

**MEMORANDUM**

March 4, 2009

TO: Angela Calvillo, Clerk of the San Francisco Board of Supervisors

THROUGH: Aging and Adult Services Commission

FROM: Anne Hinton, Executive Director,  
Department of Aging and Adult Services  
Linda Edelstein, CLF Program Manager

SUBJECT: **Community Living Fund (CLF): Program for Case Management, and Purchase of Resources and Services.**

6-month Report, July through December, 2008

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The San Francisco Administrative Code, Section 10.100-12, created the Community Living Fund (CLF) to support aging in place and community placement alternatives for individuals who may otherwise require care within an institution. The Administrative Code requires that the Department of Aging and Adult Services (DAAS) report to the Board of Supervisors every six months detailing the level of service provided and costs incurred in connection with the duties and services associated with this fund.

The CLF provides for home and community-based services, or a combination of equipment and services, that will help individuals who are currently, or at risk of being, institutionalized to continue living independently in their homes, or to return to community living. This program, using a two-pronged approach of coordinated case management and purchased services, provides the needed resources, not available through any other mechanism, to vulnerable older adults and younger adults with disabilities.

This report documents the activities of DAAS in the continuing implementation of the Community Living Fund.

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## **NEW ACTIVITIES**

### **CLF Advisory Committee**

The Community Living Fund Advisory Committee had its first meeting on January 13, 2009. In attendance were 4 consumers, supervisors from two partner agencies, DAAS Long Term Care Director of Operations, the CLF Director and clinical supervisors. The meeting focused on the purpose of the Advisory as well as which reports would be important for the Committee to review. In addition, it was decided that the Advisory Committee would expand to include additional consumers and other community based organizations such as Golden Gate Regional Center and Independent Living Resource Center. The next meeting of the CLF Advisory Committee is scheduled for April 13, 2009.

### **Consumer Surveys and Other Evaluation Efforts Are Underway**

*Institute on Aging:* Due to the poor response rate to last year's consumer surveys, the surveying process was changed. Clients who are discharged from CLF now receive a survey during the third week of the following month. Since July 2008, 85 questionnaires have been mailed out. Twenty-four questionnaires have been returned for a 28% return ratio. Fifty percent of the respondents' rate the quality of the service received from CLF as excellent, and 33% rate the service as good.

*Human Services Agency (HSA):* The HSA Planning Unit completed a process evaluation for the CLF in order to assess the effectiveness of the first full year of program implementation. The evaluation reviewed issues related to program outreach, efficiency of service delivery, consumer satisfaction, and program costs. The evaluation found that the CLF has, in broad strokes, been successful in achieving its goals. Program staff is currently reviewing the findings of the evaluation in order to identify opportunities for implementing improvements to service delivery efficiency.

### **Case Management Training Institute**

Family Service Agency, in collaboration with DAAS, conducted a pilot training on strength-based care management for the case managers of the Community Living Fund, including those at the Institute on Aging and their partner agencies. The pilot training was a success and enabled DAAS to better plan for future trainings and ultimately improve care coordination for clients. The feedback from the CLF case managers and their supervisors, and analysis of the experience by the staff of the Felton Institute at FSA, led to some curriculum and methods revision which will better address the needs of case managers in the field.

The Department is quite pleased with the results of the trainings and will be putting out a Request for Qualifications in order to continue these trainings with case managers across the city. The Training Institute will target the next training sessions to case managers contracted by the DAAS Office on the Aging. The Department hopes to have this contract in place by start of fiscal year 2009-2010.

## **DAAS/DPH Development of Diversion and Community Integration Program (DCIP)**

As a result of a City settlement with regard to the Chambers lawsuit and LHH residents, DAAS continues to have a lead role, in collaboration with the Department of Public Health, in creating the new Diversion and Community Integration Program (DCIP). As mentioned in previous reports, the DCIP will provide an integrated approach for individuals who are diverted or discharged from Laguna Honda Hospital, and for other members of the community who are at imminent risk of admission to LHH. The infrastructure and the database for this program are presently in the development stage and DCIP is expected to be fully operational by the end of March 2009. A modified pilot of this program has been in place since January 2008 and some early data has been collected. CLF case management staff is a key collaborator and part of the DCIP Team. It is still anticipated that this initiative will result in an increase in the proportion of new CLF clients who have been recently discharged from LHH.

