



Edwin M. Lee, Mayor

Department of Aging and Adult Services
Anne Hinton, Executive Director

MEMORANDUM

TO: Finance Committee of the Aging and Adult Services Commission

THROUGH: Anne Hinton, Executive Director

FROM: Daniel Kaplan, Deputy Director of Administration, Human Services Agency (HSA)

DATE: February 10, 2015

SUBJECT: Department of Aging and Adult Services (DAAS) Budget for FY 15-16 and FY 16-17

Mayor Lee’s budget projections show a considerably stronger financial picture than in recent years, with a citywide deficit of \$15.9 million for FY 15-16 and \$73.3 million for FY 16-17. For the Human Services Agency, this results in an ongoing budget reduction target only in the second year of the biennial budget:

	FY 15-16 (0.0% GF)	FY16-17 (1.0% GF)	Cumulative Total
Ongoing Reduction	0	1,200,000	1,200,000
Contingency	0	0	0
Total	0	1,200,000	1,200,000

In his instructions to departments, Mayor Lee indicated an interest in funding proposals that are fiscally sustainable, improve government responsiveness, and most importantly, serve to share the prosperity coming to the city in the recent recovery.

HSA Budget Strategies

HSA is using the following principles in building its proposed budget:

- Maximize revenue opportunities in existing programs
- Grow existing programs to meet expanded client needs
- Strengthen administrative infrastructure to better support client facing programs
- Propose targeted programmatic additions that meet the Mayor’s investment criteria and share San Francisco’s current prosperity

HSA held a community budget meeting on January 8th, and received community advice and recommendations in preparing the budget proposal. It will continue to reach out to and work with its community partners to ensure that input from the community is received and incorporated into the budget.

We anticipate that HSA will be able to meet the full FY 16-17 budget reduction target of \$1,200,000 with a combination of increased revenues from state and federal sources and savings found within the agency. In particular, we expect revenue increases in CalWORKs, CalFresh, Medi-Cal, 1991 Realignment Revenue, and 2011 Realignment revenue.

DAAS's Budget Proposal will contain initiatives consistent with the HSA budget strategies in a number of program and support areas. While these are still being finalized, a preliminary list of program areas appears below:

- Adult Protective Services enhancements
- County Veterans Services Office (CVSO)
- Office on the Aging (OOA) Programs
- Case Management Intake and System
- Registered Dieticians
- Seniors and Persons with Disabilities Hub

Current Year Program Highlights

Adult Protective Services (APS)

The Adult Protective Services (APS) program is an integral part of the safety net that protects San Francisco's elders and adults with disabilities. In FY 13-14 the APS program received over 6,200 reports of elder and dependent adult abuse, neglect, and self-neglect. In collaboration with law enforcement and community based partners, APS social workers respond on a 24-hour basis to provide essential services that protect and improve the well-being of vulnerable populations.

Over FY13-14, APS confirmed over 1,500 cases of elder and dependent adult self-neglect that are typically characterized by the failure to provide for basic personal needs such as food, clothing, medical care, or hygiene. APS has been actively engaged in identifying innovative solutions for addressing complex cases of self-neglect such as hoarding. In collaboration with the Department of Building Inspection, the Mental Health Association of San Francisco, and the Department of Public Health, APS has been carrying out a pilot study testing the effectiveness of an intervention strategy that was developed by the Metropolitan Boston Housing Partnership.

Community Living Fund

The Community Living Fund (CLF) was created locally to fund aging in place and community placement alternatives for individuals who may otherwise require care within an institution. The CLF serves adults whose incomes are up to 300% of the federal poverty level and unable to live safely in the community with existing supports and funding sources. The CLF program provides the resources and services necessary to sustain community living when those services are not available through any other mechanism.

Since the interruption of DCIP due to HIPAA privacy issues, CLF, as the Intensive Case Management entity of the DCIP Core Group, is adjusting to the challenges of providing support to Laguna Honda Hospital (LHH) residents transitioning to the community. The impact is most significant in 3 overarching categories: care coordination, collaborative decision making, and post-discharge support. The review of the Community Living Plan by DCIP was extremely helpful in ensuring all services were in place prior to discharge. While LHH and CLF continue to work together, decisions on appropriate level of housing and the contents of the Community Living Plan are significantly less collaborative without the expertise of the members of the Core Group. In addition, the post-discharge lack of support has been noticeable. Should a

recently discharged client have difficulties in the community transition, CLF often brought cases back to DCIP to seek consultation, to access resources from around the table, and/or to engage providers. Delays resulting from inflexible referral processes, waitlists, and lack of immediate appointments were previously eliminated by the collaboration through DCIP.

