature on ADS outcomes;
3. Interviewing key informants in the field to obtain their opinions;
4. Assisting grantees in collaborative development of outcomes, indicators, and corresponding measuring instruments.

## Phase II

Phase I ended with the selection of a set of instruments for pilot testing. Phase II, Online Database Design, began with all grantees being trained in systematic data collection techniques. Then the grantees pilot tested the instruments on ten participants and caregivers. Simultaneously, VR began developing the online data entry, scoring, and reporting system. Pilot test experience with the instruments was shared, and several instruments were modified or replaced. The final instrument packet was translated into Spanish, Russian, and Korean. Three report types were developed, a scorecard for benchmarking, a progress report to show longitudinal participant change, and a detailed report for the satisfaction surveys.

## Phase III

The objective of Phase III, Peer Learning, was to support grantees in implementing the system within the context of their organizations, and in sustaining it beyond the grant period. Operational integration was promoted by grantees sharing their successful experiences, challenges and how they were overcome, the kinds of support they needed to be successful and their thoughts on how the system might be disseminated. The grantees developed strategic integration plans, practiced interpreting and using their report findings, and each developed and presented a product based on their own report data.

## Phase IV

Phase IV, the Dissemination and Sustainability phase, was spearheaded by the CCF Program Officer identifying a cadre of future funders and interesting them in the system. The California Association of Adult Day Services (CAADS) and its boards also received demonstrations, and the CAADS executive director began participating to place the system in context. VR provided technical demonstrations and webinars using

grantees to demonstrate data entry techniques and describe the value of the system to the potential future funders.

## Conclusion

Initiative deliverables included: 1) ADS outcome literature review integrated with key informant findings, 2) a packet of data collection instruments in four languages, 3) data collection manual, 4) database user manual, 5) site administrator's handbook, 6) a web based database, and 7) a final report. Lessons were learned during the two year process of the initiative, including:

- It was easier for ADPs than for ADHCs to adopt and implement the system.
- Early adopters had a point person to coordinate data collection and entry.
- Extra effort was needed to obtain caregiver data, but the benefits were worth the effort.
- Several methods were identified to streamline the additional grantee workload.

Perceived benefits of the system, as stated by grantees, include:

- Assessment is more efficient;
- It is easier to train new staff and interns about assessment;
- There is more information for staff development and quality improvement;
- Care/service plans and decision making are more informed;
- Caregiver engagement has increased and staff-caregiver relationships are stronger;
- All the data required to prove "medical necessity" are built into the system; and
- Having outcome data available is useful in many other ways intended by the Initiative, including marketing, fund-raising, and advocacy.

The system developed under the auspices of CCF's Best Care Initiative is a platform that can be built upon, with additional features, functions, automated reports, and instruments, as desired, according to preferences and evolving mandates. The system also has the capacity to export data into spreadsheet formats that allow for statistical analysis and relational database queries to answer specific study questions. It is hoped that CAADS will house the system with appropriate level of staffing to maintain and promote its growth, with appropriate grant funding support and modest user fees among the ADSs that participate.