



Ben Rosenfield
Controller

Monique Zmuda
Deputy Controller

MEMORANDUM

TO: Phil Arnold, Human Services Agency

FROM: Ryan Wythe, City Hall Fellow
Michael Wylie, Project Manager
Controller's Office, City Services Auditor

DATE: April 22, 2011

SUBJECT: Fiscal Analysis of Community-based Long Term Care

The Controller's Office is pleased to share the analysis of community-based long term care (LTC) spending in the City and County of San Francisco from fiscal year 2007-08 to fiscal year 2010-11. This report contains highlights of the community-based LTC spending analysis, relevant background information, and analyses of five different categories: total spending, population trends, spending by funding source, department, and service area. The appendices include service area definitions and more detailed spending breakdowns.

I. Highlights:

- 1) Community-based LTC spending within the City budget is currently \$771 million, an increase of ten percent since FY 2009-10.** There is a total increase of 20 percent in community-based LTC spending since FY 2007-08.
- 2) The General Fund accounts for 30 percent (\$232 million) of community-based LTC spending, an increase of 10 percent (\$18 million) since FY 2009-10.** Funding also increased from federal and state sources, by 11 and seven percent respectively.
- 3) Immediate Need spending increased by four percent since FY 2009-10, from \$410 million to \$426 million, and is funded primarily through federal resources (52 percent).** Immediate Need spending includes spending on services for LTC clients with an immediate risk of institutionalization, or who are transitioning out of an institution to a community-based setting.

- 4) **Continuum spending increased by 18 percent since FY 2009-10, from \$292 million to \$345 million.** Continuum spending includes all other spending - services that could be delayed without a critical impact on the risk of institutionalization. Continuum spending is made up of 45 percent federal funds and 39 percent state funds.
- 5) **The LTC population and LTC spending have both increased over the last four years, but the total rate of change for spending is much higher than the rate of population increase.** Total LTC spending has increased by 20 per cent while the estimated population for those needing services increased by only two percent, from 28,920 in FY 2007-08 to 29,499 in FY 2010-11.
- 6) **The City department spending the most on community-based LTC services, the Human Services Agency (HSA), accounts for 54 percent (\$417 million) of all LTC spending.** HSA spending increased four percent since FY 2009-10, a total of \$14 million.
- 7) **The self care and safety service area accounts for 46 percent (\$351 million) of total LTC spending, the most of any service area.** Accounting for the second most spending is mental health and substance abuse, at \$249 million, and the third largest service area is housing at \$128 million.

II. Project Background: This report updates last year's fiscal analysis of community-based LTC spending with financial data for FY 2010-11. Community-based LTC services include home-based community services, similar to those used by the State's Home and Community Based Services Waiver program. For a definitive list of the services included in this analysis, see Appendix A.

The City Services Auditor division of the Controller's Office led the data collection and analysis of this project, performed at the request of the Human Services Agency. This report intends to support additional planning, analysis, and implementation of strategies to improve the LTC network. For a summary of this report's methodology, please see Appendix A.

Unless otherwise noted, the LTC spending data for the following charts and graphs were collected in October 2010 from fiscal officers in the Department of Public Health, Human Services Agency, Mayor's Office of Housing, San Francisco Municipal Transportation Agency, and San Francisco Redevelopment Agency.

The Controller's Office would like to thank all of the stakeholders from each department and division that made this report possible.

III. Total Spending: Over the four years examined, total community-based LTC spending has increased 20 percent, from \$645 million in FY 2007-08 to \$771 million in FY 2010-11.¹ See Exhibit 1.

Exhibit 1. Community-based LTC spending					
Spending	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	% change
Immediate Need	\$ 367,352,201	\$ 404,788,314	\$ 409,868,391	\$ 426,158,826	16%
Continuum	\$ 277,176,976	\$ 331,032,307	\$ 291,640,561	\$ 344,795,584	24%
Total:	\$ 644,529,177	\$ 735,820,620	\$ 701,508,952	\$ 770,954,410	20%

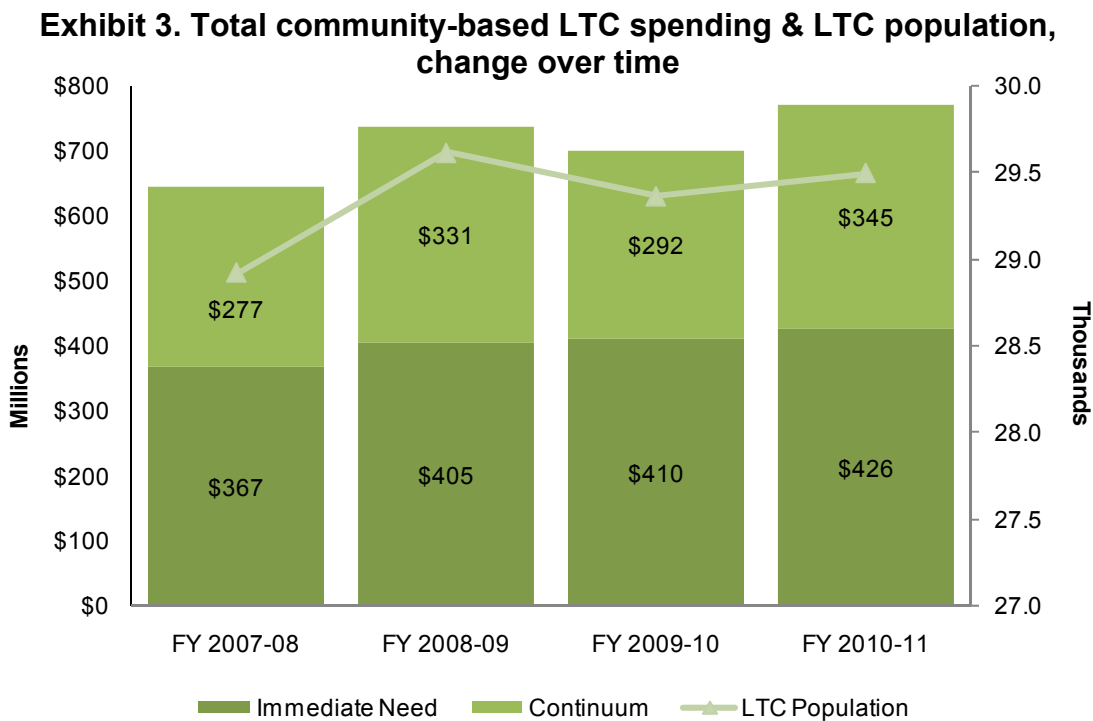
Immediate Need spending increased by four percent in FY 2010-11, the fourth consecutive year of growth since FY 2007-08. Continuum spending fluctuated over the same period, increasing by 18 percent in FY 2010-11. See Exhibit 2.

Exhibit 2. Community-based LTC spending trends



¹ In this year's report, FY 2009-10 and FY 2010-11 spending reflect budgeted amounts and not actual spending, with a few exceptions for Human Services Agency programs in FY 2009-10. To see a list of these programs refer to Appendix A.

IV. Population Trends: A comparison shows that the Human Services Agency-estimated population and actual LTC spending follow the same trend from FY 2007-08 to FY 2010-11, but the rate of change over the four years for spending is much higher (20 percent) versus that of the population increase (two percent). On a per annum basis, the average rate of change in spending is six percent and the average rate of change in population is less than one percent. See Exhibit 3.



The Human Services Agency (HSA) utilized a method from a 2010 national study to estimate those requiring LTC services. Specifically, the study estimated rates of LTC clients for each age group and HSA applied these rates to San Francisco population data from the American Communities Survey (ACS) for 2001-2009 and the California Department of Finance (DOF) for 2010 to 2020 projections. See Exhibit 4.

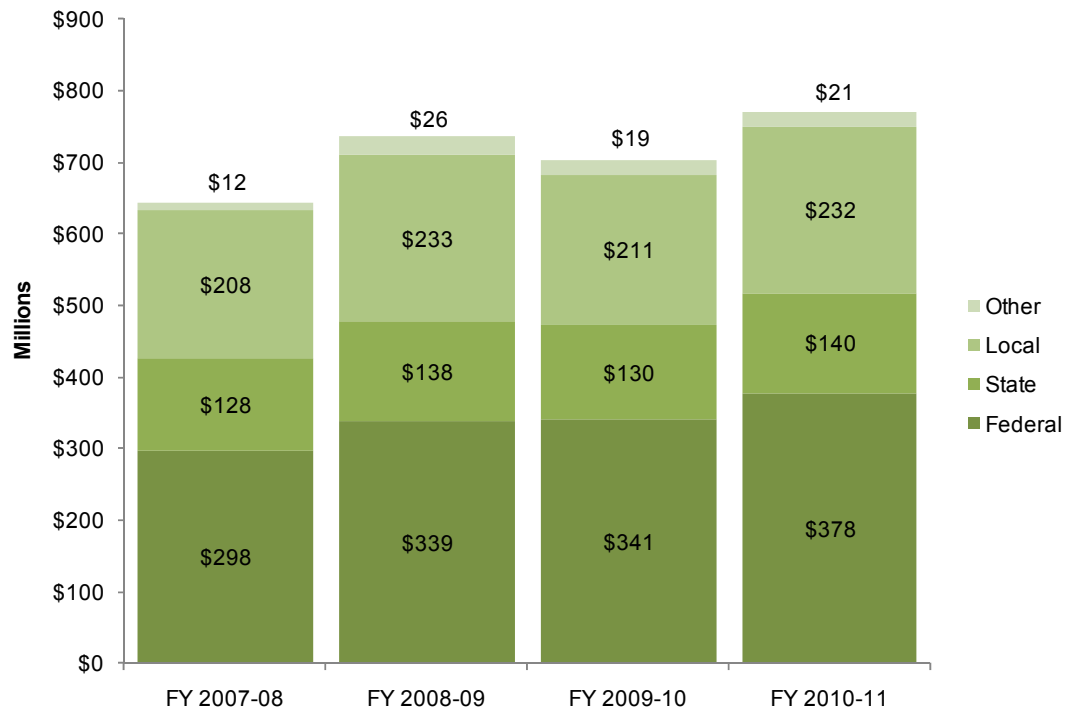
Exhibit 4. Department of Aging and Adult Services demographics of estimated LTC populations (ages 18+)								
	FY 07-08	FY 08-09	% change	FY 09-10	% change	FY 10-11	% change	Total % change
Population	28,920	29,615	2%	29,363	-1%	29,499	0%	2%
Source: HSA 5-year planning document and "LTC Population Estimates 2000_2009.xls." received by the Controller's Office on March 10, 2011. Calendar years averaged to fiscal years.								

Using this method, the estimated LTC population has grown two percent from FY 2007-08 to the present, with annual changes ranging from minus one percent to plus two percent. The Controller's Office averaged the calendar year data provided by HSA to show a comparison of these trends to the fiscal years of the spending analysis. See Appendix A for more on the methodology.

Note that the HSA estimation is one way to estimate this population. A limitation of the above method is that it mixes two distinct estimates in its base population calculations in order to provide historical and projected data for this specific period (ACS data and DOF estimates). Also, this method estimates those who need services including those who may not be accessing them. Ideally, the city would also measure LTC spending versus the number of actual clients, but an unduplicated count of clients receiving LTC services is currently not available from city departments.

V. Spending by Funding Source: Proportionally, the sources of community-based LTC spending have remained relatively constant over the period examined. In FY 2010-11, the majority of community-based LTC spending is funded through Federal sources (\$378 million), followed by the City's General Fund (\$232 million), State sources (\$140 million), and Other funding sources (\$21 million). Other spending is any non-Federal, non-State, or non-Local funding that may include any private funding and grants. See Exhibit 5.

Exhibit 5. Community-based LTC spending, by funding source

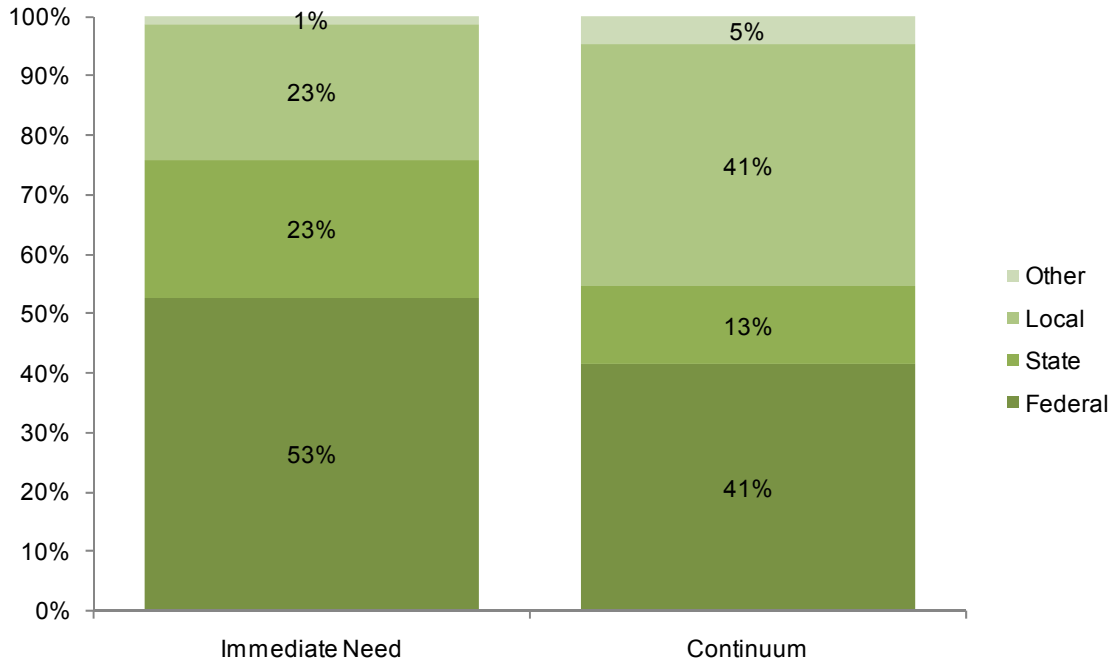


Total community-based LTC spending increased 20 percent (\$126 million) since FY 2007-08. Federal sources increased the most in absolute terms from \$298 million in FY 2007-08 to \$378 million in FY 2010-11. In this four year period, Federal, State and Local spending increased by 27 percent, nine percent, and 10 percent respectively. Other funding proportionally increased the most of all funding sources by 83 percent. See Exhibit 6.

