M E M O R A N D U M

September 30, 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, Long Term Care Operations Director

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

6-month Report, January through June 30, 2009

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 Continues to meet on a quarterly basis. It has expanded to include two new agency representatives and a new consumer. The next Advisory Committee meeting is scheduled for August 2009.

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. A FY08/09 report will be compiled in October 2009 and will be reported in the next 6-month report.

Case Management Training

After a Request for Qualifications was offered, Family Service Agency's Felton Institute was chosen to develop the Care Management Training Institute. In collaboration with DAAS, it designed a Strength-Based Care Management (SBCM) Joining Session to identify the care management strengths and challenges of DAAS' Office on Aging contractors. Significantly, results from the evaluation of the pilot training conducted with the Institute on Aging CLF program care managers indicated that it is necessary to maximize the supervisor's involvement and that their support and investment is essential to the development and successful implementation of the training program.
After the Joining Sessions, the Felton Institute will tailor the SBCM training model to meet the expectations and learning needs identified by DAAS and the community care management providers. This includes curriculum development built on best practice models, provision of on-going clinical case consultation and competency-based performance evaluations.

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

DAAS continues to be the lead Department, in collaboration with the Department of Public Health, in the continuing development of the structure and function of the 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, and focuses on enhancing services that allow clients to remain in the community as long as possible. The target, as established in the Chambers lawsuit settlement agreement, is for the DCIP to identify and secure housing and services for 500 eligible Laguna Honda residents over a period of five years. 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. Going into the new fiscal year,

CLF will continue to increase the percent of clients who have come out of LHH/SFGH and who are followed, per the Settlement, for a period of two years.

CLF Case Management Staffing

CLF is almost fully staffed, with two clinical supervisors each overseeing eight care managers across eight agencies.

The newly developed policy and procedure manual has established uniform standards for case management staff. It has been distributed to all CLF staff, and is being revised on an ongoing basis as needed.

New Expedited Service Mechanisms

As previously noted, CLF had developed an expedited system that bypasses the waiting list for community referrals that only require Adult Day Health Services. In addition, CLF has also been able to expedite one-time-only purchases for clients in ADHC when the referral is coming from the ADHC Occupational Therapy staff. The program is able to do this by utilizing the already existing in-depth assessment done by the ADHC professional staff in place of the CLF assessment.

In a similar manner, CLF is also expediting one-time-only purchases from MSSP since those case managers also provide an in-depth assessment comparable to that done by CLF.

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 approved as a Medi-Cal provider, and is now able to bill Medi-Cal for enriched services through the NF waiver and the CCT demonstration project. This vendorization supports the concept that CLF is the payer of last resort and allows 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 to coordinate the services available through both the waiver and demonstration project.

Department of Public Health: Safety Net and Coordinated Case Management System (CCMS).

CCMS is a DPH web based database functioning as an integrated electronic charting, reporting and communication tool for teams working with clients who are served across multiple systems of care and who are primarily homeless and/or frail elderly residents of San Francisco.

Due to an Memorandum of Understanding (MOU) between DAAS and DPH, CLF case management staff is now part of the DPH Safety Net. As a result, they may share protected health information via the DPH Coordinated Case Management System. The process to allow this access is in progress and will enhance CLF's ability to provide Intensive Case Management services to the vulnerable population they serve.

PROGRAM CHALLENGES

CLF Waiting List for Case Management and Services

The amount of time someone now has to wait for CLF services continues to decline with the introduction of additional care management staff. Currently the wait for non-Laguna Honda referrals is between 5-6 months for intensive care management and 5 months for one-time-only purchases. All Laguna Honda Discharges are accepted into the program at time of referral.

Other expedient procedures have been developed to take one-time-only purchase requests for ADHC and MSSP clients off the waiting list early and thus provide the purchases they need in a more timely fashion.

An emergency needs protocol continues to be 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. Staff from the DAAS Long-Term Care Intake and Screening Unit continues to monitor the waiting list clients by phone and assess new referrals for their expedited needs.

Dedicated CLF Databases

CaseCare by RTZ Associates, the CLF database, is continually being adapted to respond to the changing needs of the population that CLF serves. Multiple changes have been put in place to coordinate the services of CLF and the other DCIP partners. These include:

- Multiple added data elements to support the interaction with DCIP, e.g., a DCIP enrolled flag for CLF clients and a Notice of DCIP Rights and Grievance date
- Upgrades to the CLF Service Plan/Community Living Plan, including the creation of a common care plan library in coordination with LHH Social Services and Placement TCM.