### **CLF Case Management Staffing**

CLF has continued to recruit and increase staffing in an effort to address the continuing need for intensive care management for individuals who are being discharged from Laguna Honda Hospital and the CLF waiting list. There are three vacant CLF care manager positions. The program hopes to have those final positions filled by early March 2009. CLF has also been able to increase the Spanish language capacity by hiring a second Spanish-speaking care manager. Efforts are being made to recruit additional Cantonese-speaking staff. A second clinical supervisor has been hired for CLF. Each clinical supervisor supervises 8 care managers when the program is fully staffed. The new clinical supervisor is an LCSW, thus allowing CLF staff to receive supervision hours toward their licensure.

A policy and procedure manual has been developed for CLF, thus establishing uniform standards for staff.

### **New Expedited Service Mechanisms**

CLF is working with Golden Gate Regional Center (GGRC) and their Developmentally Disabled client base to develop a protocol that will expedite GGRC clients' discharges from Laguna Honda Hospital.

CLF also has developed an expedited system that bypasses the waiting list for community referrals that only require adult day services. We are able to do this by utilizing the already existing in-depth assessment done by the ADHC professional staff.

## **PROGRAM CHALLENGES**

### **CLF Waiting List for Case Management and Services**

The amount of time someone now has to wait for CLF services has been reduced with the introduction of additional care management staff, and this trend will continue as new staff is hired. Currently the wait for non-Laguna Honda referrals is between 7 and 8 months for intensive care management and 6 months for one-time-only purchases. All Laguna Honda Discharges are accepted into the program at time of referral.

An emergency needs protocol has been effective in capturing those referrals that are in need of *immediate* in-home assessment, service plan and actions taken to stabilize their situation in order to avert institutionalization. As noted in the last report, staff from the DAAS Long-Term Care Intake and Screening Unit is monitoring the waiting list clients by phone and assessing new referrals for the need for expedited services.

### **The IOA and DAAS Development of Dedicated CLF Databases.**

Work continues on the development of the CLF database, CaseCare by RTZ Associates. The ability to collect additional data is enhanced as new aspects of the program come on-line. Service plans have been implemented effective November 1, 2008.

“DAAS-Net” has been implemented at DAAS to track intake and screening activities related to CLF. During the last six months, intake staff has entered historical data into the new system so that DAAS-Net will provide a comprehensive database for intake information since program inception. As of January 2009, the Human Services Agency’s IT department is continuing to work with program staff to resolve a few remaining reporting bugs.

## **SUMMARY OF SERVICES<sup>1</sup>**

### **Referral Intake and Screening**

From July to December 2008, the Intake and Screening Unit received 348 referrals for the CLF program.<sup>2</sup>

Approximately 63% of the referrals received in the last six months of the program (220) met initial eligibility requirements. Those individuals were referred to the IOA for a more detailed assessment and eligibility verification. As of January 2009, the status of those 220 cases was as follows:

- 119 had been approved to receive service;
- 99 had been placed on a waiting list for future services; and
- 2 were still being reviewed by the IOA for final determination.

The status of the remaining 128 referrals is as follows as of January 2009:

- 48 did not meet basic eligibility criteria (most often due to the availability of alternative resources);
- 37 withdrew the application before completing the referral; and
- 43 were pending initial eligibility determination.

The Homecoming Services Network provided services to 16 additional unduplicated clients during this six-month period. The emergency meals provider served another 22 unduplicated clients.