Fiscal Year	Federal (Mil)	% change	State (Mil)	% change	Local (Mil)	% change	Other (Mil)	% change	Total (Mil)	% change
2007-08	\$298	-	\$128	-	\$208	-	\$12	-	\$645	-
2008-09	\$339	14%	\$138	8%	\$233	12%	\$26	125%	\$736	14%
2009-10	\$341	1%	\$130	-5%	\$211	-9%	\$19	-28%	\$702	-5%
2010-11	\$378	11%	\$140	7%	\$232	10%	\$21	14%	\$771	10%
Total change:	\$80	27%	\$12	9%	\$25	12%	\$10	83%	\$126	20%

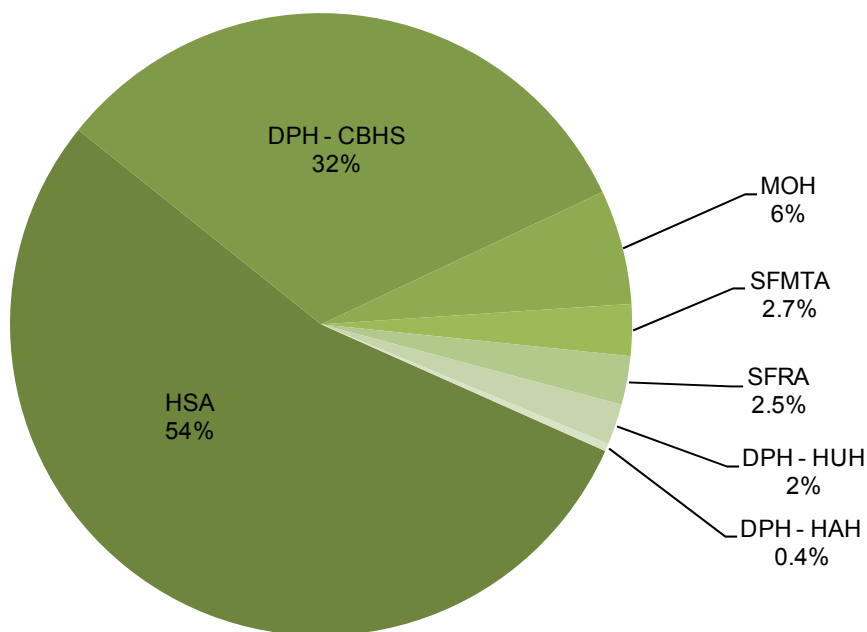
Immediate Need care is primarily funded through Federal sources (53 percent) with equal portions of State funding and the City's General Fund (each at 23 percent). Continuum care is funded through equal parts Federal sources and the City's General Fund (each at 41 percent), and with lesser portions of State and Other sources (13 percent and five percent respectively). See Exhibit 7 for the four-year average of spending by funding source.

Exhibit 7. Community-based LTC spending trends, by funding source



VI. Spending by Department: The Human Services Agency (HSA) accounts for 54 percent or \$417 million of total spending on LTC programs and service areas in FY 2010-11. The Department of Public Health's (DPH) Community Behavioral Health Services (CBHS) spends the second largest amount, accounting for \$249 million of funding for mental health and substance abuse services. The Mayor's Office of Housing (MOH) and the San Francisco Redevelopment Agency (SFRA) account for \$65 million combined on LTC housing services and capital spending. For the breakdown of spending by department and/or division, see Exhibit 8.

Exhibit 8. Community-based LTC services FY 2010-2011, by department



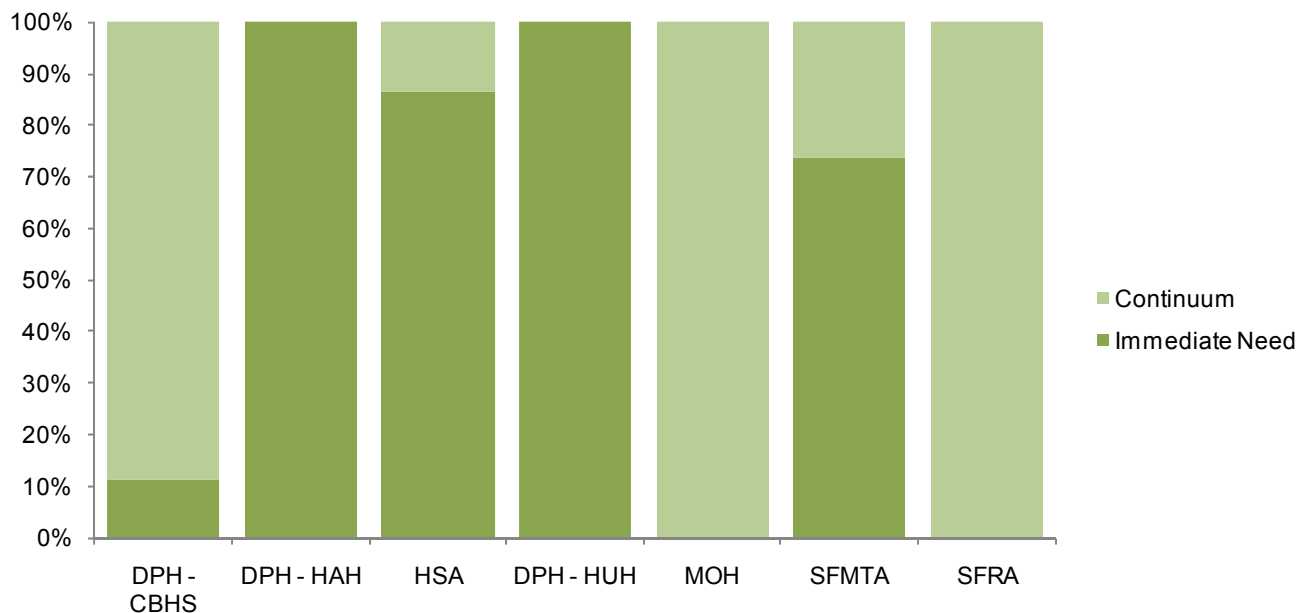
Over the four years examined, spending increased 40 percent at DPH's Housing and Urban Health (HUH) division, 15 percent at HSA, and eight percent for both DPH-CBHS² and the San Francisco Municipal Transportation Agency (SFMTA). Spending fluctuated dramatically between FY 2007-08 and FY 2010-11 for both MOH and SFRA. These fluctuations are due to the nature of capital project spending, wherein there is a big increase in spending as soon as a capital project goes from the planning phase to the development phase. DPH's Health at Home (HAH) spending decreased by 15 percent over all fiscal years in the study. In comparison to FY 2009-10, MOH spending increased the most, by \$34 million. See Exhibit 9.

² This increase is attributed to an increase in the state plan amendment that allows public entities to draw down federal financial participation for the difference between the State schedule of maximum allowances and the cost of outpatient mental health services provided under the Short-Doyle Medi-Cal program. Also, state grants increased by \$1.0 million in FY 2010-11.

Exhibit 9. Community-based LTC spending, by department and change over time								
Department	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	FY 2010-11	% change	Total % change
DPH - CBHS	\$231,269,669	\$246,739,327	7%	\$233,719,009	-5%	\$248,667,561	6%	8%
DPH - HAH	\$ 3,579,981	\$ 3,108,031	-13%	\$ 2,909,739	-6%	\$ 3,026,827	4%	-15%
HSA	\$361,056,871	\$403,869,106	12%	\$402,460,606	0%	\$416,943,320	4%	15%
DPH - HUH	\$ 11,713,641	\$ 13,074,433	12%	\$ 13,905,884	6%	\$ 16,368,024	18%	40%
MOH	\$ 8,116,851	\$ 25,234,557	211%	\$ 12,151,091	-52%	\$ 45,841,400	277%	465%
SFMTA	\$ 19,196,539	\$ 19,988,342	4%	\$ 20,844,421	4%	\$ 20,670,041	-1%	8%
SFRA	\$ 9,595,625	\$ 23,806,824	148%	\$ 15,518,202	-35%	\$ 19,437,238	25%	103%
Total:	\$ 644,529,177	\$ 735,820,620	14%	\$ 701,508,952	-5%	\$ 770,954,410	10%	20%

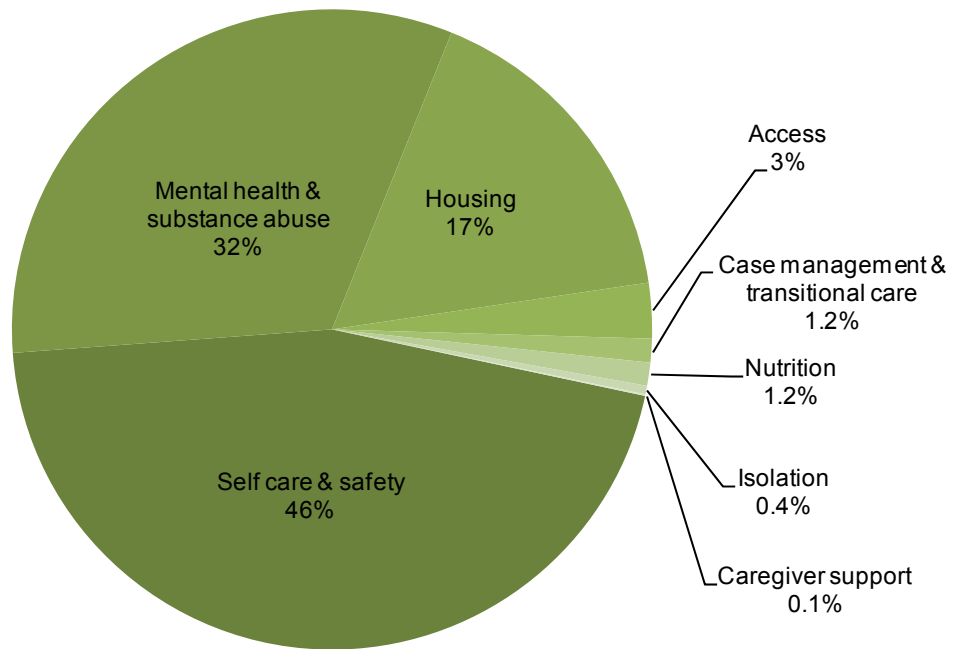
The proportion of Immediate Need versus Continuum spending differs between departments. SFRA and MOH spending is entirely on Continuum services for housing and capital development, and most of DPH-CBHS spending is also in the Continuum category. DPH's HAH and HUH spending is entirely on Immediate Need health services, as well as the majority of the HSA and SFMTA's spending. For a breakdown on the portion of spending by continuum care type, see Exhibit 10 for the four-year average of department spending.

Exhibit 10. Community-based LTC spending trends, by department



VII. Spending by Service Area: The majority of community-based LTC spending is on self care and safety (46 percent) through the Human Services Agency. Mental health and substance abuse spending is second, accounting for 32 percent of all community-based LTC spending, while housing accounts for 17 percent. See Exhibit 11 for the FY 2010-11 proportions of spending by service area.

