

*Community Living Fund:*  
**San Francisco Launches a Fund and Program to Provide  
Resources and Services to Adults With Disabilities**

TERRI POSSLEY

EXECUTIVE SUMMARY

To address the rapid growth of the aging population, the increasing awareness of the needs of younger adults with disabilities, and dwindling financial resources, the City and County of San Francisco launched a new program and fund called the Community Living Fund (CLF) which is administered by the Department of Aging and Adult Services (DAAS). The program is intended to assist individuals who are currently, or at risk of being, institutionalized by offering community-based services designed to keep individuals living independently and in the community. The CLF program offers coordinated case management services as well as purchase of services. This \$3 million annual fund is a fund of last resort and would be utilized when no other resources would otherwise be available to the individual.

**Project Description**

In an effort to keep individuals in the community and out of institutions, case managers work intensely with participants to meet their needs by referring the participants to services and/or offering to help

pay for programs, services, and goods. Following a competitive Request for Proposal (RFP) process, the Institute on Aging (IOA) was chosen as the contractor. IOA works closely with seven sub-contractors who provide the case management services. Ideally, cases will be kept open for a few months, or as long as needed, until the individual's needs are met, until the individual is able to remain in the community safely, and until more services can be made available to other applicants.

**Implications for Santa Clara County**

The author researched the Community Living Fund case management process in an effort to learn the successes and challenges the City and County of San Francisco experienced in implementing the new program. The CLF program served hundreds of participants successfully in a year's time. In order to launch a similar program, Santa Clara County would have to access funding from alternative resources. Recognizing these limitations, recommendations are made for Santa Clara County.

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## **Introduction**

According to the U.S. Census Bureau, the 2007 population estimate for San Francisco is 764,976. The 2006 American Community Survey reveals there is an estimated 109,887 people 65 and older in San Francisco which is roughly 14.8% of its population. This is an increase from the Census 2000 Demographic Profile Highlights which shows there were 106,111 people 65 and older in San Francisco which is about 13.7% of its population. Similarly, based on nationwide data, demographers predict that by 2030 the population aged 65 and older may be as high as 70.3 million, representing a 100% increase over 30 years (Institute for Geriatric Social Work, Boston University's, School of Social Work: Basic Issues in Aging, page 1).

The so-called "baby boomer" generation, people born between the years of 1946–1964, is the major contributor to the growth of the older adult population. The oldest of the baby boomers turned 60 in 2006, and the youngest of the baby boomers will turn 60 in 2024 (Community for a Lifetime: A Ten Year Strategic Plan to Advance the Well-Being of Adults in Santa Clara County, 2005).

Aging and Adult Services Agencies strive to assist aged, elderly, and disabled individuals to live healthy, safe, and independent lifestyles free of abuse and neglect. Even with all of the systems and programs in place to protect this vulnerable population, oftentimes individuals need additional help in order to function independently. With dwindling financial resources for this population, providing services

is becoming increasingly challenging as the size of the older population continues to grow. For example, it is not uncommon that an individual discharged from a Skilled Nursing Facility (SNF) or hospital several years after being admitted, learns they have lost his or her housing, mode of transportation, and belongings, and there is no support system to rely on. There are some SNF's that will not discharge a patient until housing has been located. Of course, these individuals will have multiple needs prior to discharge.

To address all of these concerns, in February of 2007, the City and County of San Francisco launched a brand new program and fund called the Community Living Fund (CLF) which is administered by the Department of Aging and Adult Services (DAAS). The program is intended to assist individuals who are currently, or are at risk of being, institutionalized by offering community-based services. The CLF program offers coordinated case management as well as purchase of services. This \$3 million annual fund is considered a resource that would be utilized when all other resources would not otherwise be available to the individual. Some of the services that the CLF can support and possibly assist financially would include case management, housing-related services, and assistance related to food, legal matters, health, mental health, furniture, IHSS related issues, transportation, etc.

In the spirit of the Olmstead Act, the City and County of San Francisco is serving and addressing people's needs with disabilities so that they can live in an environment most suited to their needs in an

effort to avoid unnecessarily institutionalizing them. Lack of community-based long-term care and supportive services should not mean that an individual should be forced to live in an institutional setting.