CLF increased attention to caseload turnover, by more swiftly transitioning individuals to long-term care management once the CLF-specific needs have been addressed. This resulted in a greater number of clients served. For the past three fiscal years, the statistics are as follows: FY11-12 – 73 terminations, FY12-13 – 114 terminations, FY13-14 – 148 terminations. Despite these efforts CLF services remain in demand with a current waitlist of 30 individuals.

County Veterans Services Office (CVSO)

From January 2014 to December 2014, the CVSO assisted 2,450 veterans, a slight drop from the previous year's total of 2,587, largely as a result of a staff shortage. Outreach activities were temporarily suspended until December 2013 when the CVSO hired two new claims representatives. Now fully staffed, CVSO resumed staffing an out-station at the SF VA Medical Center and VA Downtown Clinic one day a week as well as continued outreach activities for the community providers; Employment Development Department, Swords to Plowshares, Project Homeless Connect, Community of Veterans Engaged in Restoration (COVER), San Francisco State University, City College of San Francisco, Skyline College, Laguna Honda Hospital. The CVSO has recently received \$29,235 of one-time-only State grant funding to provide enhanced outreach services. OOA and CVSO staff is implementing a special project with the San Francisco Food Bank to provide food outreach to the veterans.

Diversion and Community Integration Program (DCIP)

The Diversion and Community Integration Program (DCIP) provides community-based services that promote and maintain independence and support quality of life. DCIP provides older adults and younger adults with disabilities access to a team of professionals with clinical and social services expertise to ensure they will have the resources they need to live independently.

DCIP enrolled over 1,500 unduplicated clients and placed 649 duplicated clients into the community from January 2008 through May 2014. The majority (66%) of these clients moved to houses or apartments. As of May 2014, 340 DCIP clients have been placed in West Bay Housing Corporation (WBHC) scattered-site units and DPH's Direct Access to Housing (DAH) units. DCIP clients have also had access to case management services provided by the Community Living Fund (CLF). From January 2008 through May 2014, CLF enrolled a total of 353 unduplicated DCIP clients into the program. Satisfaction surveys administered to clients discharged from LHH show an average of 96% satisfaction with the overall quality of services that DCIP has provided.

As of June 2014, the DCIP operation was placed on hold due to concerns over issues regarding HIPAA protections. During this "blackout" period, there is no electronic communications and sharing of data to review, assess, implement and evaluate community living plan. Several members of the DCIP Core Group continue to collaborate at different venues and different levels.

In-Home Supportive Services Program

IHSS provides essential personal care and home-making services to Medi-Cal eligible seniors and people with disabilities. The program has come through several proposed changes in the current year. Due to a December 2014 federal district court judge's ruling, IHSS will not be implementing overtime, travel time, and wait time as planned. The Governor's FY 15-16 budget does propose eliminating the 7% across-the-

board reductions in the IHSS program. This is welcome news to the 22,400 IHSS consumers in San Francisco and the 21,000 home care workers they employ.

Long Term Care Intake, Screening and Consultation Intake Unit

DAAS intake is the “central door” for social services for adults with disabilities and seniors who reside in San Francisco. The Intake Unit offers services including intake for IHSS, APS, home-delivered meals, transitional care, the Community Living Fund, and Information, Referral, and Assistance services.

In March 2014, the unit expanded its role in transitional care, taking referrals for the program bedside at California Pacific Medical Center (CPMC) and San Francisco General Hospital (SFGH). Currently, staff do referrals bedside at most of the hospitals in San Francisco, including CPMC campuses, SFGH, St. Mary’s, and University of California at San Francisco (UCSF). This expansion has dramatically increased the referrals for Transitional Care as well as other programs. Before the expansion in March 2014, intake staff processed between 200-300 transitional intakes monthly. Currently, staff process between 500-600 referrals for this program. Besides doing transitional care intakes, workers meet people bedside to assist patients with referrals to IHSS and meals, as well as other services such as case management and activity centers. The Unit averages 1800-1900 calls monthly and around the same number for referrals since we expanded TCP.