Exhibit 11. Community-based LTC spending FY 2010-11, by service area

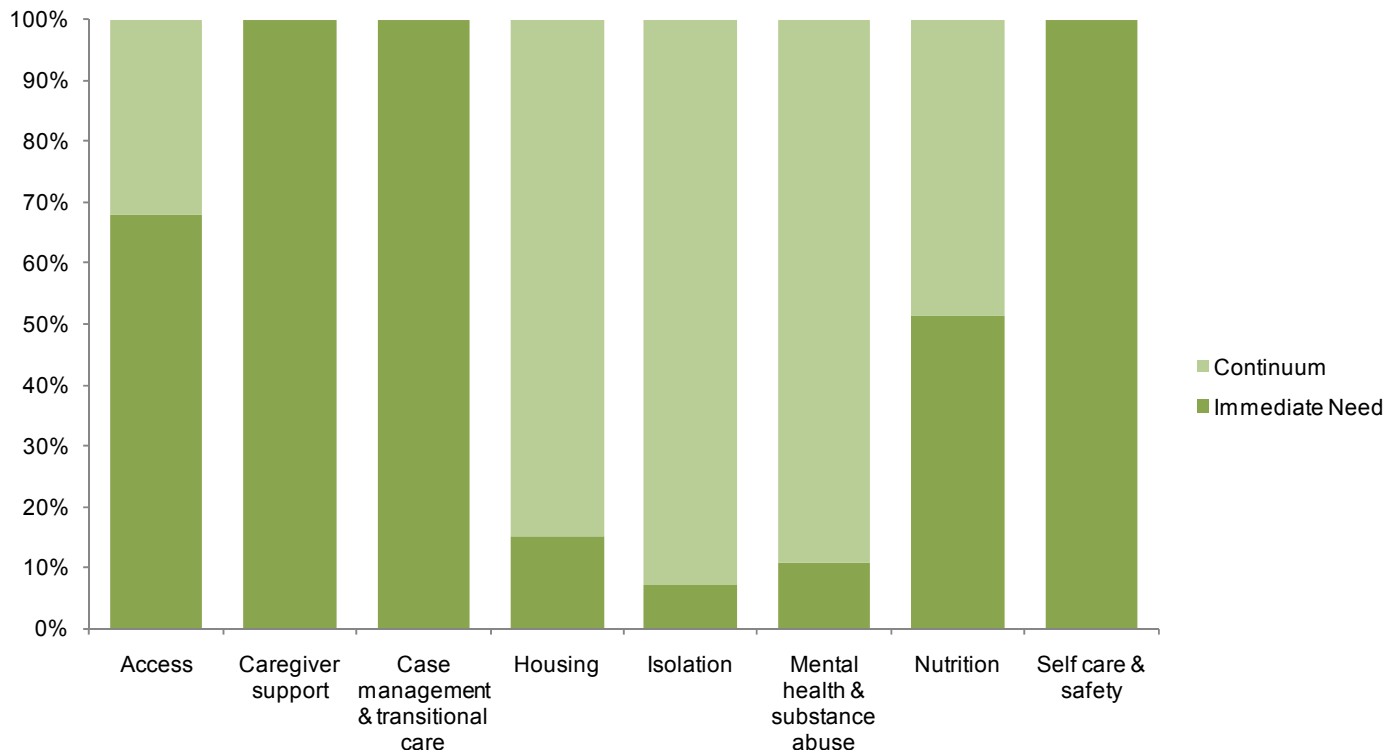


Over the four year period examined housing has the largest increase in spending, by 70 percent, attributed mostly to an increase in spending by Mayor's Office of Housing. Again, the department reports many capital projects switched from the planning phase to development phase in FY 2010-11, accounting for the majority of this increase. The service areas with a decrease in spending during this period are caregiver support services with a decrease by 17 percent and nutrition services by eight percent. Between the years FY 2009-10 and 2010-11, spending on housing increased the most by 45 percent, whereas spending on case management and transitional care decreased the most by 14 percent. See Exhibit 12.

Exhibit 12. Community-based LTC spending, by service area and change over time								
Service Area	FY 2007-08 (Mil)	FY 2008-09 (Mil)	% change	FY 2009-10 (Mil)	% change	FY 2010-11 (Mil)	% change	Total % change
Access	\$19	\$20	4%	\$22	7%	\$22	0%	11%
Caregiver support	\$1	\$1	12%	\$1	-19%	\$1	-8%	-17%
Case management & transitional care	\$9	\$10	6%	\$11	12%	\$9	-14%	3%
Housing	\$75	\$114	52%	\$88	-23%	\$128	45%	70%
Isolation	\$3	\$3	3%	\$3	-2%	\$3	0%	1%
Mental health & substance abuse	\$231	\$247	7%	\$234	-5%	\$249	6%	8%
Nutrition	\$10	\$10	0%	\$9	-10%	\$9	3%	-8%
Self care & safety	\$296	\$331	12%	\$335	1%	\$351	5%	18%
Total:	\$645	\$736	14%	\$702	-5%	\$771	10%	20%

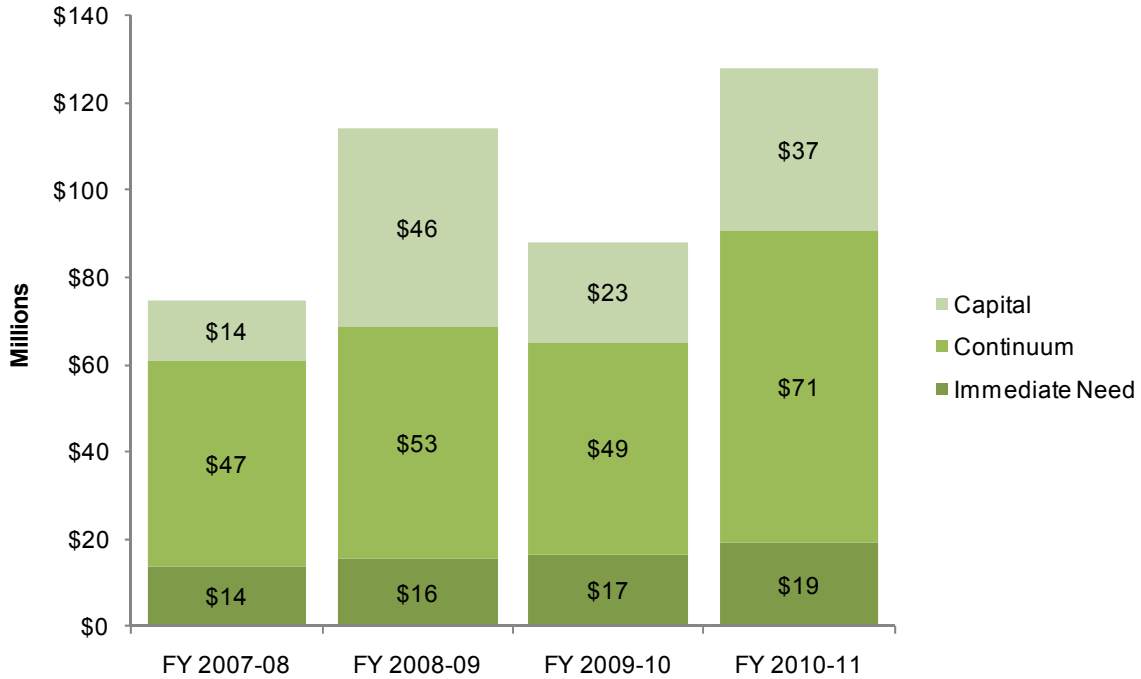
Examining each service area by Continuum or Immediate Need care, 100 percent of spending on the categories caregiver support, case management and transitional care, and self-care and safety are for Immediate Need support. Housing, isolation, and mental health and substance abuse spending mostly fall into the Continuum category (85 percent, 93 percent, and 89 percent respectively). All other service areas are a mix between Immediate Need and Continuum care support. See Exhibit 13 for FY 2010-11 spending by continuum, by service area.

Exhibit 13. Community-based LTC spending FY 2010-11 trends, by service area



Examining just the housing service area, community-based LTC spending increased from \$88 million in FY 2009-10 to \$128 million in FY 2010-11. Within housing, the portion that is capital spending (as opposed to operational spending) increased from \$23 million in FY 2009-10 to \$37 million in FY 2010-11. Non-capital Continuum spending still accounts for the majority of LTC housing services, representing 56 percent of total spending on housing. See Exhibit 14.

Exhibit 14. Community-based LTC housing spending



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Appendix A

Spending category and service area definitions

Methodology: Last year’s work with LTC stakeholders paved the way for the FY 2010-11 version of the report, and the same definitions and methodologies were utilized. On October 4, 2010 fiscal officers of each department were requested to provide the Controller’s Office their financial data for FY 2010-11 on each program or service area previously identified as community-based LTC spending. The FY 2009-10 and FY 2010-11 data collected and represented in this analysis are department budgeted amounts with several exceptions for FY 2009-10 actuals in the Human Services Agency (see next page). The following are the departments and service areas included in community-based LTC spending.

Departments

Department of Public Health (DPH)

- Community and Behavioral Health Services (CBHS)
- Health at Home (HAH)
- Housing and Urban Health (HUH)

Human Services Agency (HSA)

- Department of Aging and Adult Services (DAAS)
- Department of Human Services (DHS)

Mayor’s Office of Housing (MOH)

San Francisco Redevelopment Agency (SFRA)

San Francisco Municipal Transportation Agency (SFMTA)

Service Areas

- Access
- Caregiver support
- Case management & transitional care
- Housing
- Isolation
- Mental health & substance abuse
- Nutrition
- Self-care and safety

Community-based Long Term Care (LTC) includes the provision of care and support services that assure independence, choice, and dignity for older adults and adults with disabilities.² Project sponsors, the LTCCC Finance and Policy workgroup, as well as fiscal officers in each department considered how to best summarize this definition along a continuum, while also considering the limitations inherent in the City’s fiscal data sources. The following breakdown represents this effort:

- A) Immediate Need:** Services to clients with an immediate need/risk of going to an institution, or who are transitioning out of an institution to a community-based setting.

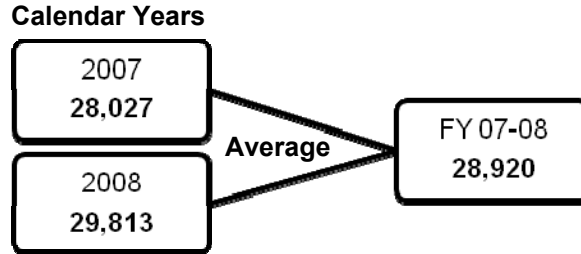
- B) Continuum:** All other LTC services that help keep clients at home or in the community, but who are not at immediate risk of institutionalization. This includes services that could be delayed without having a critical impact on the risk of being institutionalized

Population figures were determined using the Human Services Agency 5-year planning document, “5FYP w. LTC populations data.xls” and other data received by the Controller’s Office in December 2010 and March 2011. The average population needing services was taken from coinciding calendar years’ population to determine fiscal year population. For example:

² Long Term Care Coordinating Council, Department of Aging and Adult Services, City and County of San Francisco, *Living With Dignity In San Francisco* strategic plan, February 2009.

Appendix A

Spending category and service area definitions



Changes in FY 2009-10 Spending were included in this year's report at the request of the Human Services Agency in the following instances.

<u>Program</u>	<u>FY 2009-10 Actual</u>	<u>Change from Budgeted</u>
Community Living Fund	\$5,156,023	↑ \$ 2,156,023
Housing Counseling	\$137,037	↑ \$ 23,290
In-Home Supportive Services (IHSS)	\$324,264,294	↓ \$ 26,520,624
Money Management	\$100,280	↑ \$ 30,500
Total Change:		↓ \$ 24,310,811

The biggest driver changing the FY 2009-10 amounts was the decrease in actual spending versus budgeted for In-Home Supportive Services (IHSS). According to the Human Services Agency, \$27 million in lower spending for IHSS was due to slower growth than anticipated in the number of hours used for independent providers (in-home workers who are not with a contracted agency). The Human Services Agency originally budgeted 22.3 million hours for independent providers but actual hours for FY 2009-10 were 20.8 million (1.5 million hours less than expected).

Service area categories are based on a needs assessment analysis performed by the Department of Aging and Adult Services (DAAS). The following summary includes all programs reviewed as part of this analysis, delineated by service area³:

Access

- **Aging and Disability Resource Center (ADRC)** provides current information on, and linkages to, community opportunities and services available including information relating to assistive technology; assessment of the problems and capacities of individuals seeking assistance; and efforts to ensure adequate follow-up procedures. (HSA-DAAS)
- **ROSS Grant Match** provides matching funds to the 2008 HUD ROSS Grant, and aims to link elderly and persons with disabilities that live in public housing to available community services. The goal is to enhance residents' abilities to age in place, to avoid premature institutionalization and to build community within their environments. (HSA-DAAS)
- **Paratransit Program**** provides door-to-door transportation services to individuals unable to independently ride Muni's fixed route system due to a disability or health-related condition. (SFMTA)

³ Programs marked with "*" are included entirely within Immediate Need spending; Programs marked with "***" have a portion in Immediate Need spending and a portion in Continuum spending; Programs not marked are included entirely within Continuum spending.

