

# San Francisco County's Integrated Intake Program for Aging and Adult Services

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## EXECUTIVE SUMMARY

The City and County of San Francisco has integrated their long-term-care programs through the creation of an Integrated Intake Unit. This unit, which provides linkages and direct services to clients for Adult Protective Services (APS), In-Home Supportive Services (IHSS), Information and Referral (I&R), Community Living Fund (CLF) and Home Delivered Meals, is unique and effective at delivering social services to the older adult and disabled community in San Francisco. One of the most unique parts of this model of service delivery is the fact that the client calls one telephone number and gets linked to the resources he/she needs from that initial telephone call. This saves the client from having to call multiple telephone numbers to access different resources. In addition, this call allows for clients to be assessed to determine the levels of need and ensure they are matched with the resources that best meet their needs. With an increase in clients, such as aging baby boomers, there will definitely be an increase in the need of social services. Developing models of service delivery that help to fill the gaps in service delivery and strengthen the safety net is imperative. According to Moore, "Currently a completely integrated system of care is a utopian vision" (Moore, 1992, page. 41). That was written in 1992 and still rings true today in 2012.

### **Findings**

The City and County of San Francisco's Integrated Intake Program, in the Department of Aging and Adult Services, has shown how successful an integrated intake program can be with linking clients from an initial telephone call to valuable resources they need to obtain and maintain stability in the community.

### **Recommendation**

The recommendation is for Solano County's Department of Health and Social Services, Older and Disabled Adults Services Division, to assess the need for an integrated unit in their long-term-care services division, similar to San Francisco's integrated model. Although Solano County is a smaller county with a different level of resources, there are still some elements of the integrated model used by San Francisco that would be helpful for Solano County. For example, clients would benefit from the development of a Community Living Fund allocation to provide the wrap-around services to seniors and people with disabilities that are often a crucial resource in obtaining and maintaining stability in the community.

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## Introduction

Although there has been extensive research on recent federal, state and local reforms and approaches to working with the most vulnerable clients in our community (such as older and disabled adults, the homeless, the mentally ill, people with co-occurring disorders, children and people with health challenges), most of the resulting literature has focused on the ways in which clients can be assisted to achieve goals. Less attention has been directed towards identifying and understanding the challenges imposed as a direct result of budget deficits, which have created cuts to staffing levels and service delivery reductions. The safety net programs, in particular, receive limited attention on how to best meet the needs of our community with this new reality of shrinking resources. This seems to be stemming from federal, state and county policies and legislative changes governing how service providers are supposed to continue to provide the highest level of service delivery without the resources necessary to do so. There is research that supports my argument that it is imperative to call attention to and develop services and programs that will help to strengthen the safety net and fill gaps in service delivery. According to Smith, “many have called attention to the big build-up of the federal government spending on social services during the last ten years as well as the proliferation of different federal programs and funding streams supporting social services, the interest in community and national service is arguably at an all-time high” (Smith, 2007, page 55).

## Background

Guided by a vision by the director of Human Services Department, San Francisco is one of a few Bay Area counties taking the lead on integrating long-term-care services for adults and people with disabilities. Not only did the Director have such a great vision, but he passed that vision on to his staff that embraced and carried it through to fulfillment. Before implementing the integrated intake unit model, the need existed to more efficiently and effectively deliver crucial social services to this vulnerable population, particularly at the front end.

In 2008, San Francisco County embarked on this huge undertaking to integrate their IHSS, APS, I & R, CLF, and the Home Delivered Meals assistance programs, along with providing other aging and disabled resource connections to San Francisco residents in need. There was a particular need to better serve the community, especially as it related to ensuring callers were being connected to the appropriate services.

One of the unique elements about the Integrated Intake Program is its connection to a variety of resources in the community. San Francisco has an excellent track record with building strong partnerships with their community-based organizations and stakeholders. It is apparent that San Francisco County has the expertise for collaborating and partnering with their community. The community they serve can obtain information on the resources they need from calling a central telephone number, instead of calling multiple numbers to access services.

## Staffing

The integrated unit is comprised of 12 full-time positions that include seven protective service social workers, four senior social workers and one manager. This unit is often the first line of contact for seniors and people with disabilities looking for services in San Francisco. The unit is designed to resemble a call center, but has a very unique service delivery approach. Unlike a call center, the Integrated Intake Unit provides linkages to vital social support services for callers, as well as first responders and other professionals looking to link clients to resources.

