

**MEMORANDUM**

March 10, 2010

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, Long Term Care Operations Director

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

6-month Report, July 1 through December 31, 2009

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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**

### **Economic Security Index Pilot Program**

During the reporting period, Human Services staff met with the authors of the Economic Self Sufficiency Index and stakeholders to better understand its methodology and how it may be used with respect to determining eligibility for the Community Living Fund. In addition, HSA staff collected relevant caseload data and began analysis to determine how the caseload would be impacted using this measure, including which successful applicants would have been denied and which unsuccessful applicants would have been enrolled. This analysis is currently in draft form, and will be finalized for the next Six Month Report. That report will include the results of the analysis, as well as recommendations for any possible future steps involving the EESI in CLF eligibility determination.

### **CLF Advisory Committee**

The Community Living Fund Advisory Committee continues to meet on a quarterly basis. Besides community agency representatives, it now has five consumers (four of whom were residents of Laguna Honda Hospital) and five community representatives. The next Advisory Committee meeting is scheduled for May 10, 2010.

### **Evaluation Efforts: Consumer Surveys**

*Institute on Aging:* Clients who are discharged from CLF receive a satisfaction survey during the third week of the following month. Current clients receive a survey annually. A report for FY08/09 consumer surveys is attached.

### **CLF Case Management Staffing**

An additional staff person was added to Conard House sub-contract due to the high demand for money management services and the establishment of a client bank. The client bank is for clients who no longer have an on-going care management need, but CLF is still purchasing a service. These clients are monitored monthly to ensure their stability and continued need for the ongoing purchased service. The establishment of this bank has freed up CLF intensive care managers to accept additional referrals.

In February 2010 CLF discontinued the Occupational Therapy (OT) aspect of the Health at Home Contract. This change was implemented in order to reduce staffing cost of CLF and to facilitate better communication and coordination. A full time OT has been hired and works directly for the IOA

### **Case Management Training**

CLF is funding the DAAS Case Management Training Institute's Care Management Academy, which is managed by the Felton Institute of the Family Service Agency. The objective of the education is to improve the quality of care, to integrate services for all

clients served in San Francisco, and to create shared knowledge and practice skills in the services being delivered. Beginning January 2010, a diverse 80 hour-curriculum over a five-month period is being provided to San Francisco Office on the Aging community case management contractors. Sections of the curriculum include: Strength-based case management principles and practice; best practices for the geriatric population; working skillfully with issues of mental health; connecting to community resources; and motivational interviewing.

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

As mentioned in previous reports, the DCIP provides an integrated approach for individuals who are diverted or discharged from Laguna Honda Hospital and operates with the goal of placing affected individuals in the setting that is most appropriate to their needs and preferences. The DCIP focuses on housing and services that allow clients to remain in the community as long as possible. The infrastructure and database for this program are fully operational and the DCIP Team is flexibly working to fine-tune the program.

CLF intensive case management staff is a key collaborator and a member of the DCIP Team. CLF provides the expertise and access to services focused on community case management. This initiative has already resulted in an increase in the proportion of new CLF clients who have been recently discharged from LHH. Both discharges and community diversions from LHH have significantly increased the purchase of service dollars spent by CLF, most dramatically seen with on-going board and care subsidies as well as home care costs.

### **Expedited Service Mechanisms**

While there continues to be an expedited system that bypasses the waiting list for community referrals that only require Adult Day Health Services, CLF is pulling back on providing an expedited track for ADHC and MSSP participants. The requests received to date have not reliably met the clear CLF guidelines which require that CLF services would prevent institutionalization. DAAS intake is able to assist these referents with alternate resources and if that is not a solution, they are added to the CLF wait list.