Appendix A

Spending category and service area definitions

Caregiver Support

- **Family Caregiver Supportive Services*** assists caregivers with education, case management, counseling and other supportive services to better enable them to maintain quality homecare. (HSA-DAAS)
- **Respite Care*** partners with the Linkages Case Management Program to provide psychosocial relief services for caregivers. (HSA-DAAS)
- **Adult Day Health Care*** works with select community-based programs to help clients maintain capacity for self-care. (HSA-DAAS)

Case Management & Transitional Care

- **Home Health Program*** provides intermittent skilled home health care to transition adults discharged from an acute care setting or referred for an acute condition back to their home or to a community setting. (DPH-HAH)
- **Community Living Fund (CLF)*** provides case management and other services that help individuals who are currently in or at imminent risk of being institutionalized, and is intended to reduce unnecessary institutionalization by providing options for assistance, care and support. (HSA-DAAS)
- **Case Management*** provides care coordination assistance in circumstances where the client and/or caregiver experience a diminished capacity to function, and can include needs assessment, care plan development, service authorization and arrangements, coordination of provision of services, follow-up monitoring and reassessment, and discharge and termination. (HSA-DAAS)
- **Targeted Case Management*** provides specialized case management services to ensure that the changing needs of Medi-Cal eligible clients are addressed on an ongoing basis and that appropriate choices are provided. (HSA-DAAS)
- **Money Management*** consists of assistance to consumers in the management of income and assets, including payment of rent and utilities, purchase of food and other necessities, and payment of insurance premiums, deductibles and co-payments. (HSA-DAAS)
- **Linkages Program*** provides comprehensive case management to help the frail elderly adults and adults with disabilities remain in their homes, maximize their independence, and reduce the need for more costly out-of-home care. (HSA-DAAS)

Housing

- **Housing Counseling** and **Housing Advocacy** provides face to face counseling regarding tenants rights and advocates for affordable and accessible senior and adults with disabilities housing. (HSA-DAAS)
- **Housing Pipeline**** provides housing and support services to homeless individuals and families. (HSA-DHS)
- **Supportive Housing Program** provides support services to stabilize formerly homeless individuals and families that have moved into permanent housing. (HSA-DHS)
- **HUD McKinney Supportive Housing Program** includes housing, mental health services, rep payee and money management services, case management, assistance to move people out of homelessness and into housing, integral legal and social services for people who live in shelters or on the streets, with an emphasis on serving veterans and people with mental illness. (HSA-DHS)
- **HUD McKinney Shelter Plus Care Program** provides eligible families with support services and financial resources, such as move-in grants and other housing assistance necessary to overcome barriers to securing and maintaining permanent housing. (HSA-DHS)

Appendix A

Spending category and service area definitions

- **Direct Access to Housing* (DAH)** provides permanent housing with on-site supportive services for formerly homeless adults, most of whom have concurrent mental health, substance abuse and chronic medical conditions. (DPH-HUH)
- **Direct Access to Housing* (DAH) program in collaboration with the Mayor's Office of Housing's (MOH)** Local Operating Subsidy Program (LOSP). (DPH-HUH)
- **Senior Rental Housing Program** provides financing for the development of permanently affordable rental housing for seniors (62 and over) with services to permit them to age in place. (MOH)
- **Supportive Housing Program** provides financing for the development of permanently affordable housing for persons with disabilities with on-site services to facilitate long term stability. (MOH)
- **Local Operating Subsidy** Program provides on-going subsidies to pay the costs of operating housing that cannot be paid by tenant rent due to their extremely low income. (MOH)
- Various **capital projects** with a focus on housing for the elderly and adults with disabilities. (SFRA)

Isolation

- **Community Services** includes a myriad of supportive services such as translation, activities scheduling, information and referral, etc. (HSA-DAAS)
- **Hoarders and Clutterers** grant provides social support services to prevent eviction and homelessness for hoarders and clutterers. (HSA-DAAS)
- **Alzheimer's Day Care Resource Centers (ADCRC)** are community-based programs that serve persons with Alzheimer's Disease or a related dementia, particularly those in the moderate to severe stages, whose care needs and behavioral problems make it difficult for them to participate in other day care programs. (HSA-DAAS)
- **Senior Companion*** program develops and provides volunteer service opportunities throughout the community, helping seniors to maintain a sense of self-worth, retain physical health and mental alertness, and enrich their social contacts. (HSA-DAAS)

Nutrition

- **Congregate Meals** assists older individuals to live independently by promoting better health through improved nutrition, and reduced isolation through accessible and appropriate meal services. (HSA-DAAS)
- **Home Delivered Meals*** services are provided to individuals who are assessed by agencies and identified not able to cook or shop, and have no healthy alternative for meals. The service consists of the procurement, preparation, service and meal delivery. (HSA-DAAS)
- **Brown Bag** supplements the food budgets of seniors living on low incomes and reduces food waste by collecting and distributing surplus and unmarketable, yet edible food. Also provides volunteer opportunities for older individuals to sort and distribute food items. (HSA-DAAS)
- **Senior Emergency Grocery Bag** provides a supplemental source of food to seniors living on low income to enhance the nutritional value of their food intake. Also provides volunteer opportunities for older individuals to sort and distribute food items. (HSA-DAAS)
- **Single Room Occupancy Food Program** recruits, trains and coordinates volunteers to provide grocery delivery to five SRO building per week. (HSA-DAAS)

Appendix A

Spending category and service area definitions

Self-Care and Safety

- ***In-Home Supportive Services (IHSS)**** is a State mandate that all counties provides supportive services to eligible blind, aged, and disabled persons in order to enable these individuals to remain safely in their homes. (HSA-DAAS)
- ***Public Guardian**** protects, cares for, and administers the estate of persons who cannot provide for the basic needs of food, shelter, or clothing or are unable to resist fraud or undue influence. (HSA-DAAS)
- ***Representative Payee**** manages money for adults and elderly individuals with physical and/or mental impairments who are unable to manage their own funds. (HSA-DAAS)
- ***Public Conservator**** (LPS Mental Health Conservatorship) serves individuals that are determined to be gravely disabled secondary to mental illness and are unable/unwilling to accept treatment. (HSA-DAAS)
- ***Adult Protective Services**** provides short-term intensive case management related to abuse and neglect crises. (HSA-DAAS)
- ***Adult Services Expansion**** funds various programs and services, including Staff Legal Services, Younger Adults With Disabilities (YAD) Staff, YAD Legal Services, YAD Money Management, Hoarders and Clutterers, Translation Services, Ombudsman, Outreach, Health Promotion, and Naturalization. (HSA-DAAS)
- ***Emergency IHSS (Chore)**** provides emergency short-term maintenance for a household such as heavy cleaning, washing windows, yard maintenance. (HSA-DAAS)
- ***Emergency IHSS (Personal Care)**** provides assistance related to personal hygiene or other types of personal care such as bathing, dressing, personal care, and feeding. (HSA-DAAS)
- ***Emergency IHSS (Homemaker)**** provides assistance related to housekeeping, meal preparation, and other light chores. (HSA-DAAS)

Mental Health & Substance Abuse

- ***Mental Health***** services include a range of specialty behavioral health services provided by a culturally diverse network of community Behavioral health programs, clinics and private psychiatrists, psychologists, and therapists. (DPH-CBHS)
- ***Substance Abuse***** services include client focused services that responds to community needs, ensures equal access, maintains a commitment to cultural competency. (DPH-CBHS)

Appendix B

Spending by funding source

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1B. Community-based LTC spending, by funding source and continuum



Appendix B

Spending by funding source

2B. Immediate need community-based LTC spending by funding source, change over time												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$ 192,679,930	52%	-	\$ 88,249,507	24%	-	\$ 82,609,670	22%	-	\$ 3,813,093	1%	-
2008-09	\$ 213,845,631	53%	11%	\$ 93,970,287	23%	6%	\$ 93,066,470	23%	13%	\$ 3,905,926	1%	2%
2009-10	\$ 217,348,334	53%	2%	\$ 93,163,283	23%	-1%	\$ 93,926,746	23%	1%	\$ 5,430,027	1%	39%
2010-11	\$ 223,438,261	52%	3%	\$ 99,370,242	23%	7%	\$ 98,503,944	23%	5%	\$ 4,846,378	1%	-11%
Total change:	\$ 30,758,331	-	16%	\$ 11,120,735	-	13%	\$ 15,894,274	-	19%	\$ 1,033,285	-	27%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

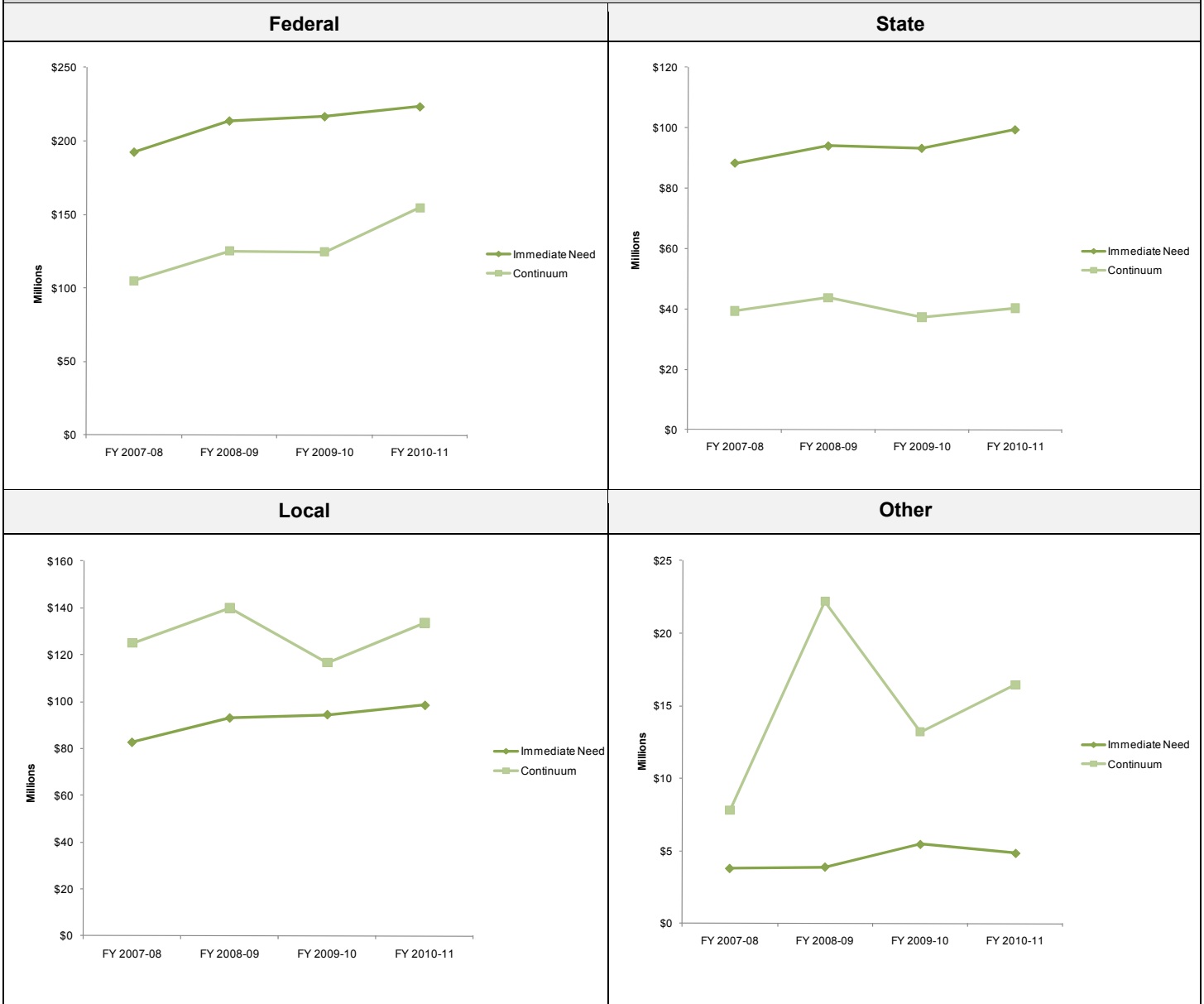
3B. Total community-based LTC spending by funding source and continuum						
Funding Source	FY 2007-08			FY 2008-09		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
Federal	\$ 192,679,930	\$ 105,022,504	\$ 297,702,434	\$ 213,845,631	\$ 125,122,266	\$ 338,967,897
State	\$ 88,249,507	\$ 39,364,496	\$ 127,614,003	\$ 93,970,287	\$ 43,755,524	\$ 137,725,811
Local	\$ 82,609,670	\$ 124,974,985	\$ 207,584,655	\$ 93,066,470	\$ 139,949,416	\$ 233,015,885
Other	\$ 3,813,093	\$ 7,814,992	\$ 11,628,085	\$ 3,905,926	\$ 22,205,101	\$ 26,111,027
Total:	57%	43%	\$ 644,529,177	55%	45%	\$ 735,820,620
Funding Source	FY 2009-10			FY 2010-11		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
Federal	\$ 217,348,334	\$ 123,949,031	\$ 341,297,365	\$ 223,438,261	\$ 154,481,157	\$ 377,919,419
State	\$ 93,163,283	\$ 37,269,068	\$ 130,432,351	\$ 99,370,242	\$ 40,287,095	\$ 139,657,337
Local	\$ 93,926,746	\$ 117,182,764	\$ 211,109,510	\$ 98,503,944	\$ 133,582,781	\$ 232,086,725
Other	\$ 5,430,027	\$ 13,239,698	\$ 18,669,725	\$ 4,846,378	\$ 16,444,551	\$ 21,290,929
Total:	58%	42%	\$ 701,508,952	55%	45%	\$ 770,954,410

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix B

Spending by funding source

Exhibit 4B. Total community-based LTC spending by funding source and continuum, change over time



Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix B

Spending by funding source

5B. FUNDING SOURCES	
Federal:	State:
<p>Americans with Disabilities Act (ADA): Prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment.</p>	<p>Area Agencies on Aging (AAA): AAA is the local arm of the national aging network. Federal, state, local governments, private agencies (not for profit as well as for profit), work together to advance the social and economic health and well being of elders (60 and over).</p>
<p>Centers for Medicare and Medicaid (CMS): The federal agency that runs the Medicare Program. In addition, CMS works with the States to run the Medicaid program.</p>	<p>Adult Protective Services (APS): APS is responsible for investigating abuse, neglect and exploitation of adults who are elderly or have disabilities.</p>
<p>Community Services Block Grant Skilled Professional Medical Personnel (CSBG SPMP/HR): Provide assistance to states and local communities, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, revitalization of low-income communities, and empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient.</p>	<p>Home and Community-Based Services (HCBS): Promoting the development and expansion of home and community-based services for people of all ages who depend on these supports to live in their homes and participate fully in community life.</p>
<p>Community Development Block Grant (CDBG): Through this program, funds are available to help jurisdictions meet their greatest economic and community development needs, with an emphasis upon helping persons of extremely low- to low-income.</p>	<p>California Dental Association (CDA) Grants: Offers financial support to the California community oral health projects. These programs are often the only safety net for families in California to receive dental care services.</p>
<p>Community Development Block Grant Recovery Act Program (CDBG-R): This program invests in economic development, housing, infrastructure and other public facilities activities that will quickly spur further economic investment, increased energy efficiency, and job creation or retention.</p>	<p>Community Services Block Grant Skilled Professional Medical Personnel (CSBG SPMP/HR): Provide assistance to states and local communities, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, revitalization of low-income communities, and empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient.</p>
<p>Housing and Urban Development (HUD-NI): Increases homeownership, support community development and increase access to affordable housing free from discrimination.</p>	<p>Federally Qualified Health Centers (FQHC): A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general supervision of a physician.</p>
<p>Housing Opportunities for Persons with AIDS (HOPWA): HOPWA funding provides housing assistance and related supportive services and grantees are encouraged to develop community-wide strategies and form partnerships with area nonprofit organizations. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs.</p>	<p>In-Home Supportive Services (IHSS): Helps pay for services provided to you so that you can remain safely in your own home. Funded by a combination of federal, state and local sources. To be eligible, you must be over 65 years of age, or disabled, or blind. Disabled children are also eligible. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.</p>
<p>Housing and Urban Development (HUD): To increase homeownership, support community development and increase access to affordable housing free from discrimination.</p>	<p>IMD Fees: Engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services.</p>
<p>In-Home Supportive Services (IHSS): Helps pay for services provided to you so that you can remain safely in your own home. Funded by a combination of federal, state and local sources. To be eligible, you must be over 65 years of age, or disabled, or blind. Disabled children are also eligible. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.</p>	<p>Medi-Cal: Provides health care coverage for more than six million low-income children and families as well as elderly, blind, or disabled individuals. Medi-Cal is jointly funded by the state and federal government, and administered by the California Department of Health Care Services. People enroll in Medi-Cal through their county social services department.</p>

Appendix B

Spending by funding source

Federal:	State:
<p>Older Americans Act (OAA): Calls for a range of programs that offer services and opportunities for older Americans, especially those at risk of losing their independence. The OAA focuses on improving the lives of older people in areas of income, housing, health, employment, retirement and community services.</p>	<p>Paratransit, Medicaid Transportation: Paratransit services are special public transportation options for senior citizens and persons with disabilities. Most area city and county governments have implemented, and are continuing to enhance, paratransit services for their residents based on the Americans with Disabilities Act (ADA) of 1990.</p>
<p>Older Americans Act - National Family Caregiver Support Program (OAA Title IIIE): Provides grants to States and Territories under approved State Plans for the establishment and operation of the National Family Caregiver Support Program (NFCSP).</p>	<p>Proposition 63 - Mental Health Services Act (MHSA): Provides the first opportunity for the California Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.</p>
<p>Older Americans Act -Supportive Services and Senior Centers (OAA Title IIIB): Provides very flexible funding to states and local agencies for a wide range of needed supportive services for older Americans, such as senior transportation programs, case management services, housing assistance and in-home services for frail elderly. Since the Medicare Part D roll out, these funds have also been used to provide enrollment assistance and one-on-one counseling for individuals.</p>	
<p>Substance Abuse and Mental Health Services (SAMHSA/HUD): Works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services.</p>	
<p>Social Security Act (Title XIX): A 1965 federal law that provides for medical assistance to those who cannot afford to pay for it. Four categories of the needy can qualify: aged, blind, disabled, and families with dependent children.</p>	
Other	Local
<p>This study did not include an investigation of the types of funding that fall under the "Other" funding category; however, it is presumed that this non-Federal, non-State, and non-Local funding includes private funding and grants.</p>	<p>General Fund</p>
<p>Source: During development of the FY 2009-10 report, the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data and sources on all identified LTC services.</p>	

6B. General fund vs. non-general fund: General fund amounts are equivalent to the "Local" amounts listed in this analysis. To see non-general fund, see the categories Federal, State, and Other. See Exhibits 6 and 7 for summaries of Local/General Fund and non-General Fund spending.

7B. Short-term vs. on-going spending: With the exception of Capital spending, fiscal officers identified all service areas in the analysis as on-going spending. See Exhibit 16D for Capital versus operating spending.

Appendix C

Spending by department

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<u>Exhibit</u>	<u>Page</u>	<u>Description</u>
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22C	35	SFRA total spending by program
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Appendix C

Spending by department

1C. Total community-based LTC spending by department and continuum						
Department	FY 2007-08			FY 2008-09		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
CBHS	\$ 28,350,656	\$ 202,919,013	\$ 231,269,669	\$ 27,928,871	\$ 218,810,456	\$ 246,739,327
HAH	\$ 3,579,981	\$ -	\$ 3,579,981	\$ 3,108,031	\$ -	\$ 3,108,031
HSA	\$ 309,351,409	\$ 51,705,462	\$ 361,056,871	\$ 345,818,511	\$ 58,050,595	\$ 403,869,106
HUH	\$ 11,713,641	\$ -	\$ 11,713,641	\$ 13,074,433	\$ -	\$ 13,074,433
MOH	\$ -	\$ 8,116,851	\$ 8,116,851	\$ -	\$ 25,234,557	\$ 25,234,557
SFMTA	\$ 14,356,514	\$ 4,840,025	\$ 19,196,539	\$ 14,858,468	\$ 5,129,874	\$ 19,988,342
SFRA	\$ -	\$ 9,595,625	\$ 9,595,625	\$ -	\$ 23,806,824	\$ 23,806,824
Total:	57%	43%	\$ 644,529,177	55%	45%	\$ 735,820,620

Department	FY 2009-10			FY 2010-11		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
CBHS	\$ 27,258,056	\$ 206,460,953	\$ 233,719,009	\$ 26,722,739	\$ 221,944,822	\$ 248,667,561
HAH	\$ 2,909,739	\$ -	\$ 2,909,739	\$ 3,026,827	\$ -	\$ 3,026,827
HSA	\$ 350,299,804	\$ 52,160,802	\$ 402,460,606	\$ 365,365,507	\$ 51,577,812	\$ 416,943,320
HUH	\$ 13,905,884	\$ -	\$ 13,905,884	\$ 16,368,024	\$ -	\$ 16,368,024
MOH	\$ -	\$ 12,151,091	\$ 12,151,091	\$ -	\$ 45,841,400	\$ 45,841,400
SFMTA	\$ 15,494,840	\$ 5,349,581	\$ 20,844,421	\$ 14,675,730	\$ 5,994,311	\$ 20,670,041
SFRA	\$ -	\$ 15,518,202	\$ 15,518,202	\$ -	\$ 19,437,238	\$ 19,437,238
Total:	58%	42%	\$ 701,508,952	55%	45%	\$ 770,954,410

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

2C. Total community-based LTC spending by department, portion of total															
Fiscal Year	CBHS (Mil)	% of total	HAH (Mil)	% of total	HSA (Mil)	% of total	HUH (Mil)	% of total	MOH (Mil)	% of total	SFMTA (Mil)	% of total	SFRA (Mil)	% of total	Grand Total (Mil)
2007-08	\$231	36%	\$4	1%	\$361	56%	\$12	2%	\$8	1%	\$19	3%	\$10	1%	\$645
2008-09	\$247	34%	\$3	0.4%	\$404	55%	\$13	2%	\$25	3%	\$20	3%	\$24	3%	\$736
2009-10	\$234	33%	\$3	0.4%	\$402	57%	\$14	2%	\$12	2%	\$21	3%	\$16	2%	\$702
2010-11	\$249	32%	\$3	0.4%	\$417	54%	\$16	2%	\$46	6%	\$21	3%	\$19	3%	\$771

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix C

Spending by department

3C. Immediate need community-based LTC spending by department, portion of total

Fiscal Year	CBHS (Mil)	% of total	HAH (Mil)	% of total	HSA (Mil)	% of total	HUH (Mil)	% of total	SFMTA (Mil)	% of total	Grand Total (Mil)
2007-08	\$28	8%	\$4	1%	\$309	84%	\$12	3%	\$14	4%	\$367
2008-09	\$28	7%	\$3	1%	\$346	85%	\$13	3%	\$15	4%	\$405
2009-10	\$27	7%	\$3	1%	\$350	85%	\$14	3%	\$15	4%	\$410
2010-11	\$27	6%	\$3	1%	\$365	86%	\$16	4%	\$15	3%	\$426

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

4C. Immediate need community-based LTC spending by department, change over time

Department	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	FY 2010-11	% change	Total % change
CBHS	\$ 28,350,656	\$ 27,928,871	-1%	\$ 27,258,056	-2%	\$ 26,722,739	-2%	-6%
HAH	\$ 3,579,981	\$ 3,108,031	-13%	\$ 2,909,739	-6%	\$ 3,026,827	4%	-15%
HSA	\$309,351,409	\$345,818,511	12%	\$350,299,803	1%	\$365,365,507	4%	18%
HUH	\$ 11,713,641	\$ 13,074,433	12%	\$ 13,905,884	6%	\$ 16,368,024	18%	40%
SFMTA	\$ 14,356,514	\$ 14,858,468	3%	\$ 15,494,909	4%	\$ 14,675,730	-5%	2%
Total:	\$367,352,201	\$404,788,314	10%	\$409,868,391	1%	\$426,158,826	4%	16%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

5C. CBHS: Total community-based LTC spending by funding source, change over time

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change
2007-08	\$ 84	36%	-	\$ 58	25%	-	\$ 89	39%	-
2008-09	\$ 89	36%	7%	\$ 62	25%	6%	\$ 96	39%	7%
2009-10	\$ 103	44%	15%	\$ 55	24%	-11%	\$ 75	32%	-21%
2010-11	\$ 123	50%	20%	\$ 56	22%	0%	\$ 70	28%	-8%

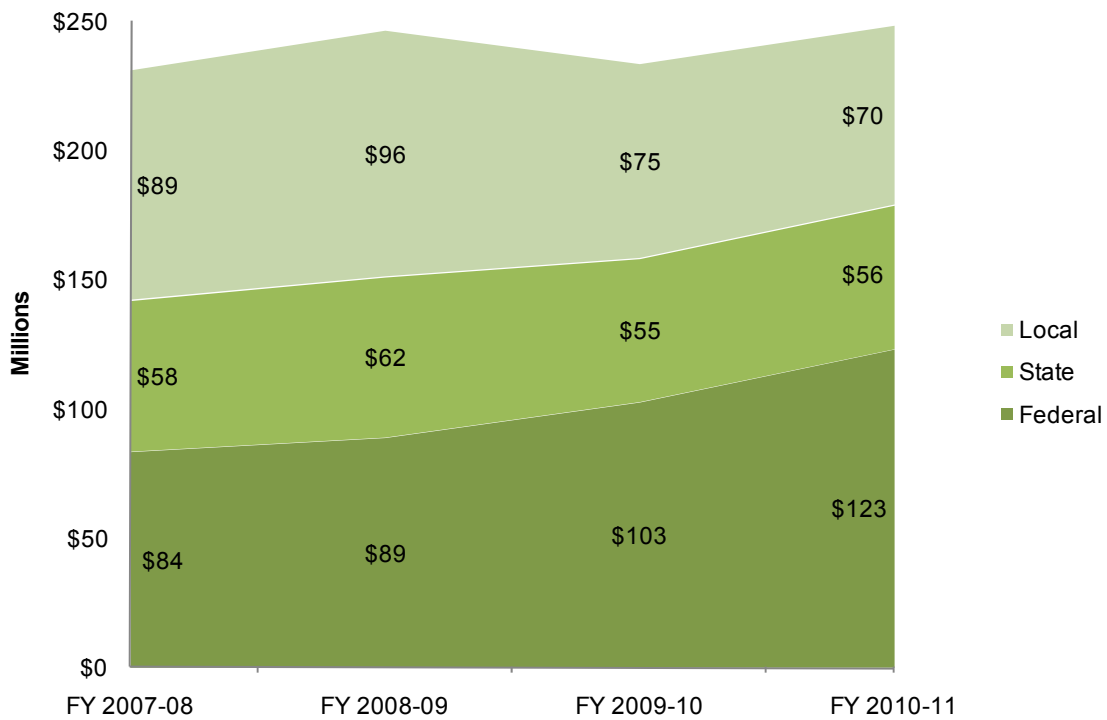
Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix C

Spending by department

6C. CBHS: Total community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Mental Health	\$ 172,563,807	\$ 183,284,369	\$ 176,276,733	\$ 191,066,147
Substance Abuse	\$ 58,705,862	\$ 63,454,958	\$ 57,442,276	\$ 57,601,413
Total:	\$ 231,269,669	\$ 246,739,327	\$ 233,719,009	\$ 248,667,561
<small>Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.</small>				

7C. CBHS: Community-based LTC spending & portion of total by funding source, change over time

