



MEMORANDUM

April 19, 2007

TO: Kay Gulbengay, Acting Clerk of the San Francisco Board of Supervisors

THROUGH: Department of Adult and Aging Services Commission

FROM: Anne Hinton, Executive Director
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, 2006

Section 10.100-12 of the San Francisco Administrative Code created the Community Living Fund (CLF) to fund 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 report to the Board of Supervisors the level of service provided and costs incurred in connection with the duties and services associated with this fund. The report is to be provided every six months.

This report documents the activities of the Department of Aging and Adult Services in implementing the Community Living Fund during the initial six months after the creation of the Fund.

Community Living Fund (CLF) Program Contract to be awarded – April 2007

This program will most likely start providing services in May 2007. It is expected to be fully operational by July 2007.

Tentative schedule for implementing contract with successful bidder:

- Advertisement January 26, 2007
- RFP Is issued February 2, 2007
- Pre-Bid Conference February 14, 2007
- Proposals are due March 6, 2007
- Tentative award date is March 16, 2007
- COA Finance Committee Review March 27, 2007
- DAAS Commission Approval April 4, 2007
- Contract Period Begins April 1, 2007
- Services to Begin May 15, 2007
- Fully Operational July 1, 2007

Interim CLF Access Procedure – To Provide More Immediate Access To CLF-Funded Resources And Services – February 2007

In order to provide more immediate access to resources and services supported by the CLF Program for eligible older adults and younger adults with disabilities, DAAS will implement an interim CLF Access Procedure on March 1, 2007. In this way the program will provide for the purchase of goods and services for persons who require minimal case management assistance and support.

Target Population

The primary target populations for the CLF includes:

- People in Laguna Honda Hospital (LHH) and San Francisco General Hospital (SFGH).
- People on the LHH waiting list, some of whom are in SFGH.
- People recently discharged from LHH (within past six months).
- People in the community at imminent risk of institutionalization and with complex needs.

In order to reach these populations, both for the CLF Interim period and for the full program, DAAS has developed an outreach plan that includes (a) sending out email announcements to organizations and institutions in the community, which will include a short Referral form and directions on accessing the dollars; and (b) following up with visits to meet with the management, and especially, the direct care staff with multiple organizations to more fully explain both the interim and full programs.

Outreach visits include (at a minimum):

- Adult Day Health Care programs
- Neighborhood Senior Centers
- DAAS programs including:
 - In Home Supportive Services
 - Adult Protective Services
 - Public Guardian
 - Public Administrator
- DPH programs; including:
 - LHH Social Work staff
 - DPH Targeted Case Management Program staff
 - SFGH social workers
 - SFGH Acute Care for Elders (ACE) Unit
 - SFGH Emergency Department Case Management
 - Health Centers and Clinics
- Homeless and housing groups;
- Non-profit Housing groups including Mercy Housing;
- Community networks including:
 - Coalition of Agencies Serving the Elderly (CASE),
 - Services Connection Pilot Project,
 - SF Partnership for Community Based & Support;
 - Services and Programs Advisory Committee,
- Bethany Center Training;
- Disability advocacy and direct care groups such as:
 - San Francisco Speech & Hearing Center
 - Lighthouse for the Blind and Visually Impaired
 - Independent Living Resource Center

- SF Speech & Hearing Center
- IHSS Consortium
- IHSS Public Authority
- Social Workers and Discharge Planners from city hospitals
- On Lok - PACE
- Home delivered meal programs
- Neighborhood Resource Centers for Seniors and Adults with Disabilities,
- Family Service Agency

Client Access

All referrals to the Community Living Fund come through the DAAS Long Term Care Intake and Screening Unit, which determines initial CLF eligibility and refers the client to the contracted service providers.