LHH Discharges with Behavioral Heath Issues.

Recent discharges from Laguna Honda Hospital have been more complex due to their history of drug and alcohol usage and mental health issues. Individuals now being discharged often have refused to participate in a recovery program while at Laguna Honda Hospital. For those who are working towards recovery, there is often a struggle to maintain their recovery after discharge and return to certain difficult neighborhoods. There is also a small number of individuals being discharged from Laguna Honda Hospital who do not want to stop drinking or using drugs. Upon their return to the community, they return to active use of substances. CLF staffs' goal in working with these individuals is to continue to encourage and/or support recovery and/or to encourage enrolling in an appropriate recovery program. Additional training opportunities are being offered to support the CLF staff in this role, as it can often be very frustrating..

SUMMARY OF SERVICES[1]

Referral Intake and Screening

From January to June 2009, the Intake and Screening Unit received 266 referrals for the CLF program.[2]

Approximately 67% of the referrals received in the last six months of the program (177) 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 177 cases was as follows:

- 135 had been approved to receive service; and
- 42 had been placed on a waiting list for future services.

The status of the remaining 89 referrals is as follows as of August 2009:

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

Between January and June 2009, the Institute on Aging and its CLF subcontractors served 375 active clients. The Homecoming Services Network provided services to 28 additional unduplicated clients during this six-month period. The emergency meals provider served another 31 unduplicated clients.

Purchased Services

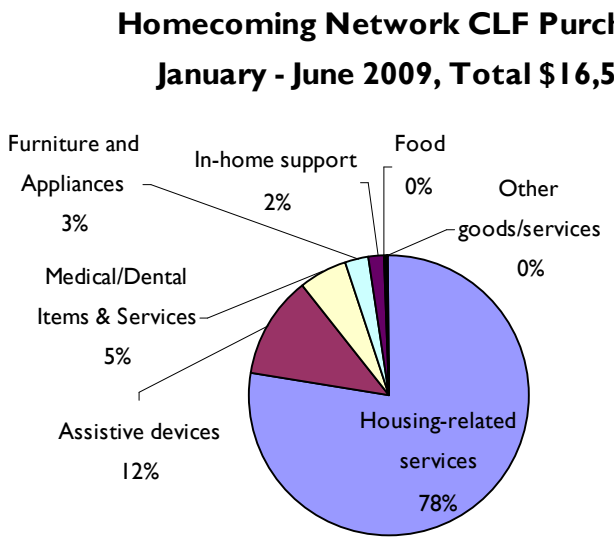
The most common purchases, in terms of costs, among IOA clients were in the following service areas during the last six months:

- Personal care (44% of all purchases);
- Rental Assistance (32%);
- Assistive Devices (6%); and
- Housing Assistance (4%)

Purchases through the Homecoming Network totaled $16,548 during the same period. The breakdown of those purchases by service type is shown in the chart below.

[1] Please see Appendix A for more detailed information regarding referral sources.

[2] 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.



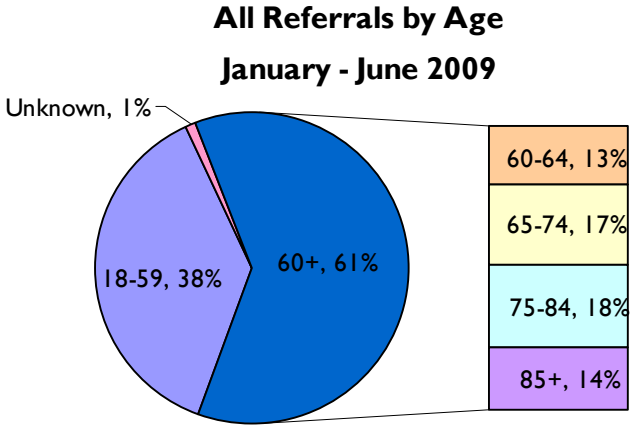
Referral Sources

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 (18%);
- San Francisco General Hospital (8%); and
- Kaiser Home Health (5%).