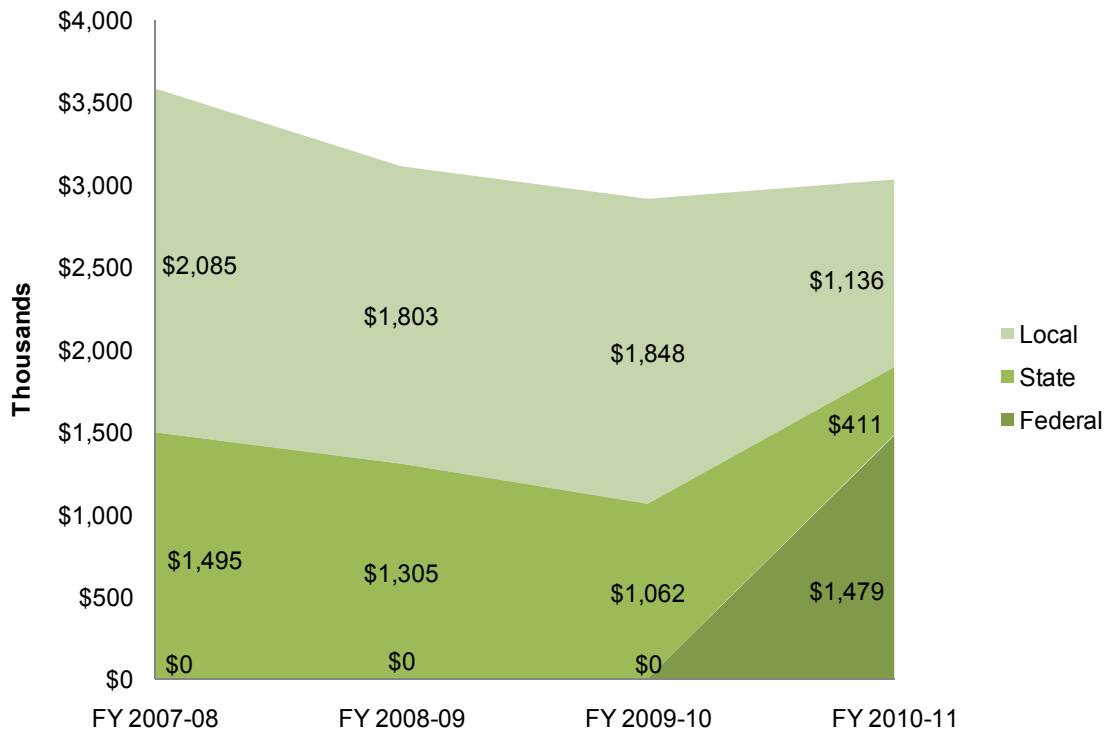


Appendix C

Spending by department

8C. HAH: Total community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
Home Health Program for adults discharged from an acute care setting or referred for acute conditions that require intermittent skilled home health care (skilled nursing, physical therapy, occupational therapy, medical social services, and personal care) to transition the patient/client back to their home or to a community setting in lieu of institutionalized care.	\$ 3,579,981	\$ 3,108,031	\$ 2,909,739	\$ 3,026,827
Total:	\$ 3,579,981	\$ 3,108,031	\$ 2,909,739	\$ 3,026,827
Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.				

9C. HAH: Community-based LTC spending & portion of total by funding source, change over time



10C. HSA: Total community-based LTC spending by funding source by continuum												
Fiscal Year	Federal			State			Local			Other		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
2007-08	89%	11%	\$205,218,189	99%	1%	\$65,334,349	67%	33%	\$ 90,118,120	21%	79%	\$386,213
2008-09	90%	10%	\$229,342,512	99%	1%	\$72,483,706	67%	33%	\$101,969,158	58%	42%	\$ 73,730
2009-10	93%	7%	\$224,014,998	100%	0.4%	\$72,417,837	65%	35%	\$105,941,174	45%	55%	\$ 86,597
2010-11	93%	7%	\$227,562,518	100%	0.2%	\$80,624,171	67%	33%	\$108,642,131	100%	0%	\$114,500
Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.												

Appendix C

Spending by department

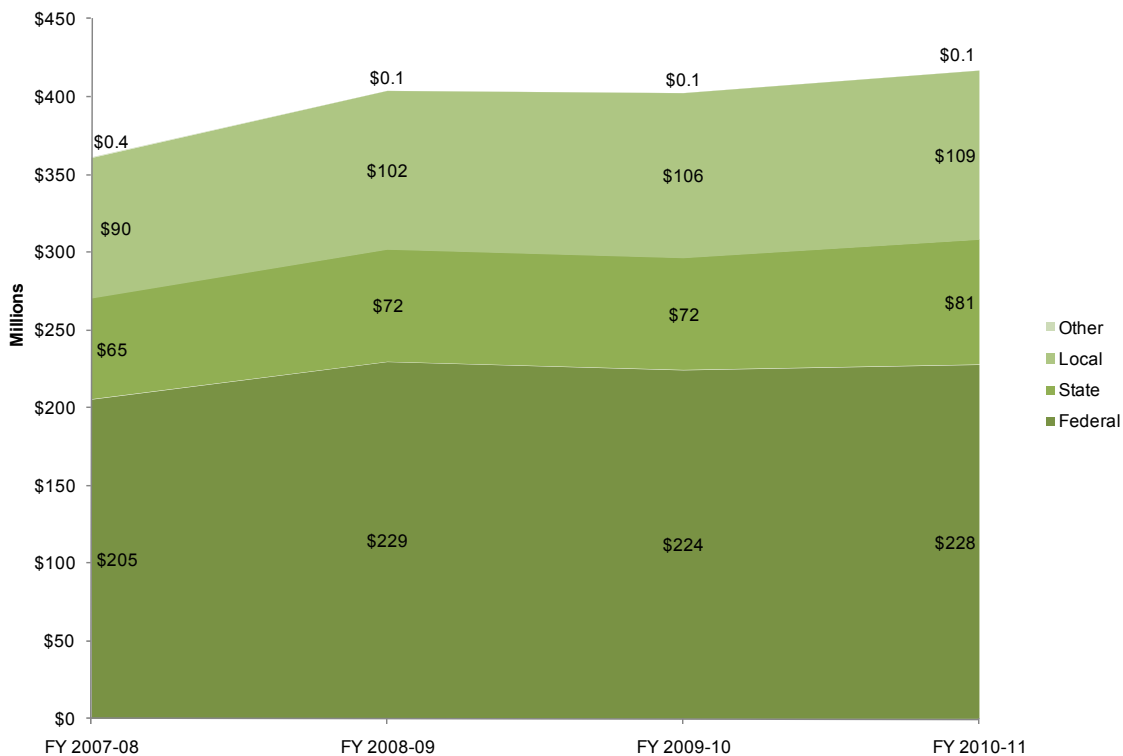
11C. HSA: Total community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$ 205,218,189	57%	-	\$ 65,334,349	18%	-	\$ 90,118,120	25%	-	\$ 386,213	0.11%	-
2008-09	\$ 229,342,512	57%	12%	\$ 72,483,706	18%	11%	\$ 101,969,158	25%	13%	\$ 73,730	0.02%	-81%
2009-10	\$ 224,014,998	56%	-2%	\$ 72,417,837	18%	-0.1%	\$ 105,941,174	26%	4%	\$ 86,597	0.02%	17%
2010-11	\$ 227,562,518	55%	2%	\$ 80,624,171	19%	11%	\$ 108,642,131	26%	3%	\$ 114,500	0.03%	32%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

12C. HSA: Immediate need community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$183,591,793	59%	-	\$64,933,277	21%	-	\$60,745,939	20%	-	\$ 80,399	0.03%	-
2008-09	\$205,681,925	59%	12%	\$71,978,456	21%	11%	\$68,115,406	20%	12%	\$ 42,724	0.01%	-47%
2009-10	\$209,085,258	60%	2%	\$72,130,094	21%	0.2%	\$69,045,682	20%	1%	\$ 38,769	0.01%	-9%
2010-11	\$212,134,388	58%	1%	\$80,460,714	22%	12%	\$72,655,905	20%	5%	\$114,500	0.03%	195%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

13C. HSA: Community-based LTC spending & portion of total by funding source, change over time



Appendix C

Spending by department

14C. HSA: Total community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
<u>Department of Aging and Adults Services (DAAS)</u>				
Adult Services Expansion	\$ 1,168,256	\$ 1,669,440	\$ 1,958,841	\$ -
Adult Day Health Care	\$ 314,736	\$ 312,792	\$ 198,625	\$ 198,625
Adult Protective Services	\$ 5,051,924	\$ 5,457,212	\$ 4,680,457	\$ 5,695,042
Aging and Disability Resource Center	\$ -	\$ 78,687	\$ 554,175	\$ 634,175
Alzheimer's Day Care Resource Centers (ADCRC)	\$ 260,843	\$ 275,808	\$ 243,751	\$ 243,751
Brown Bag	\$ 52,530	\$ 52,013	\$ 52,013	\$ 52,013
Case Management	\$ 2,076,105	\$ 2,080,639	\$ 2,091,154	\$ 2,200,179
Community Living Fund	\$ 2,770,256	\$ 3,787,342	\$ 5,156,023	\$ 3,595,877
Community Services	\$ 2,806,862	\$ 2,895,250	\$ 2,842,741	\$ 2,890,269
Congregate Meals	\$ 4,924,076	\$ 4,925,595	\$ 4,445,486	\$ 4,179,047
Emergency IHSS - Chore	\$ 28,449	\$ 28,449	\$ 17,550	\$ 17,500
Emergency IHSS - Homemaker	\$ 96,882	\$ 94,003	\$ 17,550	\$ 17,500
Emergency IHSS - Personal Care	\$ 121,742	\$ 121,742	\$ 14,850	\$ 15,000
Family Caregiver Supportive Service	\$ 449,611	\$ 542,789	\$ 493,266	\$ 435,406
Hoarders and Clutterers	\$ 231,380	\$ 241,380	\$ 241,380	\$ 191,380
Home Delivered Meals	\$ 4,707,016	\$ 4,655,102	\$ 4,136,374	\$ 4,624,462
Housing Counseling	\$ 109,960	\$ 113,747	\$ 137,037	\$ 137,037
In-Home Supportive Services (IHSS)	\$ 285,894,374	\$ 319,802,868	\$ 324,264,294	\$ 341,386,676
Linkages	\$ 314,674	\$ 300,325	\$ 300,325	\$ 300,325
Money Management	\$ 97,760	\$ 117,760	\$ 100,280	\$ 100,278
Public Conservator	\$ 901,559	\$ 906,383	\$ 747,201	\$ 694,173
Public Guardian	\$ 2,237,772	\$ 2,400,782	\$ 2,504,928	\$ 2,471,877
Representative Payee	\$ 597,462	\$ 586,438	\$ 511,715	\$ 513,987
Respite	\$ 9,775	\$ 8,511	\$ 8,511	\$ 8,511
ROSS Grant Match	\$ 200,000	\$ 200,000	\$ 200,000	\$ 253,121
Senior Companion	\$ 24,585	\$ 22,397	\$ 22,397	\$ 22,397
Senior Emergency Grocery Bag	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
Single Room Occupancy Food Program	\$ 21,773	\$ 75,050	\$ 75,050	\$ 75,050
Targeted Case Management	\$ 136,527	\$ 124,647	\$ 124,647	\$ -
<u>Department of Human Services (DHS)</u>				
Housing Pipeline	\$ 20,947,387	\$ 25,202,760	\$ 27,326,558	\$ 28,463,381
HUD McKinney Shelter Plus Care Program	\$ 9,203,508	\$ 15,277,965	\$ 7,329,532	\$ 7,990,283
HUD McKinney Supportive Housing Program	\$ 11,010,616	\$ 6,971,146	\$ 7,478,930	\$ 5,678,930
Supportive Housing Program	\$ 4,238,471	\$ 4,490,084	\$ 4,134,965	\$ 3,807,068
Total:	\$ 361,056,871	\$ 403,869,106	\$ 402,460,606	\$ 416,943,320

Appendix C

Spending by department

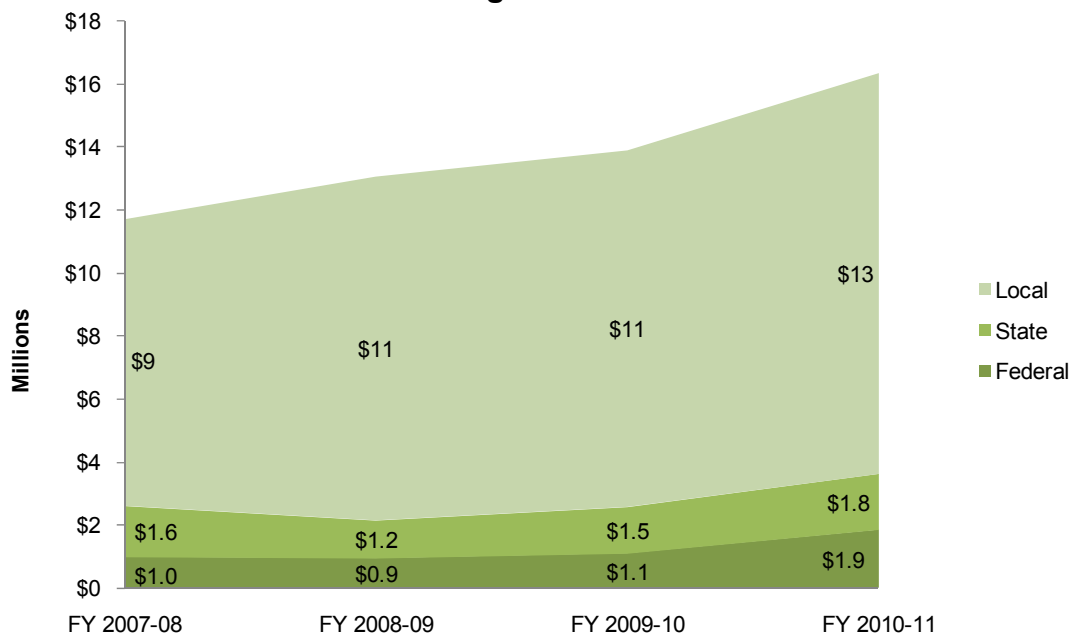
15C. HUH: Immediate need community-based LTC spending by funding source									
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change
2007-08	\$ 990,130	8%	-	\$ 1,616,483	14%	-	\$ 9,107,028	78%	-
2008-09	\$ 946,416	7%	-4%	\$ 1,199,680	9%	-26%	\$ 10,928,337	84%	20%
2009-10	\$ 1,102,120	8%	16%	\$ 1,467,811	11%	22%	\$ 11,335,953	82%	4%
2010-11	\$ 1,855,218	11%	68%	\$ 1,765,408	11%	20%	\$ 12,747,398	78%	12%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