Services to be Provided

Purchase of Services Component:

The CLF will support a menu of service options and levels of assistance, care, and support, and a range of housing and supportive services when deemed necessary by a CLF case manager and that cannot be provided through alternate funding sources. Funds will be used in a flexible manner to pay for those services needed for which other funding (either short or long term) is not available. Purchased services will ensure that each client receives a comprehensive array of appropriate services that are necessary to create or maintain community living.

The CLF Program will be able to provide interim, or “bridge,” funding for services until other funding sources become available (e.g., Medi-Cal).

Case Management Component

CLF Contractor will provide different levels of case management, as follows:

- *Intensive (for unstable clients) case management* (10 to 15 clients, but possibly up to 20 clients per case load) will be provided for persons with complex medical, cognitive, behavioral, and psychological needs who require a maximum amount of care and supervision and access to ongoing resources and services. An assessment of each client will determine what resources and services will be needed. Intensive case management for persons with chronic and acute complex needs will require extensive coordination of and access to a full range of social, behavioral, mental health, and medical services.
- *Intensive (for stable clients) case management* (20 to 40 clients per case manager) will be provided for persons who require frequent support and supervision as well as access to resources and services also based on an assessment.
- *Case management* will also be provided for persons who require minimal assistance and support as well as access to one-time resources and services. This level of case management ensures stabilization and avoidance of hospitalization and nursing home placement.

Access to services will be available to all clients enrolled in the CLF. Specific services will be prescribed in individual care plans, prepared by the case managers.

Data Collection

DAAS will use a uniform screening form to collect data on CLF referrals. The LTC Intake and Screening Unit will collect information on the following topics during initial screening:

- Referent information and primary case manager;
- Request for services and overview of current circumstances;
- Client data, including:

- Basic demographics (age, ethnicity, language, English fluency);
- Residence details (address, residence type, availability of support services, housing availability for clients living in institutional settings);
- Household characteristics (number of people in household, relationships).
- Eligibility details: Income & assets; risk for institutionalization (including ADLs, IADLs, judgment, cognitive or mental health impairments); need for services that are otherwise unavailable, by type;
- Other significant considerations that may complicate service delivery (e.g., history of substance abuse, antisocial behavior, need for 24-hr supervision);
- Intake eligibility determination (includes both reasons for ineligibility, as well as a flag that a case conference may be needed for eligible complex cases).

Program Implementation and Evaluation Planning

The initial phase of the CLF Program will function as a pilot project for later years of operation, and DAAS plans to engage in an ongoing evaluation of the program. The Contractor will work closely with DAAS and the HSA Planning Unit staff to ensure that the early implementation and protocols will allow for appropriate and accurate collection of data for evaluation and program design analysis.

During the initial ramp-up period, DAAS and the HSA Evaluation Team plan to work together to:

- Determine the short-term and long-term needs for quantitative and qualitative data;
- Finalize intake and screening forms for the DAAS I&S unit, as well as assessment forms for the Implementation Contractor;
- Ensure that the DAAS and Implementation Contractor database infrastructures will successfully capture and reporting relevant program data;
- Establish and implement data collection procedures to generate reliable data;
- Finalize frequencies for generating and analyzing regular reports on program enrollment and progress;
- Determine timelines, frequency, and goals for qualitative data collection efforts that will supplement quantitative measures.

This collaboration will allow for a feedback mechanism over the course of the first two years of the CLF Program that can identify barriers to implementation, highlight program design elements that need retooling, and identify programmatic successes. These reports may generate recommendations for advocacy regarding systematic barriers that consumers face in accessing specific community-based resources.

DAAS is presently looking at a variety of options for implementing a longer-term evaluation that would formally measure key outcomes and barriers to success. This evaluation would occur after the initial start-up period.

Expenditures: Fiscal Year-To-Date (July 1, 2006 – December 31, 2006):

During these initial six months, expenditures of approximately **\$51,000** from the CLF have been recorded. These are primarily from salaries.

1.0 FTE	Director of Operations
0.25 FTE	Support staff
0.50 FTE	Supervisor, DAAS LTC I&S Unit