### **PROGRAM CHALLENGES**

CLF has seen significant increases in expenditures over the last 18 months. Monthly purchase of service costs doubled between July 2008 and November 2009. Given the substantial increase in expenditures, the CLF runs a real risk of spending all of the remaining carry-forward funds by the end of this fiscal year. HSA staff has carefully analyzed historical spending patterns in order to identify the key factors driving increased costs. Those factors include: (a) growing caseload numbers, (b) increasing numbers of clients receiving rental assistance, board and care subsidies, and home care; and (c) increasing average costs per client, especially for those receiving home care and/or board and care subsidies.

Several steps have been implemented as a way to curb spending: reducing case management service hours for those clients that have stabilized; identifying and coordinating with DPH to move clients over to the Laguna Honda Hospital Rental

Subsidy Program through scattered site housing (LHRSP); creating efficiencies in the service delivery for certain services (e.g., occupational therapy and nurse care manager); decreasing personal care services by 5% where appropriate; and shortening the length of time that maximum personal care will be provided. In January, all rent and board and care patches have been frozen for new referrals. Lutheran Social Services will start picking up the third party rent payment for CLF clients who are going into scattered site housing. CLF staff is currently exploring options for decreasing the expenditures on emergency response systems. Also, the CLF will now be on the receiving end of both California Community Transitions and Nursing Facility Waiver funds that will augment the bottom line by an estimated \$30,000 annually.

### **Department of Health Services In-Home-Operations Nursing Facility/Acute hospital Waiver (NF/AH) and California Community Transitions (CCT) Money Follows the Person Demonstration Project**

CLF has been a Medi-Cal provider for enriched services through the NF waiver and the CCT demonstration project since June 2009. The idea was that this vendorization would support the concept that CLF is the payer of last resort and allow CLF to draw down Federal and State funds for services previously paid for with San Francisco City and County General Fund dollars. A position was added in mid-June 2009 to coordinate the services available through both the waiver and demonstration project. Anticipated savings are not yet realized. Reimbursement rates are low, resources are very limited and most NF eligible clients, because of the structure of the cost neutrality, do not have sufficient funds provided through the waiver to pay for case management services. There are also limits on what can be purchased and the dollars spent through CCT are subtracted from the NF Waiver dollars unless a waiver is received from the State. This is a problem when trying to set up community wrap-around services for some extremely high need clients whose costs exceed the waiver limits. In these instances, CLF may choose to not bill the waiver for their own care coordination services in an effort to leave funds available for services such as waived personal care services (WPCS).

**The waiting list** for CLF continues to decrease in number as case management staff has been able to keep up with referrals. There are, however, new challenges in the area of referrals due to State funding cuts, especially in the areas of MediCal services and Share of Cost assistance. Those cuts have resulted in increased requests for CLF assistance. Many of these new CLF referrals do not qualify for CLF as they are not 'at imminent risk of being institutionalized.'

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

### **Referral Intake and Screening**

From July 1 to December 31, 2009, the Intake and Screening Unit received 297 referrals for the CLF program.<sup>2</sup>

Approximately 62% of the referrals received in the last six months of the program (183) met initial eligibility requirements. Those individuals were referred to the IOA for a more detailed assessment and eligibility verification. As of February 2010, the status of those 183 cases was as follows:

- 131 had been approved to receive service;
- 51 had been placed on a waiting list for future services; and
- 1 was pending final review.

The status of the remaining 114 referrals was as follows as of February 2010:

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

Between July and December 2009, the Institute on Aging and its CLF subcontractors served 370 active clients. The Homecoming Services Network provided services to 7 additional unduplicated clients during this six-month period. The emergency meals provider served another 60 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:

- Home Care (45% of all purchases);
- Board and Care Subsidies (27%);
- Rental Assistance (non-Board and Care) (11%); and
- Assistive Devices (3%).<sup>3</sup>

Purchases through the Homecoming Network totaled \$1,055 during the same period. The most common purchases for those clients were:

- Housing-Related Services (84% of all purchases);
- Payment of back phone bill (11%);
- Food (4%); and
- Medical/Dental items and services (2%).

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

<sup>2</sup> Calculations of these statistics are based on data available through the DAAS-Net reporting system.