16C. HUH: Community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
The Direct Access to Housing (DAH) program administered by DPH-HUH in collaboration with the Mayor's Office of Housing's (MOH) Local Operating Operating Subsidy Program (LOSP).	\$ 61,000	\$ 494,134	\$ 1,293,052	\$ 2,369,932
The Direct Access to Housing (DAH) program provides permanent housing with on-site supportive services for formerly homeless adults, most of whom have concurrent mental health & substance abuse, substance abuse and chronic medical conditions.	\$11,652,641	\$12,580,299	\$12,612,832	\$13,998,092
Total:	\$11,713,641	\$13,074,433	\$13,905,884	\$16,368,024

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

17C. HUH: Community-based LTC spending & portion of total by funding source, change over time

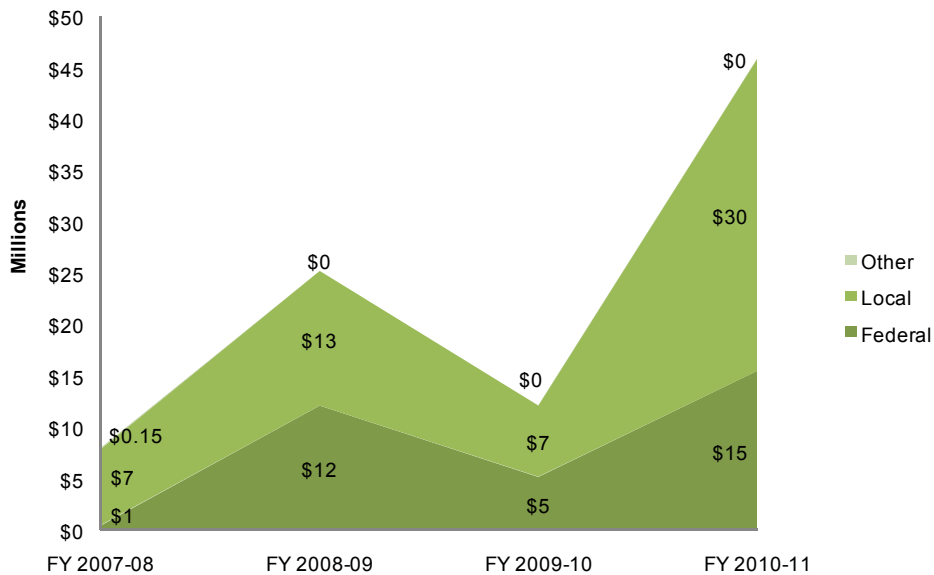


Appendix C

Spending by department

18C. MOH: Community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
The Local Operating Subsidy Program	-	-	\$ 1,005,646	\$ 4,096,239
The Senior Rental Housing Program	\$ 6,697,775	\$ 12,032,098	\$ 1,146,698	\$ 1,300,485
The Supportive Housing Program	\$ 1,419,076	\$ 13,202,459	\$ 9,998,747	\$ 40,444,676
Total:	\$ 8,116,851	\$ 25,234,557	\$ 12,151,091	\$ 45,841,400
Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.				

19C. MOH: Community-based LTC spending & portion of total by funding source, change over time



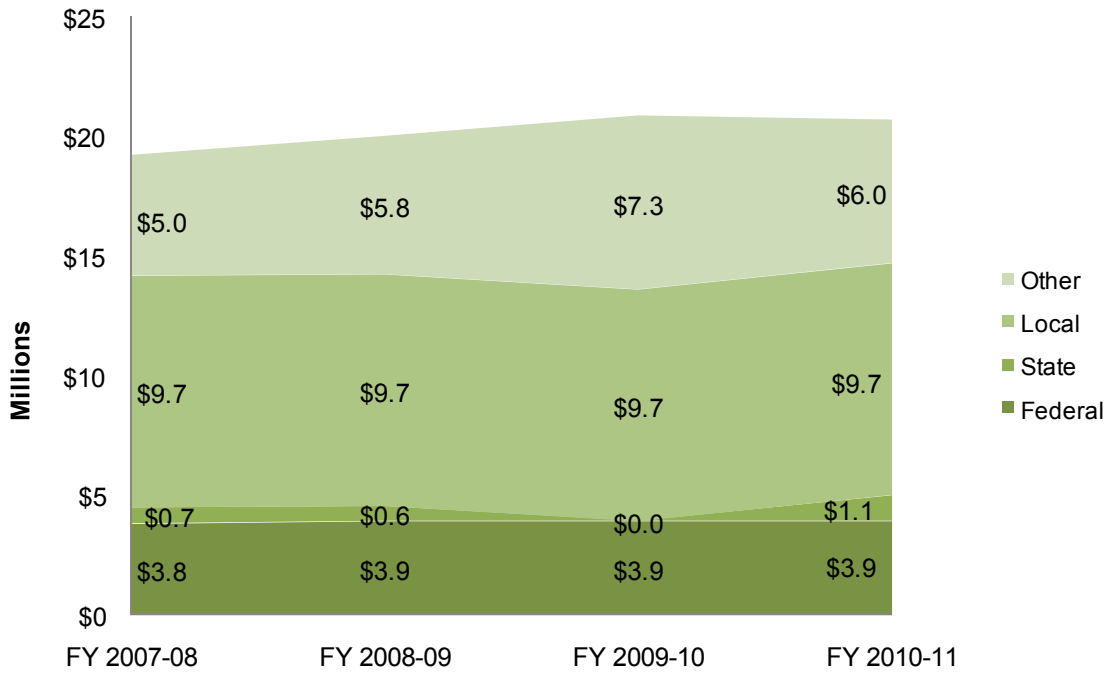
Appendix C

Spending by department

20C. SFMTA: Community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
The Paratransit Program	\$19,196,539	\$19,988,342	\$20,844,421	\$20,670,042
Total:	\$19,196,539	\$19,988,342	\$20,844,421	\$20,670,042

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

21C. SFMTA: Community-based LTC spending & portion of total by funding source, change over time



Appendix C

Spending by department

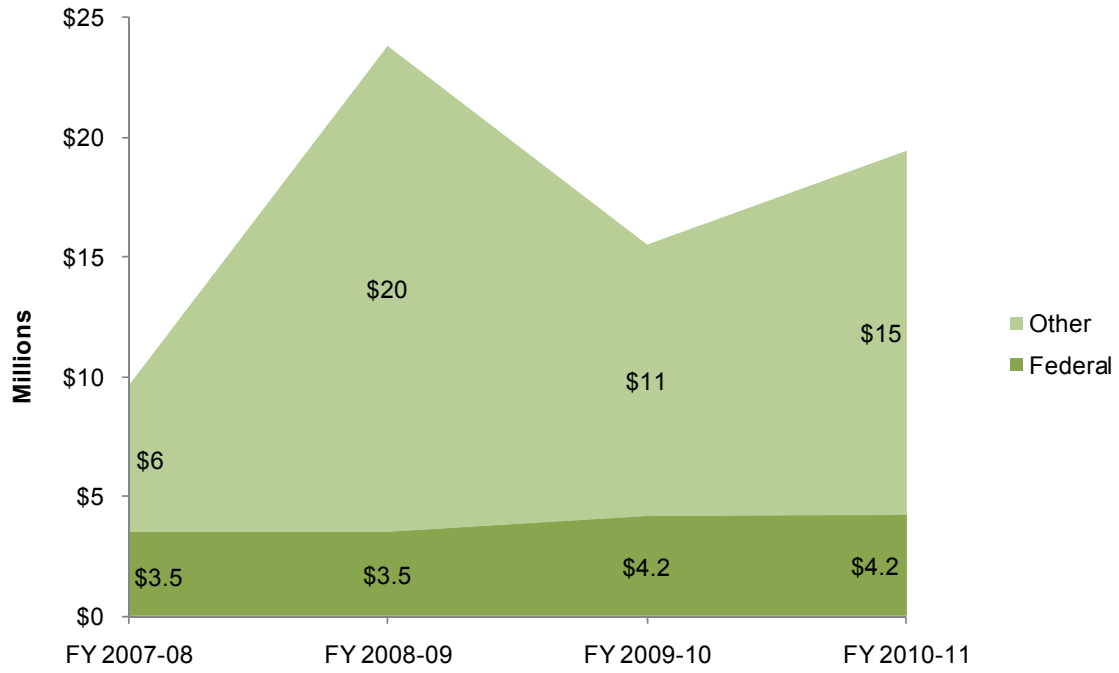
22C. SFRA: Community-based LTC spending by program				
Program	FY 2007-08	FY 2008-09	FY 2008-10	FY 2010-11
10th & Jessie Senior housing construction of 106 units of senior housing.	\$ -	\$ 3,746,036	\$ -	\$ -
11th & Jessie Senior housing construction of 106 units of senior housing.	\$ -	\$ -	\$ -	\$ -
150 Otis: 75 units of supportive housing for homeless veterans	\$ -	\$ -	\$ -	\$ 5,000,000
9th & Jessie Senior housing construction of 106 units of senior housing.	\$2,848,588	\$ -	\$ -	\$ -
A Woman's Place is a 54 bed supportive housing facility for multiple diagnosed women.	\$ -	\$ -	\$ 94,955	\$ 94,955
Armstrong Place Senior housing construction of 115 units of senior housing.	\$1,076,049	\$ 6,056,869	\$ -	\$ 110,855
Brandy Moore House is a 11 bed transitional residential treatment program for multiple diagnosed persons with HIV/AIDS.	\$ -	\$ -	\$ -	\$ 104,054
Derek Silva Community is a 68 unit housing development for persons living with disabled HIV/AIDS.	\$ 50,000	\$ 50,000	\$ 50,000	\$ -
Ferguson Place is a 12 bed transitional residential treatment program for multiple diagnosed persons with HIV/AIDS.	\$ -	\$ -	\$ -	\$ 331,488
Geary Boulevard Senior Living and Health Center construction of 150 units of senior housing	\$ -	\$ 4,347,184	\$ 7,456,804	\$ 3,258,151
Jordan Apartments rehabilitation of 55 units of special needs housing.	\$ 144,946	\$ -	\$ -	\$ -
Larkin Street's Assisted Care Facility is a 12-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI).	\$ 348,144	\$ 348,144	\$ 496,857	\$ 348,144
Leland House rehabilitation of 45 units of housing.	\$ -	\$ 180,695	\$ -	\$ 191,066
Leland House is a 45-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI)	\$1,450,020	\$ 1,450,020	\$ 1,632,673	\$ 1,660,286
Maitri is a 14-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI).	\$ 492,167	\$ -	\$ -	\$ 492,167
Mary Helen Rogers Senior construction	\$ 495,969	\$ 472	\$ -	\$ -
Mary Helen Rogers Senior construction of 99 units of senior housing supportive housing -age 55 and above.	\$ -	\$ -	\$ -	\$ 4,000,000
Mission Creek Senior Community rental housing for very low income seniors.	\$ -	\$ -	\$ -	\$ 451,890
Octavia Court housing construction of 14 units of housing for disabled	\$ 350,406	\$ 5,048,108	\$ 3,873,771	\$ 660,351
Parkview Terrace Senior housing construction.	\$ 263,004	\$ -	\$ -	\$ -
Peter Claver Community is a 32-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI).	\$ 710,252	\$ 710,252	\$ 840,141	\$ 729,317
Providence Senior housing construction of 50 units of senior housing.	\$ 305,693	\$ 143,303	\$ -	\$ -
Richard Cohen Residence is a 10-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI).	\$ 479,350	\$ 479,350	\$ 519,945	\$ 479,350
Turk and Eddy Preservation Project for rehabilitation of 82 units of housing.	\$ 581,037	\$ 754,224	\$ -	\$ 1,525,164
Other	\$ -	\$ 492,167	\$ 553,056	\$ -
Total:	\$9,595,625	\$23,806,824	\$15,518,202	\$19,437,238

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix C

Spending by department

23C. SFRA: Community-based LTC spending & portion of total by funding source, change over time



Appendix D

Spending by service area

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Appendix D

Spending by service area

1D. Total community-based LTC spending by service area, by department and continuum				
Service Area	FY 2007-08		FY 2008-09	
	Immediate Need	Continuum	Immediate Need	Continuum
Access	\$ 14,356,514	\$ 5,040,025	\$ 14,858,468	\$ 5,408,561
Caregiver Support	\$ 774,122	\$ -	\$ 864,092	\$ -
Case management & transitional care	\$ 8,975,303	\$ -	\$ 9,518,744	\$ -
Housing	\$ 13,829,327	\$ 61,106,732	\$ 15,619,912	\$ 98,551,605
Isolation	\$ 260,843	\$ 3,062,827	\$ 275,808	\$ 3,159,027
Mental health & substance abuse	\$ 28,350,656	\$ 202,919,013	\$ 27,928,871	\$ 218,810,456
Nutrition	\$ 4,707,016	\$ 5,048,379	\$ 4,655,102	\$ 5,102,658
Self care & safety	\$ 296,098,420	\$ -	\$ 331,067,317	\$ -
Portion of FY Total:	57%	43%	55%	45%
Service Area	FY 2009-10		FY 2010-11	
	Immediate Need	Continuum	Immediate Need	Continuum
Access	\$ 15,494,909	\$ 6,103,687	\$ 14,675,730	\$ 6,881,607
Caregiver Support	\$ 700,402	\$ -	\$ 642,542	\$ -
Case management & transitional care	\$ 10,651,647	\$ 30,521	\$ 9,223,488	\$ -
Housing	\$ 16,665,866	\$ 71,316,333	\$ 19,214,362	\$ 108,508,999
Isolation	\$ 243,751	\$ 3,106,518	\$ 243,751	\$ 3,104,046
Mental health & substance abuse	\$ 27,258,056	\$ 206,460,953	\$ 26,722,739	\$ 221,944,822
Nutrition	\$ 4,136,374	\$ 4,622,549	\$ 4,624,460	\$ 4,356,112
Self care & safety	\$ 334,717,386	\$ -	\$ 350,811,755	\$ -
Portion of FY Total:	58%	42%	55%	45%
<p>Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.</p>				