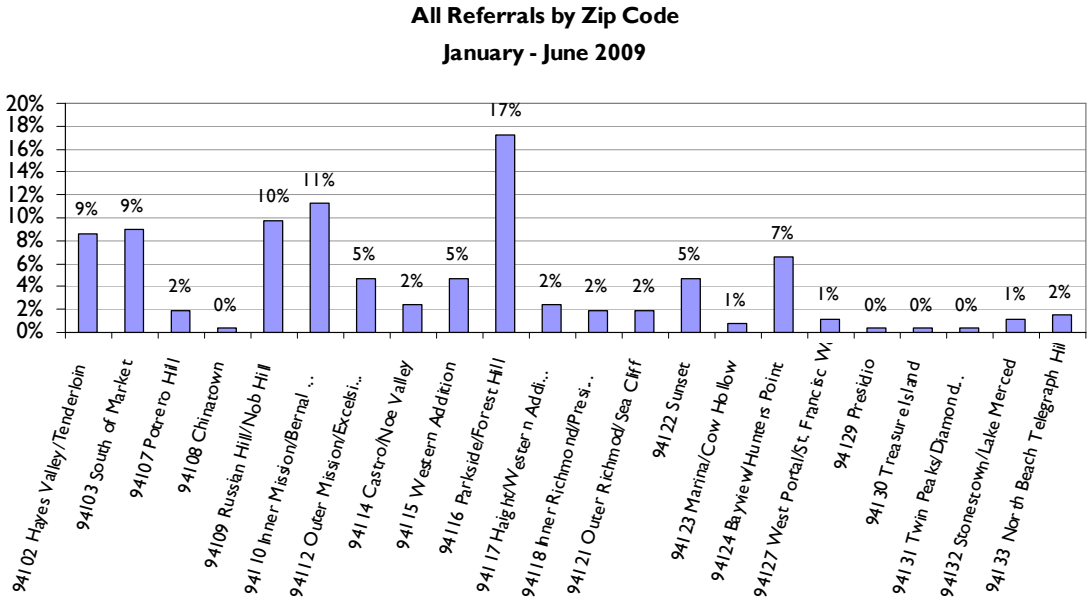
Referral Demographics: January - June 2009

While the majority of referrals in the last six months have been over 60 years of age, 38% were younger adults with disabilities. Among seniors referred to the program, the largest group was among those aged 75 to 84.

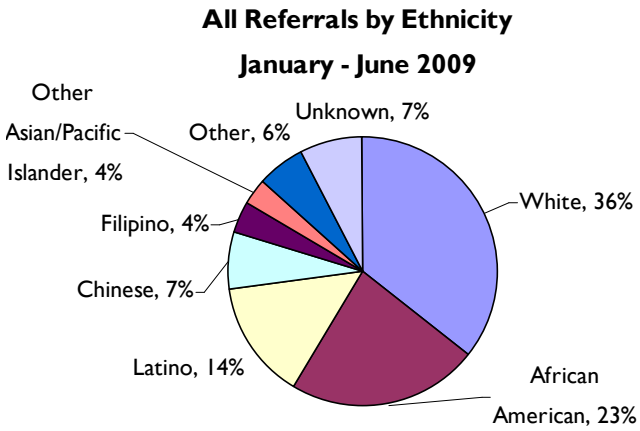


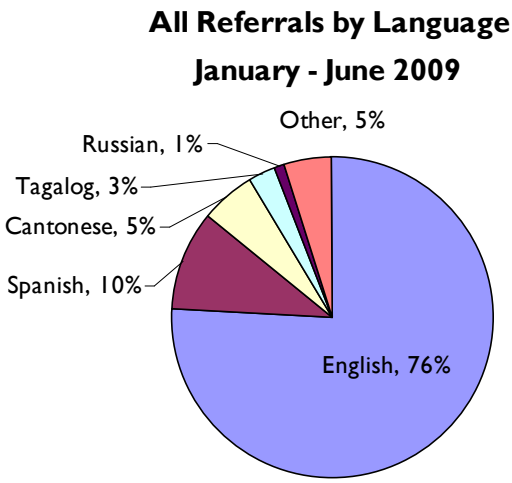
Individuals have been referred from almost all San Francisco neighborhoods, with the largest numbers from the Parkside/Forest Hill (94116), Inner Mission/Bernal Heights (94110), Polk/Russian Hill (94109), South of Market (94103), Hayes Valley/Tenderloin (94102), and Bayview/Hunters Point (94124). See 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.