<sup>3</sup> Calculations based on purchase data in the Community Living Fund database as of January 8, 2010.

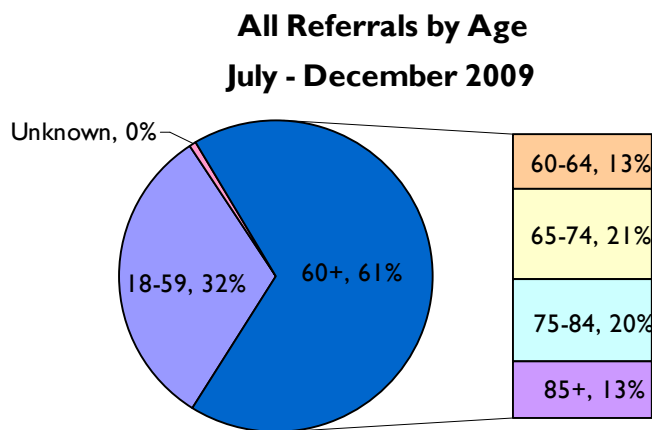
### Referral Sources

Referrals came from 58 local organizations and programs over the last six months. The largest numbers of referrals have come from:

- Laguna Honda Hospital and TCM (14%);
- IHSS Consortium (9%); and
- Adult Protective Services (7%).

### Referral Demographics: July – December 2009

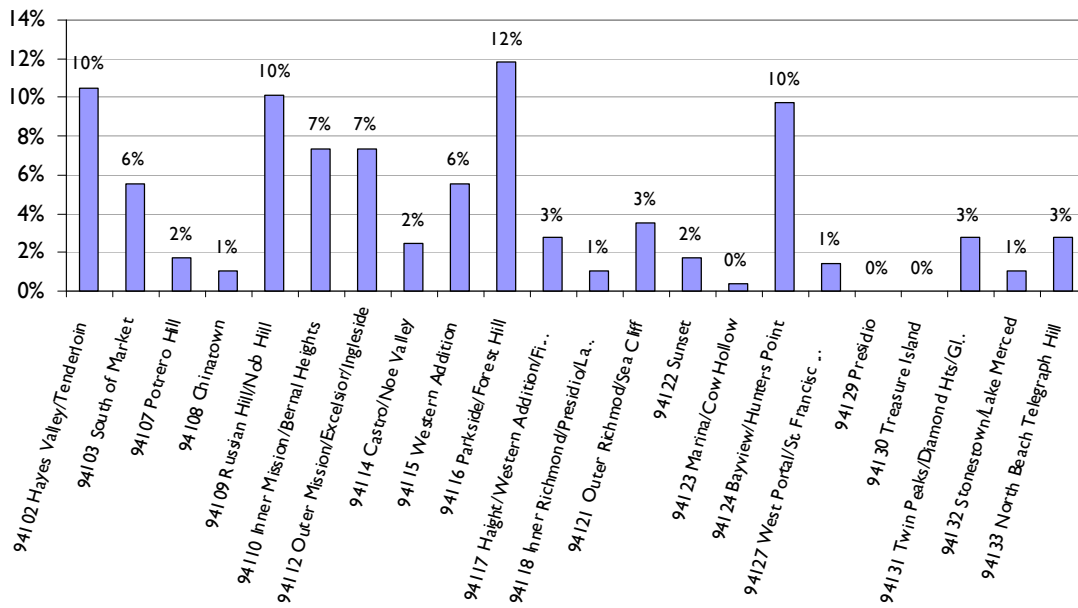
While the majority of referrals in the last six months have been over 60 years of age, 32% were younger adults with disabilities. Among seniors referred to the program, the largest group was among those aged 65 to 74.



Individuals have been referred from almost all San Francisco neighborhoods, with the largest numbers from the Parkside/Forest Hill (94116), Polk/Russian Hill (94109), Hayes/Valley/Tenderloin (94102), and Bayview/Hunters Point (94124). See chart on the next page for detail.