### **Purchased Services**

The most common purchases, in terms of costs, among IOA clients were in the following service areas during the last six months:

- Homecare services (48.7% of all purchases);
- Housing-related services/rent (17%);
- Assistive devices (9.4%)
- Non-medical home equipment (8.6%); and

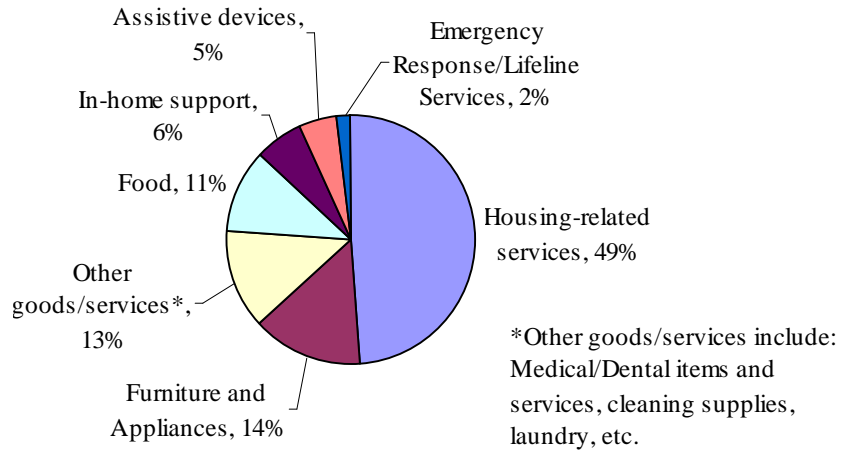
Purchases through the Homecoming Network totaled \$5,200 during the same period. The breakdown of those purchases by service type is shown in the chart below.

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<sup>1</sup> Please see Appendix A for more detailed information regarding client demographics and referral sources.

<sup>2</sup> Calculations of these statistics are based on data available through the DAAS-Net reporting system. Some bugs are still being worked out in that reporting system at the time of the writing of this report. For that reason, future reports may include adjusted figures, as needed.

**Homecoming Network CLF Purchases  
July - Dec 2008, Total \$5,200**



**Referral Sources**

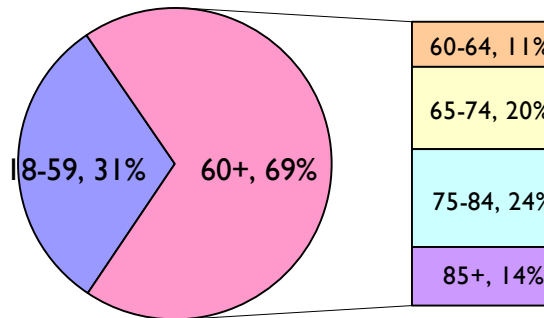
Referrals came from 71 local organizations and programs over the last six months. The largest numbers of referrals have come from:

- San Francisco General Hospital (including Psych referrals) (19%);
- Laguna Honda Hospital and TCM (13%); and
- IHSS and the IHSS Consortium (10%).

**Referral Demographics: July – December 2008**

While the majority of referrals in the last six months have been over 60 years of age, 31% were younger adults with disabilities. Among seniors referred to the program, the largest group was among those aged 65 to 74.

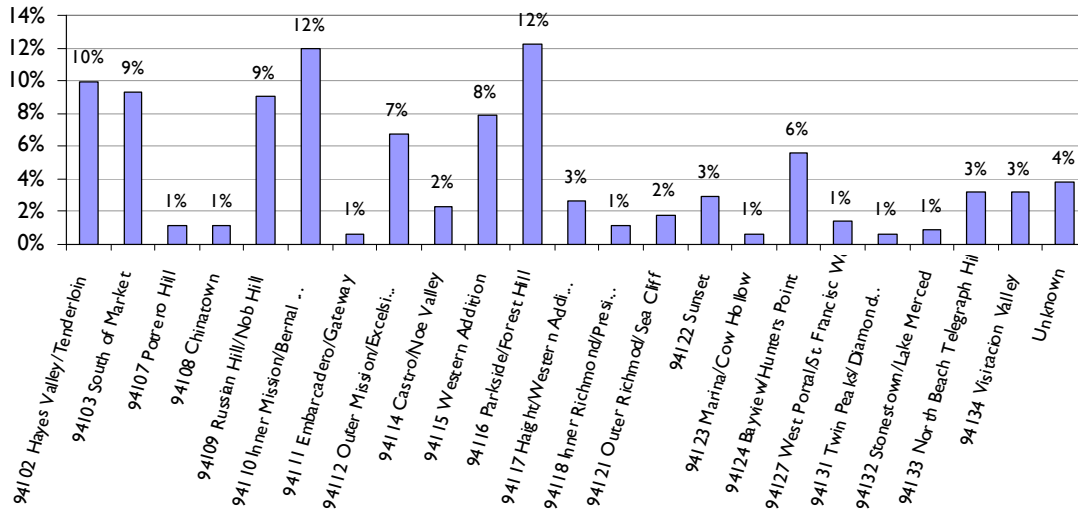
**All Referrals by Age  
July - December 2008**