DAAS Intake is comprised of social workers with diverse backgrounds who serve consumers, referents, family members, and others in various languages. Unit workers assess both short and long-term care needs of seniors and adults with physical and/or mental health disabilities, following-up as needed. In 2015, DAAS Intake will continue to expand its online referral access to community based organizations. Currently, professionals such as discharge planners and case managers refer online for APS, Transitional Care, IHSS, and home delivered meals. In 2015, more general outreach and training will be done to give more professionals and the general public the opportunity to refer online, rather than by fax or phone.

Office on the Aging

The OOA provides funding to 45 community-based organizations and one city department to run more than 38 different programs serving adults with disabilities and seniors. The OOA served 27,115 unduplicated consumers between July 1, 2013 and June 30, 2014. Examples of some unique initiatives related to those programs include:

Evidence-based health promotion: OOA continues to support two evidence-based health promotion programs: Always Active and the Chronic Disease Self-Management Program (CDSMP) in a total of 14 sites located in various neighborhoods. The CDSMP program, developed by Stanford University and funded by federal Title III D and state funds, is designed to help consumers learn how to better manage their on-going health conditions. In FY14-15, we expanded partnerships to help implement this program.

Additionally OOA received a one-time-only (OTO) federal Supplemental Nutrition Assistance Program-Education (SNAP-Ed) grant and will use this grant to implement the following health promotion programs: Tai-Chi, Easy Urban Gardening and Nutrition Education.

Expansion of innovative food services: In FY 13-14 OOA had successfully piloted the CHAMPSS (Choosing Healthy Appetizing Meal Plan Solutions for Seniors) Program. With the CHAMPSS model, the nutrition contractor partnered with a restaurant to offer a selective menu, extended meal service hours, and outreach to seniors and adults with disabilities who are unable to access regular congregate meal programs because of site limited hours and other barriers. To date, this program model has shown to be effective in reaching and serving new seniors in the Richmond and Sunset neighborhoods. OOA will expand and

continue this program in FY 2014-16 with the goal of 2 CHAMPSS sites serving in FY14-15 a total of 15,482 meals and in FY15-16 a total of 16,845 meals.

Also, OOA-expanded the congregate and home-delivered meal (HDM) services for seniors and adults with disabilities in FYs 14-16 by expanding service level of current contractors and adding three new congregate sites in the Presidio, West Portal and Bayview neighborhoods. In FY 13-14 OOA was also able to expand the Food Networking Program to serve the Bayview neighborhood by providing home-delivered groceries to isolated and frail seniors and connecting them to services they need.

Senior and Disability Empowerment:

OOA continues to fund the non-profit agency Senior and Disability Action (SDA) to provide Senior and Disability Empowerment programs. Apart from Housing Advocacy, SDA has worked very hard on a Transportation Initiative and in January, 2015, SDA together with Chinatown Community Development Corporation and other non-profit agencies has successfully won free Muni rides for low and moderate income seniors and adults with disabilities. In 2013, DAAS and Senior and Disability Action received an n4a Achievement Award for advocacy. In 2014, DAAS and SDA received a higher level of award, which was an Innovative award from n4a for the Senior and Disability Survival School (SDSS) and Senior and Disability University (SDU). A Workshop on this program was held at the n4a Annual Conference in July, 2014, and another Workshop was held at the c4a Annual Conference in November, 2014. Both Workshops had raving reviews and excellent rating from the participants.

