

**San Francisco Human Services Agency  
Department of Aging and Adult Services  
Integrated Intake Unit**

MARTHA HUETTL

EXECUTIVE SUMMARY

APS, PG, PC, PA, IHSS, MOW, CLF, OOA, CVSO . . . who do I call for the help I need???? This can be difficult for anyone, let alone older adults and adults with disabilities who really need support and services to be able to remain living in the community. San Francisco Human Services Agency, Department of Aging and Adult Services (DAAS) had a desire to expand awareness of its services in the community, and to increase utilization of the services that keep this population safely in their living environments. They are doing this through the development of a DAAS Integrated Intake Unit. SF DAAS coordinates an integrated, comprehensive range of social, mental health and long-term care services that fosters inde-

pendence and self-reliance. The Integrated Intake Unit is the first step in the organization of those services. The program has been extremely successful both in its collaborative capacity and in its ability to quickly and effectively address the needs of the population served by SF DAAS.

Santa Clara County Social Services Agency Department of Aging and Adult Services should continue to monitor client population growth, the budget, and the upcoming DAAS reconfiguration. The prospect of creating an Integrated Intake Unit in Santa Clara County may be a possibility in the future based on client needs, and as the budget allows.

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*Integrated (adjective):*

1 *combined or composite: made up of aspects or parts that work well together “an integrated communications system”*

2 *combining dissimilar things: bringing together processes or functions that are normally separate*

## **Introduction**

During such difficult budget times, it is imperative to look for ways to minimize costs and maximize resources, while still providing the highest possible level of customer service. Is an Integrated Intake Unit the answer to this dilemma for Santa Clara County’s Department of Adult and Aging Services (DAAS)? Santa Clara County Social Services DAAS is composed of Adult Protective Services (APS), In-Home Supportive Services (IHSS), Senior Nutrition, and the Public Administrator/Guardian/Conservator Division. There are separate intake systems for each of these programs. These programs make referrals, interact and case consult with one another as needed. IHSS has eight clerical staff who answer phones, and respond to or route inquiries as needed. APS has two clerical staff and two intake social workers who screen and direct APS calls. PGA and Senior Nutrition each have specific criteria and clerical staff who assist in meeting the needs of their clients. IHSS has a voice recognition phone system with prompts that are able to automatically answer questions from callers; however, many callers seem to desire to speak with someone in person and are hesitant to utilize the system. The IHSS phone wait time is often excessive. Upwards of 80 percent of calls

are questions regarding payment to client providers (which can mostly be answered by the voice recognition phone system). Would having an Integrated Intake Unit help with information dissemination and client service?

## **Creation of the Integrated Intake Unit**

Many in the aging and adult population have difficulties navigating the resources needed to continue living independently in their homes or to return to community living from institutional placement. So, the City and County of San Francisco started the \$3 million Community Living Fund (CLF) in 2007 in response to the needs of the aging and adult population for easy access to information and resources.

The CLF is administered by the Department of Aging and Adult Services, which established an Integrated Intake Unit to address the needs in the community for easy access to information and resources. All referrals to the CLF program go through DAAS’s Integrated Intake Unit.

The CLF program funds home and community-based services, or a combination of goods and services, that will help individuals who are currently or at-risk of being institutionalized. The program provides coordinated case management and purchase-of-services for:

- Patients of Laguna Honda Hospital (LHH) and SF General Hospital who are willing and able to be discharged to community living (top priority).
- Nursing home-eligible individuals on the LHH waiting list who are willing and able to remain living in the community.

- Individuals who are at imminent risk for nursing home or institutional placement who are willing and able to remain living in the community with appropriate support.

### **Key Elements of the Integrated Intake Unit**

Integrated Intake Services provides 24-hour services to older adults, adults with disabilities, caregivers, and community-based organizations serving older adults and adults with disabilities. The intake program processes referrals for APS, IHSS, home-delivered meals for seniors, and the CLF.

The Integrated Intake Unit consists of ten social workers: some from APS, some from IHSS, one social work supervisor and one program manager. The social workers take phone calls directly and are able to provide expert information regarding all DAAS services. They are the voice of SF DAAS.

### **Success and Obstacles**

There are numerous benefits to having an Integrated Intake Unit:

- The clients only have to make one phone call to get their questions answered.
- The clients are able to access the services and have their needs addressed more quickly.
- The APS social workers and the IHSS social workers have a better understanding of each other's programs.
- The APS social workers and the IHSS social workers can have more open dialogue and communications, thus better serving the clients.
- The waitlists for some services have significantly decreased. One example is the waitlist for meals, which is down from 300–400 requests to only 80.

The work to create an Integrated Intake Unit can be arduous. As many of us in management can attest to, organizational change can be hard for many people in the workplace. Union involvement is necessary

to gain valuable feedback and for an understanding of the change to take place. Classification issues need to be addressed and information needs to be shared. Time study and claiming are important aspects to look at when determining classifications to be utilized in the unit. Also, creating an integrated computer and phone system can take time and resources that might be difficult to obtain.

### **Recommendations for Santa Clara Count DAAS**

Santa Clara County DAAS is a little different in structure than San Francisco. We do not have direct oversight over the screening process for any of the community-based organizations that serve our mutual clients. Our intake systems, although separate, share information very well and are able to serve the population to the fullest extent. IHSS does have difficulty keeping up with the volume of phone calls; however, it is believed that as the clients and their providers get more familiar with the voice recognition phone system, this will become less of an issue. Santa Clara County is also going through DAAS organizational and geographical changes. At the beginning of July 2011, APS and DPG will merge to create one program. Then, sometime in December 2011, IHSS will move from the building it currently shares with APS to a different site 3 miles away and DPG will move into the building with APS. Given these significant changes, I would recommend reviewing the possibility of integrating the DAAS Intake after these changes have solidified. Also, we should be looking at the possibility of utilizing technology for on-line intake and referrals, as well as for program outreach, because our future client population will be more technologically experienced and aware. As the aging and adult population is projected to grow exponentially, I believe it would be wise to continue to assess if, and how, integrating the intake process will be beneficial to both the clients and the agency.

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