## Statistics

The unit receives an average of 500 APS calls per month, an average of 300 I & R calls per month, and an average of 500 IHSS referrals per month, with a total average, combining all programs, of over 2,000 calls per month for a variety of resources. The unit is connected to an array of senior services and resources for the aging and disabled community.

The first telephone call allows for a continuity of services through a continuum of care structure. A needs assessment is conducted for each client. After assessing the needs of the client, the social worker then links that client to the appropriate resources. This model of service delivery is unique and has proven to be very successful for many clients in San Francisco in terms of maintaining stability in the community. This success is largely due to the high-level skill set of staff and the assessment conducted for multiple services in the initial intake call.

## Data and Information Technology Infrastructure

San Francisco County has an elaborate information technology system that is used in its Integrated Intake Unit. There are multiple systems used to look up clients, track clients to determine what services clients are receiving and provide management reports. The system is very complicated and overwhelming. Currently each program has its own referral form that must be completed. There are five different computer systems that may need to be checked. The medical

system (MEDS), Case Management Payrolling System (CMIPS), Community Living Fund (CLF), Client Index System, Human Services Agency (HSA-ICIS System), AACTS, and IR-SFGetcare may need to be checked for incoming referrals.

## Initial Intake Call Example

- A community member calls the unit to report suspected adult abuse. The social worker assesses the call.
- In that initial call, the staff determines that this report of abuse was a high risk issue and an immediate response from a social worker is needed, due to imminent danger to the victim.
- Because the unit is integrated, a protective service worker is alerted right away and assigned to investigate the APS report and determine next steps.
- In addition to assessing high-risk issues, the intake staff member is also assessing other social needs, such as the need for food, shelter, safety equipment (such as a ramp to assist with wheel chairs and other assistance devices, such as walking canes) and other support services that will assist the client in obtaining or maintaining self-sufficiency in the community.

## Resources

One especially important resource that is vital to this community is the Community Living Fund (CLF). In 2006, the San Francisco Mayor and Board of Supervisors created a \$3 million locally-funded Community Living Fund (CLF), administered by Department of Adult and Aging Services (DAAS). CLF funds home and community-based services that help individuals who are currently, or at risk of being, institutionalized. The program uses a two-pronged approach of (1) Intensive Case Management and (2) purchase of services. It provides the needed resources and services, not available through any other mechanisms, to vulnerable older adults and younger adults with disabilities. For instance, the CLF was used to pay for a wheel chair ramp for a client from Laguna Honda Hospital. This resource may have been the only way

the client was able to be released to the community that allowed her to live safely in her home. The CLF pays for other wrap-around services when clients often need assistance to prevent them from being placed in out-of-home or a higher level of care. After an initial referral to the unit, the client is connected to the CLF program, where an intensive in-home assessment drives a care plan. Services continue until the situation is stabilized.

### Conclusion

I walked away amazed and excited about the endless possibilities that could support Solano County in terms of building a solid long-term-care integrated service model that meets the needs of the community it serves. The model and service delivery in Solano county will look different than that of San Francisco County. Having such a model of integration will further support the efforts of social work staff in assisting vulnerable seniors and people with disabilities in the community through a coordinated effort and a more efficient way of doing business. Clients would not have to call several programs to find out about the services they need. The model would also improve efficiency and utilize best practices by ensuring the client is assessed and linked to resources from the first telephone call.

Ultimately developing a similar model that better meets community needs could strengthen the safety net for the community through filling some of the social service gaps in service delivery, such as duplication of services and a lack of access to services for vulnerable residents. I am particularly interested in strengthening our partnerships and collaborations with the county's community partners. Perhaps, Solano County could develop a community living fund for seniors and people with disabilities to pay for wrap-around services that are not funded in any other way, but are often needed to help keep people in their homes and living in the community. Integration is smart and seems to be the essence of health care reform. Some of the county's adult programs are already changing in terms of managed care. Solano County has the state developing pilot programs to

look at the dual eligible (Medi-Cal and Medicare) moving towards a managed care option, as well as IHSS moving towards a managed care model.

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### References

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