### History of Program Development

On June 6, 2006, the City and County of San Francisco's Board of Supervisors introduced legislation concerning the Aging and Adult Services CLF. The ordinance amended the Administrative Code by adding Section 10.200-12. The creation of the CLF would fund "community placement alternatives, including programs and services provided in an individual's home, programs and services provided in assisted living facilities, supportive housing and congregate housing; and provide care and support for individuals who may otherwise require care within an institution" (City and County of San Francisco Web site).

The CLF came out of a "push" from getting people who were in institutional care into the community where they would be able to live fuller, more independent lives. In the planning and implementation stages of CLF, the county and community-based organizations (CBO's) did a lot of community outreach in order to access stakeholders' input and "buy in."

### Key Elements

In terms of CLF eligibility criteria, top priority is given to residents of Laguna Honda Hospital (LHH), San Francisco County SNF, and patients of San Francisco General Hospital (SFGH) who are being diverted from LHH admission. These are people who are both willing and able to reside in the community with supports. Additional priority is given to those who are eligible for nursing homes, and who are willing and able to reside in San Francisco. Also, priority is given to those who are at imminent risk of being placed in a nursing home or institution and are willing and able to reside in San Francisco with appropriate support systems in place.

In order to receive services from the CLF Program, individuals must meet the following eligibility criteria:

- Be 18 years and older
- Be a resident of San Francisco
- Be willing and able to reside in the community with appropriate supports
- Have income up to 300% of the federal poverty level for a single adult, \$31,200 plus savings/assets of \$6,000.
- Have a demonstrated need for a service and/or resource that will serve to prevent institutionalization
- Be institutionalized or be deemed at assessment to be at imminent risk of being institutionalized. In order to be considered "at imminent risk", an individual must have, at a minimum, one of the following:
  - A functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; **or**
  - Have a medical condition requiring the level of care that would be provided in a nursing facility; **or**
  - Being unable to manage one's own affairs due to emotional and/or cognitive impairment (excerpted from Human Services Agency, City and County of San Francisco, Department of Aging and Adult Services. *Community Living Fund. Eligibility Criteria for Services under the CLF Program*).

A one-page form is used for client referrals. The referral form asks for some basic information about the participant. The form is then either faxed or emailed to the DAAS Long Term Care Intake and Screening Unit which provides referrals and information for individuals with disabilities, older adults, caregivers, and community-based organizations in need of assistance and human services. The screeners talk to the referent and complete a computerized seven page CLF Eligibility Screening Form which was created by DAAS. The Screening Form is lengthy and detailed for purposes of collecting statistics and demographics.

The screeners are able to complete the form and enter information such as referent and client infor-

mation, basic eligibility information, risk for institutionalization, specifics on Activities of Daily Living (ADL's), any diagnoses, and the CLF service needs. If the screener determines that the individual is not eligible for CLF, the individual will then be referred to an appropriate community or institutional resource within the community, that is deemed more appropriate to meet their immediate needs. The CLF funds are only used as a last resort when all other resources have been exhausted.

The screeners will then email all eligible CLF applications to the CLF contractor, IOA clinical supervisor, where the case will then be assigned to a case manager. The IOA works collaboratively with seven sub-contractors to provide the CLF services. The sub-contractors are Catholic Charities, Conard House, Curry Senior Services, IHSS Consortium, Lighthouse for the Blind and Visually Impaired, Progress Foundation, and the San Francisco Department of Public Health's Home Health Agency. Each of these sub-contractors specializes in areas, such as intensive case management, money management, mental health, home care expertise, service need assessments for people with disabilities, "one time only" referrals, and medically complex referrals for seniors over the age of 55 in the Tenderloin and South of Market districts. The clinical supervisor evaluates the application and determines which sub-contractor or partner agency can best meet the needs of the applicant.

Once the case manager is assigned the case, a home visit is conducted in order to formally assess the participant's health status, prescribed medications, physical and cognitive functioning levels, caregiver information, safety, social support, finances, any services the participant may be receiving, and any other issues that may surface for the individual (excerpted from Human Services Agency, City and County of San Francisco, Department of Aging and Adult Services *Community Living Fund (CLF) Program for Case Management, and Purchase of Resource and Services. Annual Plan, July 2007 to June 2008*).