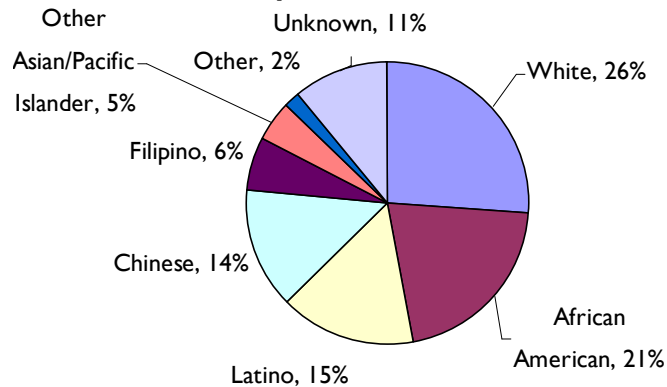
Individuals have been referred from almost all San Francisco neighborhoods, with the largest numbers from the Inner Mission/Bernal Heights (94110), Parkside/Forest Hill (94116), Hayes Valley/Tenderloin (94102), South of Market (94103), Polk/Russian Hill (94109), and Western Addition (94115). See chart below for detail.

According to the 2000 Census, the top three zip codes in San Francisco with the highest proportion of seniors were 94112, 94109 and 94122 and for disabled it was 94112, 94110, and 94109, respectively.

**All Referrals by Zip Code  
July - December 2008**

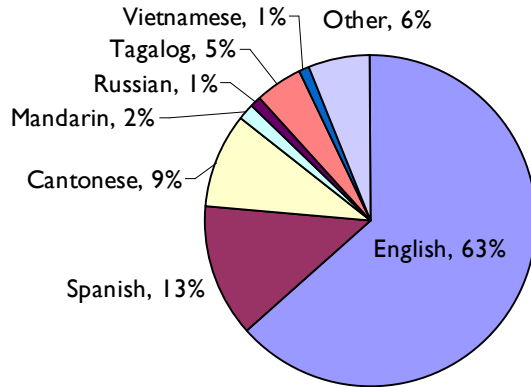


**All Referrals by Ethnicity  
July - December 2008**



Referred clients also represent the diversity of these neighborhoods. However, it continues to be the case that the majority of referred clients report that English is their primary language (63%).

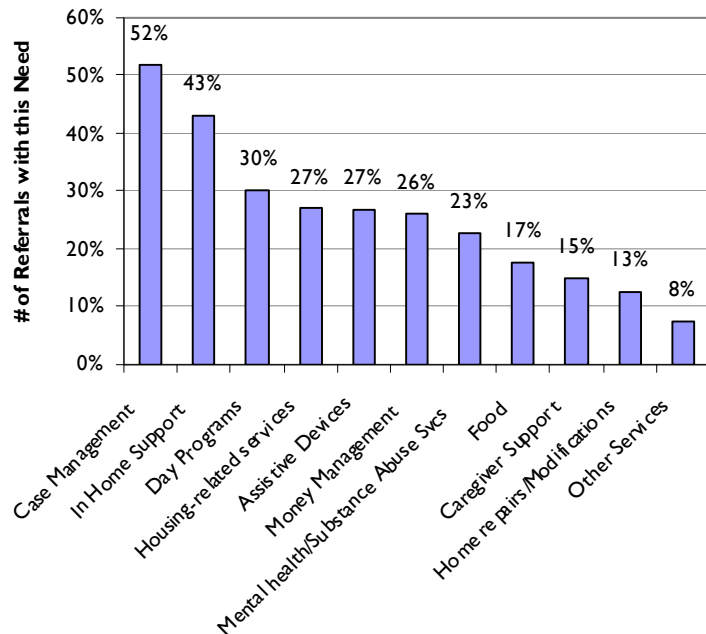
**All Referrals by Language  
July - December 2008**



Referrals to the CLF often face a variety of barriers to community living. Of the CLF referrals received in the last six months, the following chart shows the most common of those barriers as reported by the referent.