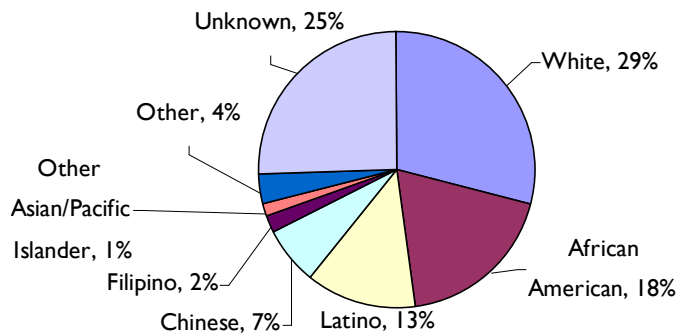
According to the 2000 Census, the top three zip codes in San Francisco with the highest proportion of seniors were 94112, 94109 and 94122 and for disabled it was 94112, 94110, and 94109, respectively.

**All Referrals by Zip Code  
July - December 2009**

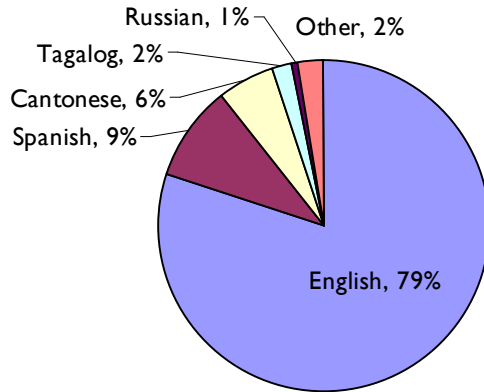


Referred clients also represent the diversity of the neighborhoods. However, it continues to be the case that the majority of referred clients report that English is their primary language (79%).

**All Referrals by Ethnicity  
July - December 2009**

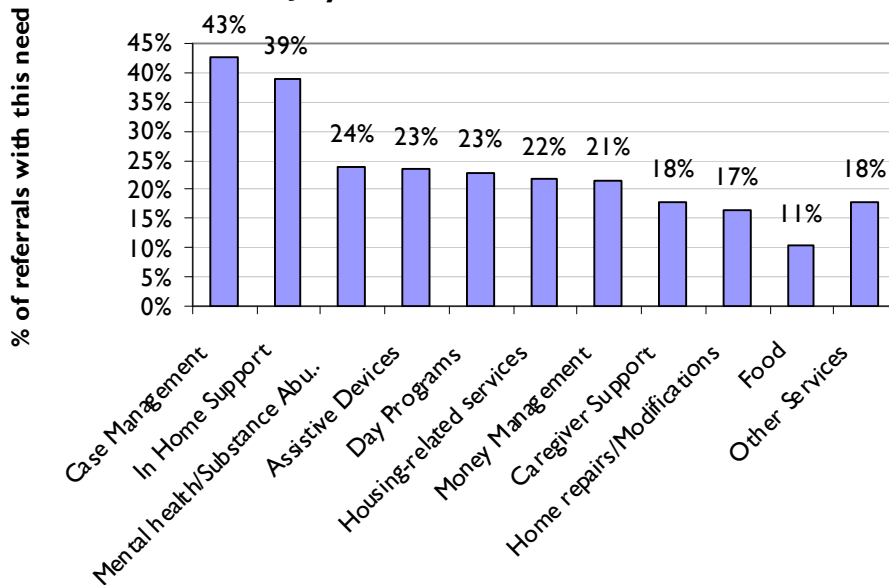


**All Referrals by Language  
July - December 2009**



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, mental health/substance abuse services, and assistive devices. Some of these services can be arranged for CLF clients, and others will be purchased.

**CLF Services Needed at Intake (self-reported)  
July - December 2009**





### Program Outcome Measures

The Institute on Aging and other CLF contractors provided statistics for calculating three overarching outcome measures for the program. The program exceeded all three performance measure targets. The table below compares the performance measures from July – December 2009 to the annual targets for this fiscal year.