The case manager utilizes an assessment tool in order to complete the assessment. The assessment

tool helps the case manager and the participant determine an appropriate plan to assist the participant in meeting his or her needs to remain safely in the community. The care plan is then signed by the case manager, clinical supervisor, and the participant (Community Living Fund Program for Case Management, and Purchase of resource and Services. Annual Plan, July 2007–June 2008).

The care plan developed by the case manager clearly states the problem the individual needs to address, the services that will be provided, as well as measurable goals. Case managers are required to monitor the participants on a weekly basis by telephone contact and at a minimum, one monthly home visit.

Case managers refer the participants to services in the community that would improve the participants' overall functioning. As a last resort, funds can be accessed by the CLF in order to pay for necessary items or services that would not otherwise be accessible to the participant.

Case managers are also required to complete a reassessment of the case on an annual basis and update the care plan as needed to reflect the changes, interventions, services, etc. The new care plan is also signed by the participant, case manager, and clinical supervisor.

The clinical supervisor holds weekly case conferences with the case managers from the partner agencies so that they can discuss any difficult or challenging cases they may be experiencing. The case conferences also allow time for guest speakers to present information that would benefit the case managers and participants. This writer was fortunate to observe one of these case conferences in which a case manager expressed his concern about a participant who was possibly struggling with an undiagnosed mental health condition, chronic health problems, and who had recently had one of his legs amputated due to self neglect. The case manager received helpful feedback and suggestions from his colleagues and the clinical supervisor about how to address the concerns and, in turn, empower the participant.

Once the case manager determines that the participant's case is ready to close, s/he then discusses termination with the participant and offers community resources that would continue to benefit the participant. Termination can be either voluntary or involuntary. A case manager takes it even a step further and sends the participant a written notice along with the clinical supervisor's name and number in case the participant has any questions or would like to re-enroll in the future.

Ideally, case managers will work with the participants so that they are no longer dependent on the CLF fund. Often however, case managers indicate that the individual is referred for specific presenting problems, but find out that much more intervention is needed.

The case manager's work to stabilize the participants so more people who need CLF can apply. It is important to note that some of the participants who are no longer utilizing CLF funds already have alternate case management services in place and, therefore, could be referred to a lower level of care. Some cases have closed within a couple of months because the issues were resolved. Turnover of clients of CLF has been slower than anticipated for two reasons: 1) a lack of availability of lower levels of care, and 2) a higher need for ongoing intensive case management than anticipated.

Since approximately January 2008, CLF staffs have been utilizing a web-based computer application for fund operations. The intake form, detailed screener form, case managers' progress notes, purchase of service, purchase tracking, and communications are entered and maintained on the web page. Because the computer application is web-based, other professionals such as screeners, case managers, and supervisors can use it to monitor workers' case-loads, etc. It is important to note that while others have access to the computer application, it is only limited access so that others do not have the ability to view confidential information or change information that has already been entered.

This writer had the opportunity to observe Jason Adamek, Protective Services Supervisor of the Integrated Intake Unit, navigate the computer applica-

tion to demonstrate how a referral would "travel" through the intake process. There are pop ups that come up on the screen that will give eligibility tips and financial eligibility about the participant. With some training offered, it appears that the computer application would be straight forward and user-friendly. CLF staff worked collaboratively with their county's Informational Technology (IT) staff for a period of about three months to develop the application.

Although CLF is not designed to handle emergencies, referrals can be expedited in instances where a participant is requesting assistance with his or her IHSS Share of Cost expense, such as homecoming referrals for people with immediate needs, post-hospital discharge through the San Francisco Senior Center, one time purchase referrals, etc. The screener can simply send the referral to IOA with a note in the email that the referral is to be expedited.

Prior to the computer system, the screeners completed the screener form on paper, sent the form to IOA, and met with IOA weekly to discuss cases and referrals, but now that the computer system has simplified this process, referrals and communications are now done electronically.

### **Data Collection**

A monthly internal analysis and/or quantitative summary report is reviewed by DAAS and IOA. These data are collected from the initial intake and assessments. The operations director of Long Term Care/CLF and a planning analyst gather data and submit a written report to management and the San Francisco Board of Supervisors every six months. Specifically, the information being reported includes client demographics, source of the referral, the services the participant received, and the case status. In addition to the monthly internal analysis and six month reports, an annual report is also completed based on the four objectives outlined in the CLF's scope of services.