CLF referrals request a broad variety of services. The most common services that referents indicate are needed for community living include case management, in-home support, day programs, and housing-related services. Some of these services can be arranged for CLF clients, and others will be purchased.

**CLF Services Needed at Intake (self-reported)  
July - December 2008**





### **Program Outcome Measures**

The Institute on Aging and other CLF contractors provided statistics for calculating three overarching outcome measures for the first year of the program. At the six-month mark, the program is on track to meet or exceed all three performance measures.

<b>Performance Measures – FY 2008-2009</b>	<b>6-Month Actual</b>	<b>Annual Target</b>
Number of unduplicated clients served by the CLF.	347	400
Percentage of formerly institutionalized Community Living Fund clients who have successfully continued community living for a period of at least six months.	76%	70%
Percentage of Community Living Fund clients who were previously at imminent risk of institutionalization who have successfully continued community living for a period of at least six months.	76%	70%

### **EXPENDITURE REPORT – FISCAL YEAR 2008/09**

As can be seen in the table below, expenditures in the CLF program are rapidly increasing – this last time period’s expenditures total half of what has been spent so far in the fund.

The Department of Public Health’s Health at Home work order was reduced by \$33,902 and the funds shifted over to the Institute on Aging (IOA) contract in order to fund the hiring of a social worker to fill-in while maternity leave was taken by one of the DPH staff. The expenditure increase in the IOA contract also reflects the case management position growth as well as a sizeable purchase of service expenditure.

Also, after several meetings with IOA staff, Human Services Agency Budget and Contract staff has completed their expenditure reconciliation. Reflected in the chart are revised numbers for the contract expenditures in each of the four specific categories.

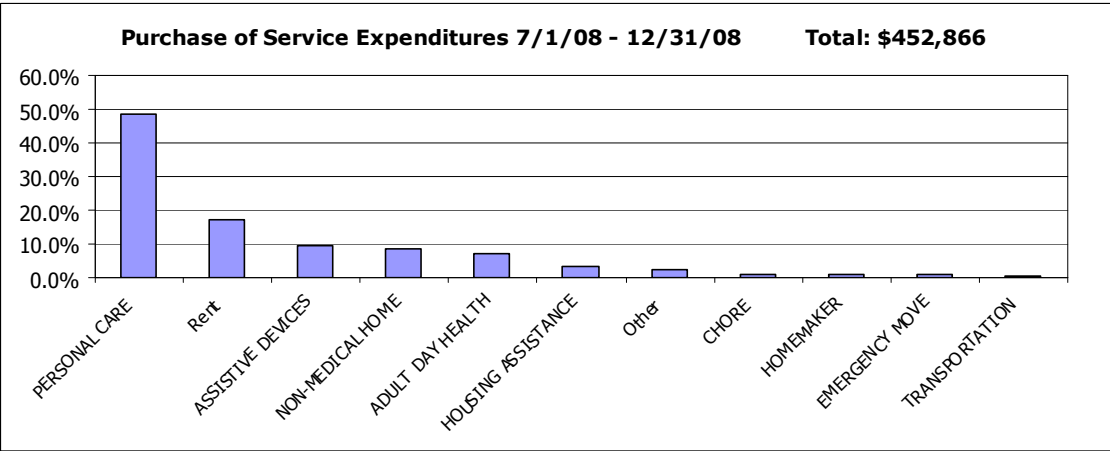
The Human Services Agency Finance Manager, Budget staff and the Integrated Intake Unit Manager met with IOA program staff to discuss the options available for time-studying to a new revenue stream. Based on the type of work being done and the certifications of staff, both the case managers and nurses for IOA and all partner agencies will begin to time-study to the Community Services Block Grant – Health Related or Skilled Professional Medical Personnel (CSBG-HR or SPMP) starting in February 2009. This expenditure report will begin to include details on additional revenue being drawn down as a result of this effort.