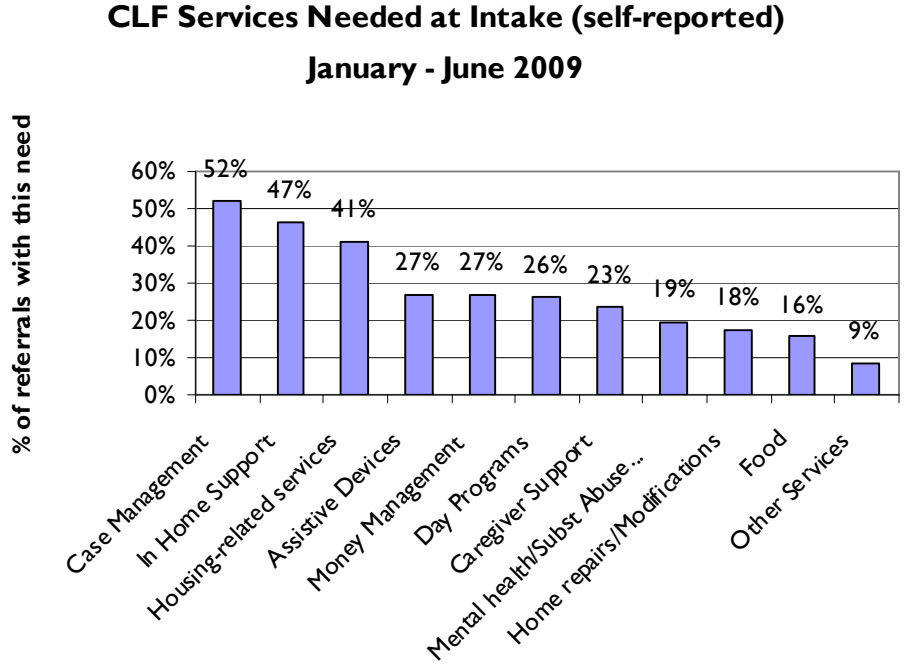


Referred clients also represent the diversity of the neighborhoods. However, it continues to be the case that the majority of referred clients report that English is their primary language (76%).





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, housing-related services, and assistive devices. Some of these services can be arranged for CLF clients, and others will be purchased.



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.

Performance Measures – FY 2008-2009	July – Dec 2008	January – June 2009	Annual Target
Number of unduplicated clients served by the CLF.[3]	347	434	400
Percentage of formerly institutionalized Community Living Fund clients who have successfully continued community living for a period of at least six months.	76.0%	70.2%	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.	75.6%	74.2%	70%

[3] The total unduplicated client count for the CLF program for the full FY 2008-2009 was 528.

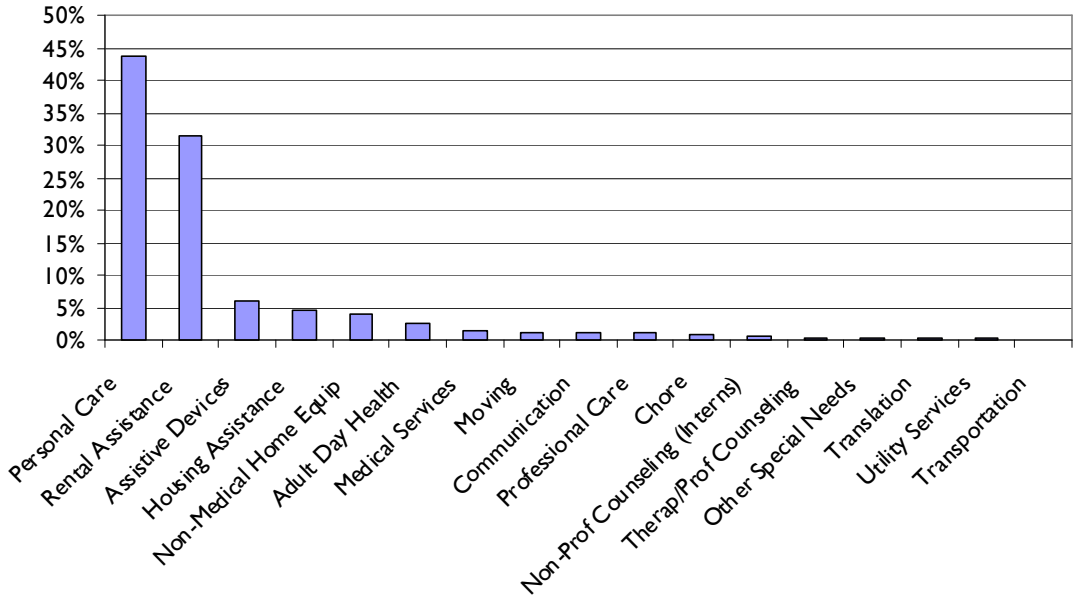
EXPENDITURE REPORT – FISCAL YEAR 2008/09