Enhanced case management and medication management technology:

OOA continues to partner with RTZ Associates to operate and maintain an on-line case management module that includes a comprehensive assessment tool, service plan, progress notes, and a medication management tool. The medication management tool uses an evidence-based program to identify high-risk drugs and avoid adverse drug reaction. OOA provides technical assistance to the case managers, who also have access to a consultant pharmacist. In FY 14-2015, OOA's focus is on quality improvement and developing program outcomes. OOA staff works with the DAAS Quality Assurance Director to work on identifying quality indicators, data collection, training by the consultant pharmacist and the Case Management Training Institute, and training by the Case Management and Medication Management Module Project Manager. A focus review of Medication Management from January to June 2014, found that 10% of the 412 cases reviewed had inappropriate Beers Criteria, a widely used healthcare guideline. This had led to active communication and collaboration among the clients, the case managers and the consulting pharmacist, thus avoiding adverse drug reactions. DAAS has also strengthened the Clinical Supervision via the Citywide Clinical Collaborative, with additional funding to hire two clinical supervisors. Group and individual supervision sessions are provided to the case managers.

Introduction of Age and Disability Friendly Community Projects (“ADFC”).

Age and Disability Friendly Community Projects (“ADFC”) take new approaches to delivery of services and creation of social connections within the communities they serve. With an “in the Community” approach, the intent is to support people to thrive in their home environment while also utilizing seniors to also serve as a resource to other members of the community. The goal is to help seniors lead vibrant, active, and healthy lives within their local neighborhoods and communities. In FY 14-15 OOA is currently funding 4 ADFC projects: two Village programs will be continued and funding for a new Village/Community Center hybrid started as well as a Community Connection program. The Village model is a membership organization that coordinates support networks, provides “concierge” like services, and offers various programs and events. SF Village (which is City wide) and Next Village (which focuses its service area on the Northeast section of San Francisco) continue to diversify their membership and recruit additional volunteers to help grow the program. The new “hybrid” model looks to recreate the Village model but

blend it with a traditional Community Center as its hub. The Community Connection program in the Cayuga Terrace neighborhood is a program that focuses on creating a network among community members within the specific neighborhood which increases socialization, reduces isolation, raises awareness of community needs, and provides support and assistance within the community.

Public Administrator, Public Guardian, Public Conservator, and Representative Payee Programs

The Public Guardian, with a caseload of 350, provides conservatorship services for seniors and adults with disabilities who are unable to provide for their own personal need and/or unable to manage finances or are subject to undue influence. The Public Guardian is able to protect victims of financial abuse by immediate marshalling and freezing of assets. The Representative Payee program, with a caseload of 1,200, provides money management and currently accepts new cases from community agencies, the Public Conservator and Adult Protective Services. The Public Administrator, with a caseload of 350, administers estates of deceased residents when no family members are able to act. The Public Administrator receives referrals from the Probate Court for assistance in administering estates that have been opened but remain unsettled as well as receiving referrals from the Medical Examiner and local hospitals. The Public Conservator, with a caseload of 800, provides mental health conservatorship services for residents who are gravely disabled due to a mental health diagnosis.

SF Connected

DAAS, using local funds, created SF Connected, after federal grant funds for the Broadband Technology Opportunities Program (BTOP) expired. SF Connected created a Technology Council and is working with other city departments, technology companies, and non-profit agencies. SF Connected provides free computer and broadband technology training to seniors and adults with disabilities. Over 240 computers have been installed in over 55 sites including senior centers, activity centers, supportive housing facilities, San Francisco Housing Authority sites, and at the new Veterans Commons. Over 13,386 hours of training in 8 different languages have been provided since October 2013. The clients have actively used the systems for 236,484 hours (Feb 2014 through Nov 2014). SF Connected, in collaboration with digitallearn.org, has implemented a pilot on-line training program, Ladders of Success, to track the increased computer skills of clients. Currently there are 15 free courses (13 in English and 2 in Spanish). SF Connected also provides an on-line support community for graduates of the evidence-based Chronic Disease Self-Management Program (CDSMP), which has over 731 members. This community was accorded first place honors at the 2014 N4A conference and named one of 10 most innovated programs by the City and County of San Francisco. SF Connected will build an additional technical lab to be located at the Seniors and People with Disabilities (SPD) Hub at 2 Gough Street where there will be 8 computers configured in 6 languages for use by consumers. SF Connected is also working with the Digital Public Libraries of America (dp.la) to create a landing page to attract seniors and adults with disabilities to their free on-line library of over 8 million objects (images, video, documents, etc.).

Next Steps

At the next meeting of the Aging and Adult Services Commission on February 23, 2015, we will present you with a full proposal of the DAAS budget for FY 15-16 and FY 16-17, for your review and final approval.