The program served 26 percent more unduplicated clients in the first half of FY09/10 as compared to FY08/09.

<b>Performance Measures</b>	<b>July – Dec 2009</b>	<b>FY09/10 Annual Target</b>
Number of unduplicated clients served by the CLF.	437	540
Percentage of formerly institutionalized Community Living Fund clients who have successfully continued community living for a period of at least six months. <sup>4</sup>	80%	75%
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.	82%	75%

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<sup>4</sup> Calculation of these “success” measures has been refined slightly in January 2010 due to the availability of more complete data related to LHH admissions and discharges for CLF clients.

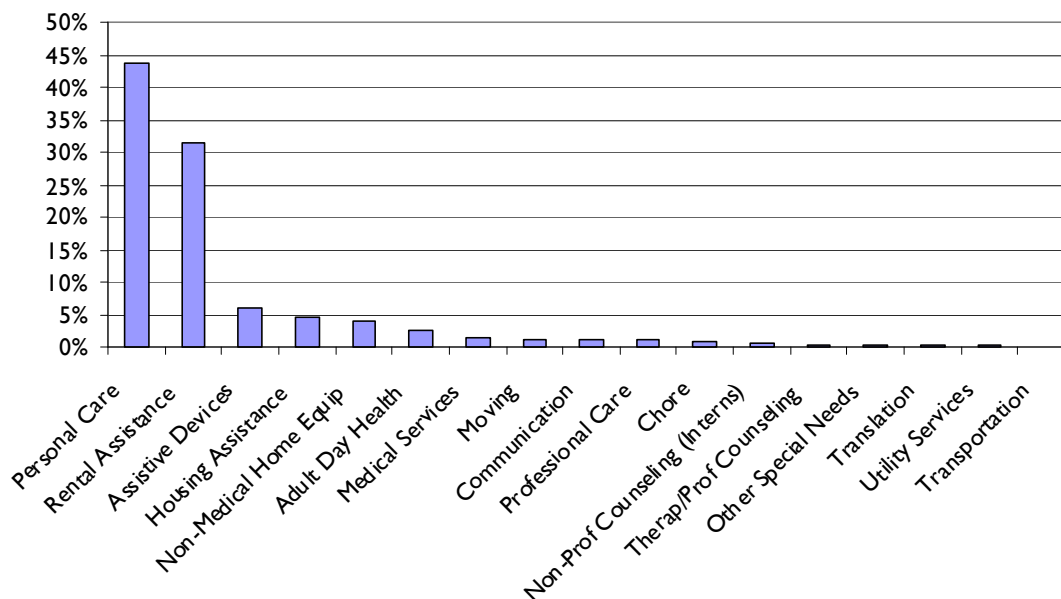
**EXPENDITURE REPORT – JULY 1 THROUGH DECEMBER 31, 2009**