Fiscal Year 08/09 is the final year for IT support being funded by CLF – the contract work should be completed by the end of June 2009.

## Community Living Fund Expenditures

	<i>Expenditures March 1, 2007 thru June 30, 2008</i>	<i>Expenditures July 1 thru Dec 31, 2008</i>	<i>Cumulative Project Expenditure</i>
<b><u>IOA Contract</u></b>			
<b>**Purchase of Service</b>	\$ 700,213	\$ 390,626	\$ 1,090,839
<b>Case Management</b>	\$ 774,460	\$ 407,960	\$ 1,182,420
<b>Capital &amp; Equipment</b>	\$ 57,618	\$ 13,979	\$ 71,597
<b>Operations &amp; Overhead</b>	\$ 236,773	\$ 123,143	\$ 359,916
<b>Subtotal</b>	<b>\$ 1,769,064</b>	<b>\$ 935,708</b>	<b>\$ 2,704,772</b>
<b><u>DPH Work Order</u></b>			
<b>Health at Home</b>	\$ 321,580	\$ 201,693	\$ 523,273
<b><u>DAAS Internal</u></b>			
<b>Staff Salaries / Fringes</b>	\$ 488,298	\$ 171,300	\$ 659,598
<b><u>San Francisco Senior Center</u></b>			
<b>Homecoming Services Network</b>	\$ 18,749	\$ 5,200	\$ 23,949
<b><u>Meals on Wheels</u></b>			
<b>Emergency Meals</b>	\$ 106,380	\$ 34,597	\$ 140,977
<b><u>IT Contractor</u></b>			
	\$ 174,670	\$ 123,600	\$ 298,270
<b><u>Grand Total</u></b>	<b>\$ 2,878,741</b>	<b>\$ 1,472,098</b>	<b>\$ 4,350,839</b>

\*\* see chart below for more detail on the types of purchases provided to CLF clients. The chart below includes purchase of service requests that have not yet been fully processed through IOA's accounting office, hence the differences in totals from the expenditure report.



- Other includes: communications devices, utilities, medical services, food, employment / recreation, etc.

**APPENDIX A: COMMUNITY LIVING FUND REFERRAL DATA**

<i>Referent Organizations July – December 2008</i>		
	<i>Number</i>	<i>Percent</i>
30th Street Senior Center	15	4%
Adult Protective Services	12	3%
Bayview Hunters Point ADHC	2	1%
Bernal Heights Neighborhood Center	1	0%
California Pacific Medical Center	6	2%
Catholic Charities	2	1%
Central City Older Adults	6	2%
Chinatown Community Development Center	2	1%
Curry Senior Center	4	1%
DPH - Department of Public Health	4	1%
DPH - Health at Home	8	2%
DPH - Laguna Honda Hospital	12	3%
DPH - Laguna Honda Hospital- ADHC	2	1%
DPH - Laguna Honda Hospital- TCM	34	10%
DPH – SFGH	64	18%
DPH - SFGH - Pysch Services	1	0%
Family Health Center	1	0%
Family member/Friend	8	2%
Golden Gate ADHC	4	1%
IHSS	22	6%
IHSS-Consortium	14	4%
Institute on Aging- Linkages	8	2%
Institute on Aging- MSSP	9	3%
Jewish Family and Children Services	1	0%
Kaiser- Home Health	8	2%
Kimochi	1	0%
Mabini- ADHC	2	1%
Meals on Wheels	5	1%
Mercy Housing	1	0%
Mission Neighborhood Resource Center	1	0%
MSC South	1	0%