### **Funding**

The three million dollars to fund the CLF program annually comes from the City of San Francisco's

General Fund and is a line item on the DAAS budget. The positions the CLF pays for are four staff positions, including the operations director of Long Term Care / Community Living Fund, two intake and screening workers, and one analyst position. There is some flexibility in terms of how the money is spent, so money can be “moved around” to better serve the participants and the program’s needs. See the Appendix for a table excerpted from the CLF Annual Plan-FY 2007–2008.

### Success to Date

According to the Six Month Report that was submitted to the San Francisco Board of Supervisors in January 2008, since February 2007, when the CLF began, through December 2007, about 709 referrals were received. About 75% of those referrals (384 participants) met eligibility requirements. Of the 384 participants who met eligibility requirements, 194 were approved to receive services, 119 were on waiting lists for services, 20 were denied services because they used available alternative resources, and 51 were still pending assessment. The Six Month Report also indicated that 68 referrals did not meet eligibility criteria, 46 withdrew their applications often because other resources became available to them, and 14 were still pending eligibility determination.

The majority of the requests for services involved homecare services (56 requests) and case management (55 requests). Housing-related services (45 requests) and assistive devices (41 requests) were also deemed necessary to the participants.

The CLF referrals came from 93 local organizations which is extremely impressive and indicative of the large success CLF has had in its community outreach efforts.

Most of the CLF referrals between July and December 2007, were for participants over 60 years of age. However, 30% of the referrals involved younger adults with disabilities. The largest concentration of CLF referrals came from the following San Francisco neighborhoods: Tenderloin, Polk/Russian Hill, the Inner Mission/Bernal Heights, and Bayview/Hunter’s Point.

In terms of ethnicity, 30% of the participant referrals were white, 24% were African American, 17% were Asian/Pacific Islander, 13% were Latino, and 16% were other/ unknown. Most of the referrals reported themselves as English Speaking (64%). The other languages reported were Spanish (9%), Cantonese (7%), Tagalog (4%), Mandarin (2%), and other/unknown (14%). The next Six Month Report is expected to be submitted in late May, 2008, (information is not available at this time).

IOA has a client satisfaction survey that utilizes other case management programs. Currently, CLF staff is in the process of editing IOA’s client satisfaction survey for CLF purposes. At the time this report was written, the client satisfaction survey had not yet been completed.

### Challenges

The waiting list for CLF services is about eight months because there are not enough case managers to meet the influx of referrals. Also, there is a need for more intensive case management services than originally anticipated. In addition, many of the applicants have an immediate need, and the case managers have full caseloads and no ability to serve participants with immediate needs. With \$3 million a year to pay for the CLF, the staff has some flexibility in deciding how to get the best use out of the funding. In order to address the waiting list and the increasing need to work with LHH discharges as that facility downsizes, CLF has recently hired an additional four case managers.

Another challenge has been the computer application. Although the computer application was created and implemented to replace the paper system, that has not turned out to be the case. Throughout the process of creating the application, staff did not anticipate requiring a “waiting list” function. Because the computer does not recognize that there is a waiting list, some work has to be completed by hand or on paper. This feature should be operational in the middle of May 2008, which will assist in eliminating most of the tracking and filing that is done currently by hand. The wait list function will be implemented

at the same time that more detailed reports are being tracked on a spreadsheet and created for the computer system.

The CLF received more referrals than anticipated concerning younger adults. Adding programs and expanding the already existing programs to serve younger adults will take the city and county additional effort.

### **Implications for Santa Clara**

Given all that I have learned about San Francisco's CLF Program, I would highly recommend that a similar program be implemented in Santa Clara County. The following steps and changes are recommended to implement a Santa Clara County CLF:

- Create a social work coordinator position to focus on funding and approval of CLF services
- Have the new social work coordinator collaborate with a program, such as Multipurpose Senior Services Program (MSSP), for purposes of case management services;
- Have the new social work coordinator collaborate with the Council on Aging Silicon Valley Information & Assistance where the CLF referral will be generated, the Information and Assistance could be utilized in the same manner as the City and County of San Francisco's Intake and Screening Unit;
- Access funding from sources outside of Santa Clara County's budget, such as the Health Trust;
- Have the new social work coordinator collaborate with the program manager hired to implement Santa Clara County's "Community for a Lifetime Ten-Year Strategic Plan" in order to access unduplicated services; and
- Include stakeholders for community input and "buy in" from local hospitals, skilled nursing facilities, senior communities, community resource and senior centers, Council on Aging,

home delivery food programs, health centers, free clinics, mental health services, etc.