***Community Living Fund Expenditures***

	<b><i>Expenditures March 1, 2007 thru June 30, 2009</i></b>	<b><i>Expenditures July 1 thru December 31, 2009</i></b>	<b><i>Cumulative Project Expenditure</i></b>
<b><u>IOA Contract</u></b>			
<b><i>**Purchase of Service</i></b>	\$ 1,862,261	\$ 1,012,599	\$ 2,874,860
<b><i>Case Management</i></b>	\$ 2,066,318	\$ 632,884	\$ 2,699,202
<b><i>Capital &amp; Equipment</i></b>	\$ 110,637	\$ 78,209	\$ 188,846
<b><i>Operations &amp; Overhead</i></b>	\$ 554,010	\$ 92,637	\$ 646,647
<b><i>Subtotal</i></b>	<b>\$ 4,593,226</b>	<b>\$ 1,816,329</b>	<b>\$ 6,409,555</b>
<b><u>DPH Work Orders</u></b>			
<b><i>Health at Home</i></b>	\$ 741,133	\$ 228,231	\$ 969,364
<b><i>RTZ – DCIP</i></b>		\$ 40,000	\$ 40,000
<b><u>DAAS Internal</u></b>			
<b><i>Staff Salaries / Fringes</i></b>	\$ 847,906	\$ 170,398	\$ 1,018,304
<b><u>San Francisco Senior Center</u></b>			
<b><i>Homecoming Services Network</i></b>	\$ 36,250	\$ 1,118	\$ 37,368
<b><u>Meals on Wheels</u></b>			
<b><i>Emergency Meals</i></b>	\$ 229,138	\$ 61,065	\$ 290,203
<b><u>IT Contractor</u></b>			
	\$ 298,270	\$ 0	\$ 298,270
<b><u>Grand Total</u></b>	<b>\$ 6,745,923</b>	<b>\$ 2,317,141</b>	<b>\$ 9,063,064</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.

**Purchase of Service Expenditures January - June 2009  
(Institute on Aging)**



There were a small number of additional expenditures in the following categories: Health Care, Social Reassurance, Translation, Habilitation, Respite, Assisted Transportation, Food, and Legal Assistance. Those expenditures sum to less than 1% of all expenditures.

## APPENDIX A: COMMUNITY LIVING FUND REFERRAL DATA

<i>Referent Organizations July - December 2009</i>		
	<i>Number</i>	<i>Percent</i>
30th Street Senior Center	11	4%
Adult Protective Services	21	7%
American Care Quest	4	1%
ARC of SF	1	0%
Bayview Hunters Point ADHC	1	0%
California Pacific Medical Center	8	3%
Castro Mission Health Center	1	0%
Catholic Charities	3	1%
Chinatown/Northbeach MH Services	1	0%
Conard House	1	0%
Curry Senior Center	1	0%
DPH - Direct Access to Housing	1	0%
DPH - Health at Home	14	5%
DPH - Laguna Honda Hospital	19	6%
DPH - Laguna Honda Hospital- TCM	24	8%
DPH - SFGH	6	2%
El Bethel Arms	1	0%
Family Service Agency	3	1%
friend/relative	2	1%
Glide Health Services	1	0%
Golden Gate ADHC	1	0%
Golden Gate Regional Center	3	1%
Herb Thomas Conservator	1	0%
IHSS	9	3%
IHSS-Consortium	27	9%
Independent Living Resource Center	1	0%
Institute on Aging	4	1%
Institute on Aging- Linkages	11	4%
Institute on Aging- MSSP	13	4%
Jewish Family and Children Services	2	1%
Kaiser Community Care	1	0%

<b><i>Referent Organization (continued)</i></b>	<b><i>Number</i></b>	<b><i>Percent</i></b>
Kaiser- Home Health	5	2%
Kaiser Hospital	2	1%
Lawton Healthcare Center	2	1%
Lutheran Social Services	1	0%
Mabini- ADHC	5	2%
Meals on Wheels	1	0%
Medical Respite Shelter	1	0%
Mission ACT	1	0%
Mission Creek- ADHC	7	2%
Mission Mental Health	1	0%
N&S of Market ADHC	1	0%
Northern California Presbyterian Homes and Services	2	1%
On Lok	1	0%
Public Guardian	1	0%
Self Help for the Elderly	5	2%
Self Help for the Elderly- ADHC	1	0%
Self Referral	3	1%
St. Marys- ADHC	1	0%
St. Marys Hospital	1	0%
Stepping Stone	2	1%
Sutter VNA	1	0%
Sutter VNH	7	2%
TNAC	1	0%
TNDC	1	0%
Tom Waddell	3	1%
UCSF- Citywide Team	4	1%
UCSF- Homecare	12	4%
UCSF Hospital	1	0%
VA Medical Center	1	0%
None listed	25	8%
<b>Total</b>	<b>297</b>	<b>100%</b>