Community Living Fund Expenditures

		Expenditures March 1, 2007 thru Dec 31, 2008	*Expenditures Jan 1 thru June 30, 2009*	*Cumulative Project Expenditure*
IOA Contract				
	*****Purchase of Service***	$ 1,090,839	$ 771,422	$ 1,862,261
	Case Management	$ 1,182,420	$ 883,898	$ 2,066,318
	Capital & Equipment	$ 71,597	$ 39,040	$ 110,637
	Operations & Overhead	$ 359,916	$ 194,094	$ 554,010
	Subtotal	**$ 2,704,772**	**$ 1,888,454**	**$ 4,593,226**
DPH Work Order	***Health at Home***	**$ 523,273**	**$ 217,860**	**$ 741,133**
DAAS Internal				
	Staff Salaries / Fringes	**$ 659,598**	**$ 188,308**	**$ 847,906**
San Francisco Senior Center	***Homecoming Services Network***	**$ 23,949**	**$ 12,301**	**$ 36,250**
Meals on Wheels	***Emergency Meals***	**$ 140,977**	**$ 88,161**	**$ 229,138**
IT Contractor		**$ 298,270**	**$ 0**	**$ 298,270**
Grand Total		**$ 4,350,839**	**$ 2,395,084**	**$ 6,745,923**

** 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

Referent Organizations January - June 2009		
	Number	***Percent***
30th Street Senior Center	12	5%
Adult Protective Services	9	3%
Asian American Home Care	1	0%
Bayview Hunters Point ADHC	1	0%
California Pacific Medical Center	6	2%
Canon Kip	1	0%
Catholic Charities	4	2%
Central City Older Adults	3	1%
Conard House	1	0%
Curry Senior Center	3	1%
Disability Rights California	1	0%
DPH - Department of Public Health	5	2%
DPH - Health at Home	12	5%
DPH - Laguna Honda Hospital	18	7%
DPH - Laguna Honda Hospital- TCM	31	12%
DPH - SFGH	21	8%
DPH - SFGH - Pysch Services	1	0%
Episcopal Community Services	1	0%
Family/Friend	4	2%
Golden Gate ADHC	1	0%
Golden Gate Regional Center	2	1%
Human Rights Commission	2	1%
IHSS	9	3%
IHSS - Consortium	10	4%
IHSS - Public Authority	1	0%
Institute on Aging- Linkages	8	3%
Institute on Aging- MSSP	5	2%
Italian-American Community Services	1	0%
Jewish Family and Children Services	1	0%
Kaiser- Home Health	13	5%
Kaiser Hospital	1	0%

Referent Organization (continued)	***Number***	***Percent***
Lighthouse for the Blind	2	1%
Mabini- ADHC	5	2%
Mission Creek- ADHC	4	2%
Network for Elders	1	0%
On Lok	1	0%
Presentation- ADHC	2	1%
Public Conservator	2	1%
Public Guardian	1	0%
Self Referral	1	0%
St. Anthony Foundation	1	0%
St. Lukes Hospital	5	2%
St. Marys- ADHC	1	0%
Sutter VNH	6	2%
Swords to Plowshares	3	1%
Tenderloin Mental Health	1	0%
UCSF- Citywide Team	1	0%
UCSF- Homecare	7	3%
UCSF Hospital	5	2%
Westside Crisis	1	0%
Other[4]	8	3%
No Organizations (blank)	19	7%
Total	266	100%

[4] Other referent organizations included: Andrea Leung and Associates, Civic Center Residence, Geriatric Case Manager, IP Provider IHSS, Medical Respite Shelter, Private Conservator, Shanti Foundation, and Southeast Health Center.