Although it would be ideal to implement a CLF in Santa Clara County, there are financial barriers. Recently, an article in the San Jose Mercury News reported to the community that Santa Clara County's IHSS Program is facing proposed state budget cuts to include a 10% cut to the number of hours approved for Individual Providers (IP's), as well as a 10% cut to the county program itself. While it should be kept in mind that this is only the Governor's proposed state budget, the IHSS program is at risk of losing funds that greatly benefits the aged, elderly, and disabled population of the community.

It is possible that any additional funding that DAAS may receive in the immediate future would be more wisely spent on adding staff to meet the intake backlog. As of the writing of this paper, the IHSS intake unit had a backlog of approximately 1,100 referrals, some referrals waiting as long as three months or more for an intake assessment. The intake unit also has at least 300 new referrals with each calendar month.

Although it may not be realistic for Santa Clara County to implement a CLF now due to budget deficits and the IHSS intake backlog, it may be possible in the future when the economy improves. Also, other counties could benefit from a CLF if they have a similar infrastructure to San Francisco.

Close attention should also be paid to how much the City and County of San Francisco is saving in taxpayer costs by keeping the participants out of institutional settings. If there is a dollar estimate in terms of how much money is saved by keeping participants in the community, this could help justify implementing a similar program in Santa Clara County as well as other counties. Proof of cost-effectiveness would be crucial in proposing such a program.

## Acknowledgements

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Additionally, I'd like to thank Kelly Hiramoto and Tara Stafford of the Institute on Aging; Megan Elliott, Section Manager, of IHSS; Diana Jensen, Planning Analyst; and Robert Davis and Jacqueline Buckley, Intake Screeners in Information Referral and Assistance Services.

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## Resources

- Archstone-Institute for Geriatric Social Work  
Online Certificate in Aging: Boston University, School of Social Work. Online Course: Basic Issues in Aging.
- Article XIII: Funds. Section 10.100-12. Aging and Adult Services Community Living Fund. Retrieved April 7, 2008, from City and County of San Francisco, Municipal Code, Administrative Code Web site: <http://library4.municode.com/4201/DocView/14131/1/78/91?hilite=section;sections;10>
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- U. S. Census Bureau American Fact Finder (2006). Retrieved April 15, 2008, from U.S. Census Bureau Website: <http://factfinder.census.gov/servlet/ACSSAFFacts?>

## APPENDIX

### Community Living Fund Expenditures<sup>1</sup>

		Expenditures March 1 thru June 30, 2007	Expenditures July 1 thru Dec 31, 2007	Cumulative Project Expenditure
IOA Contract	Purchase of Service <sup>2</sup>	21,918	295,424	317,342
	Case Management	59,670	226,624	286,294
	Capital & Equipment	56,090	–	56,090
	Operations & Overhead	26,215	67,335	93,550
<b>Subtotal</b>		<b>163,893</b>	<b>589,383</b>	<b>753,276</b>
DAAS Internal	Staff Salaries/Fringes	204,022	74,985	279,007
San Francisco Senior Center	Homecoming Services Network	–	11,918	11,918
Meals on Wheels	Emergency Meals	–	–	–
IT Contractor		34,000	–	34,000
DPH Work Order <sup>3</sup>	Health at Home	64,317	54,048	118,365
<b>Grand Total</b>		<b>466,232</b>	<b>730,334</b>	<b>1,196,566</b>

<b>Purchase of Service Categories July-December</b>	
Assistive Devices	27%
Rental/Housing Assistance	25%
Personal Care	18%
Non-emergency medical equipment	13%
Health Care	7%
Respite	3%
Chore	2%
Utilities	2%
Other Services	2%
<b>Total</b>	<b>100%</b>

<sup>1</sup>in US dollars

<sup>2</sup>See following chart for more detail on the types of purchases provided to CLF clients.

<sup>3</sup>Expenditures shifted to a work order; originally reported as IOA subcontractor.