<i><b>Referent Organization</b></i>	<i><b>Number</b></i>	<i><b>Percent</b></i>
Northern California Presbyterian Homes	1	0%
Ombudsman	1	0%
On Lok	2	1%
Public Conservator	3	1%
Public Guardian	1	0%
San Francisco Housing Authority	1	0%
San Francisco Senior Center	2	1%
Self Help for the Elderly	1	0%
Self Help for the Elderly- ADHC	4	1%
Self Referral	3	1%
St. Anthony Foundation	3	1%
St. Francis Hospital	1	0%
St. Lukes Hospital	1	0%
St. Marys- ADHC	3	1%
St. Marys Hospital	1	0%
Sutter VNH	6	2%
Tenderloin Housing Clinic	1	0%
Tenderloin Mental Health	1	0%
Tenderloin Neighborhood Development Corporation	2	1%
Tom Waddell	1	0%
UCSF- Citywide Team	5	1%
UCSF- Homecare	7	2%
UCSF Hospital	8	2%
VA Medical Center	2	1%
Other <sup>3</sup>	10	3%
No Organization listed	16	5%
<b>Total</b>	<b>348</b>	<b>100%</b>

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<sup>3</sup> Other organizations include: Community Housing Partnership, Episcopal Community Services, IOA Friendship Line, Hospice by the Bay, Legal Assistance to the Elderly, Maxine Hall Health Center, Mission Creek Community, NCPHS Community Services, and Western Addition Resource Center.

## **APPENDIX B: COMMUNITY LIVING FUND CASE VIGNETTES**

### *Vignette I: Community Referral*

An 84-year-old African-American widowed female lives alone in the upstairs unit of the home she owns. Her daughter rents the ground floor. She receives \$1204 from Social Security and rent. She uses a manual wheelchair in the home and a power chair in the community. She has been a Community Living Fund (CLF) client since July 2007. She has an outgoing and positive outlook and a pleasant personality. Her diagnoses include: several strokes (most recent 6/08); partial paralysis and slurred speech; congestive heart failure; hypertension; arthritis; bipolar; sees Primary Care Physician every 3 months and other specialists as needed; compliant with medications and very health-conscious. Her functioning has declined since her last stroke. She is less able to get out and do things in the community but stays reasonably active. She receives care from In-Home Support Services 7 days a week and from family caregivers.

For her to remain living in the community and be able to leave her home, CLF has purchased and installed a stair lift, provided her with several ramps for wheelchair access, and a tub lift chair which enables her transfer for bathing. Client has a large family and many friends actively involved in her life and well being. Having addressed safety and accessibility issues, client is now able to remain in her home and participate in her church and community.

### *Vignette II: Laguna Honda/San Francisco General Referral*

Forty year-old monolingual Spanish-speaking Latino man with cognitive impairment secondary to developmental disabilities and AIDS dementia. He is ambulatory but needs assistance with grooming and dressing. He was referred to CLF to find stable housing and case management services for mental and physical health management including medication monitoring. Prior to hospitalization, he was living with family who had difficulty with his behavior due to his medication non-compliance. This led to his admission to Laguna Honda. After a violent episode at Laguna Honda, he was sent to San Francisco General Hospital's psychiatric ward and stabilized on medications. There were no further incidents during his 3-month stay. To avoid long-term institutionalization, CLF was asked to find appropriate placement in the community. Client's family is supportive and visits weekly, but is unable to provide financial assistance or housing.

Through CLF, client was referred to general assistance for financial help and to the Mission Neighborhood Health Center (MNHC) with Spanish-speaking staff for case management, health education, nutritional counseling, treatment advocacy, medication adherence, and peer advocacy. CLF and MNHC case managers worked together in: 1) setting up a schedule of weekly appointments with physicians, 2) setting up a system of medication reminders and compliance oversight, including family to provide support and compliance with medications and clinic visits, and 3) finding Spanish-speaking support groups for individuals with AIDS/HIV. Upon discharge from SFGH, CLF secured temporary housing at a Single Room Occupancy (SRO) hotel and later moved client to permanent housing through Department of Public Health's Direct Access to Housing. This building provided on-site Spanish-speaking case manager to assist with appointments and daily medications, as well as activities and support groups.

Client has progressed since his discharge from the hospital and has been able to keep a positive relationship with his providers and family. CLF continues to remain involved, working with client, family, and providers on any emergent issues.