Appendix D

Spending by service area

2D. Total community-based LTC spending by service area, portion of total								
Service Area	FY 2007-08	% of total	FY 2008-09	% of total	FY 2009-10	% of total	FY 2010-11	% of total
Access	\$ 19,396,539	3%	\$ 20,267,029	3%	\$ 21,598,596	3%	\$ 21,557,337	3%
Caregiver support	\$ 774,122	0.1%	\$ 864,092	0.1%	\$ 700,402	0.1%	\$ 642,542	0.1%
Case management & transitional care	\$ 8,975,303	1%	\$ 9,518,744	1%	\$ 10,682,168	2%	\$ 9,223,486	1%
Housing	\$ 74,936,059	12%	\$114,171,516	16%	\$ 87,982,199	13%	\$127,723,361	17%
Isolation	\$ 3,323,670	1%	\$ 3,434,835	0.5%	\$ 3,350,269	0.5%	\$ 3,347,797	0.4%
Mental health & substance abuse	\$231,269,669	36%	\$246,739,327	34%	\$233,719,009	33%	\$248,667,561	32%
Nutrition	\$ 9,755,395	2%	\$ 9,757,760	1%	\$ 8,758,923	1%	\$ 8,980,572	1%
Self care & safety	\$296,098,420	46%	\$331,067,317	45%	\$334,717,386	48%	\$350,811,755	46%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

3D. Total community-based LTC spending by service area, change over time							
Service Area	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	FY 2010-11	% change
Access	\$ 19,396,539	\$ 20,267,029	4%	\$ 21,598,596	7%	\$ 21,557,337	-0.2%
Caregiver support	\$ 774,122	\$ 864,092	12%	\$ 700,402	-19%	\$ 642,542	-8%
Case management & transitional care	\$ 8,975,303	\$ 9,518,744	6%	\$ 10,682,168	12%	\$ 9,223,486	-14%
Housing	\$ 74,936,059	\$114,171,516	52%	\$ 87,982,199	-23%	\$127,723,361	45%
Isolation	\$ 3,323,670	\$ 3,434,835	3%	\$ 3,350,269	-2%	\$ 3,347,797	-0.1%
Mental health & substance abuse	\$231,269,669	\$246,739,327	7%	\$233,719,009	-5%	\$248,667,561	6%
Nutrition	\$ 9,755,395	\$ 9,757,760	0.0%	\$ 8,758,923	-10%	\$ 8,980,572	3%
Self care & safety	\$296,098,420	\$331,067,317	12%	\$334,717,386	1%	\$350,811,755	5%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix D

Spending by service area

4D. Immediate need community-based LTC spending by service area, portion of total								
Service Area	FY 2007-08	% of total	FY 2008-09	% of total	FY 2009-10	% of total	FY 2010-11	% of total
Access	\$ 14,356,514	4%	\$ 14,858,468	4%	\$ 15,494,909	4%	\$ 14,675,730	3%
Caregiver support	\$ 774,122	0.2%	\$ 864,092	0.2%	\$ 700,402	0.2%	\$ 642,542	0.2%
Case management & transitional care	\$ 8,975,303	2%	\$ 9,518,744	2%	\$ 10,651,647	3%	\$ 9,223,488	2%
Housing	\$ 13,829,327	4%	\$ 15,619,912	4%	\$ 16,665,866	4%	\$ 19,214,362	5%
Isolation	\$ 260,843	0.1%	\$ 275,808	0.1%	\$ 243,751	0.1%	\$ 243,751	0.1%
Mental health & substance abuse	\$ 28,350,656	8%	\$ 27,928,871	7%	\$ 27,258,056	7%	\$ 26,722,739	6%
Nutrition	\$ 4,707,016	1%	\$ 4,655,102	1%	\$ 4,136,374	1%	\$ 4,624,460	1%
Self care & safety	\$296,098,420	81%	\$331,067,317	82%	\$334,717,386	82%	\$350,811,755	82%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

5D. Immediate need community-based LTC spending by service area, change over time								
Service Area	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	FY 2010-11	% change	Total % change
Access	\$ 14,356,514	\$ 14,858,468	3%	\$ 15,494,909	4%	\$ 14,675,730	-5%	2%
Caregiver support	\$ 774,122	\$ 864,092	12%	\$ 700,402	-19%	\$ 642,542	-8%	-17%
Case management & transitional care	\$ 8,975,303	\$ 9,518,744	6%	\$ 10,651,647	12%	\$ 9,223,488	-13%	3%
Housing	\$ 13,829,327	\$ 15,619,912	13%	\$ 16,665,866	7%	\$ 19,214,362	15%	39%
Isolation	\$ 260,843	\$ 275,808	6%	\$ 243,751	-12%	\$ 243,751	0%	-7%
Mental health & substance abuse	\$ 28,350,656	\$ 27,928,871	-1%	\$ 27,258,056	-2%	\$ 26,722,739	-2%	-6%
Nutrition	\$ 4,707,016	\$ 4,655,102	-1%	\$ 4,136,374	-11%	\$ 4,624,460	12%	-2%
Self care & safety	\$296,098,420	\$331,067,317	12%	\$334,717,386	1%	\$350,811,755	5%	18%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

6D. Access: Total community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$ 3,807,693	20%	-	\$ 691,670	4%	-	\$ 9,870,000	51%	-	\$ 5,027,176	26%	-
2008-09	\$ 3,921,868	19%	3%	\$ 714,755	4%	3%	\$ 9,870,000	49%	0%	\$ 5,760,406	28%	15%
2009-10	\$ 3,981,868	18%	2%	-	0%	-100%	\$ 10,364,175	48%	5%	\$ 7,252,553	34%	26%
2010-11	\$ 4,061,868	19%	2%	\$ 1,099,221	5%	54%*	\$ 10,417,296	48%	1%	\$ 5,978,952	28%	-18%

* Percent change in State FY 2010-11 spending is calculated as the change in total Access spending from FY 2008-09.

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

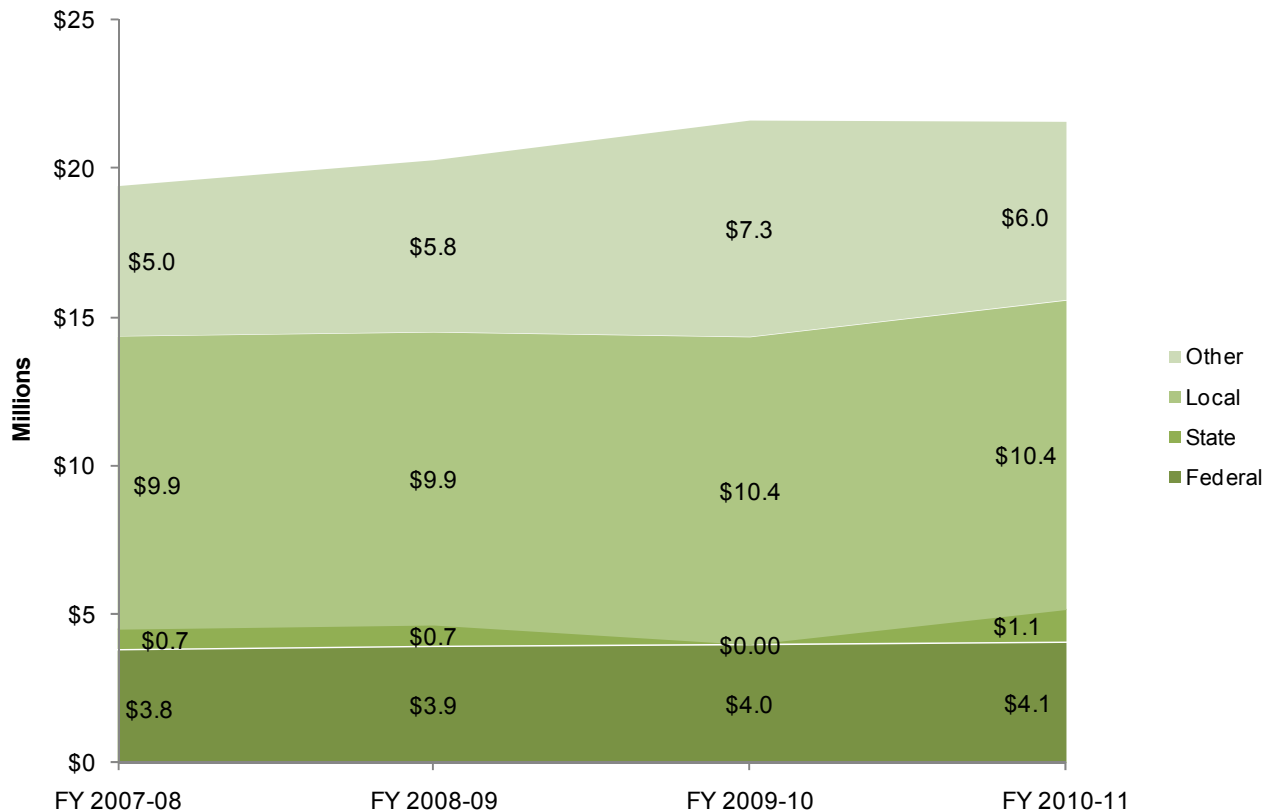
Appendix D Spending by service area

7D. Access: Immediate need community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$ 2,871,303	20%	-	\$ 574,261	4%	-	\$ 7,178,257	50%	-	\$ 3,732,694	26%	-
2008-09	\$ 2,971,694	20%	3%	\$ 594,339	4%	3%	\$ 7,429,234	50%	3%	\$ 3,863,202	26%	3%
2009-10	\$ 2,324,226	15%	-22%	\$ -	0%	-100%	\$ 7,747,420	50%	4%	\$ 5,423,194	35%	40%
2010-11	\$ 2,784,526	19%	20%	\$ 780,447	5%*	31%	\$ 6,865,700	47%	-11%	\$ 4,245,056	29%	-22%

* Percent change in State FY 2010-11 spending is calculated as the change in immediate need Access spending from FY 2008-09.

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

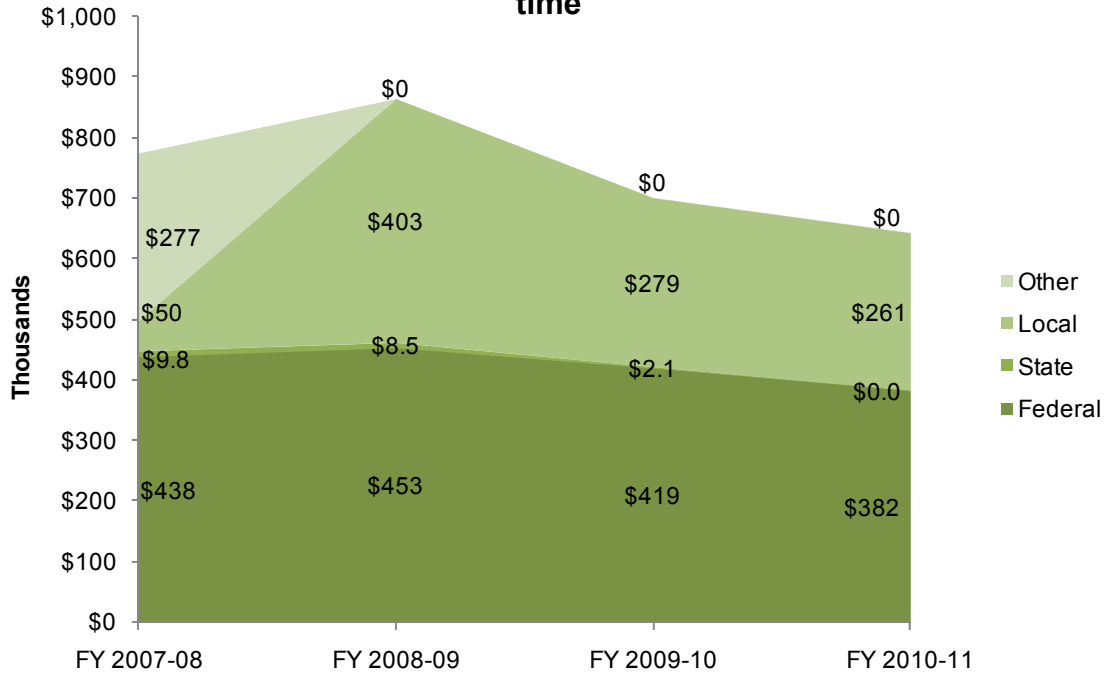
8D. Access: Community-based LTC spending & portion of total, change over time



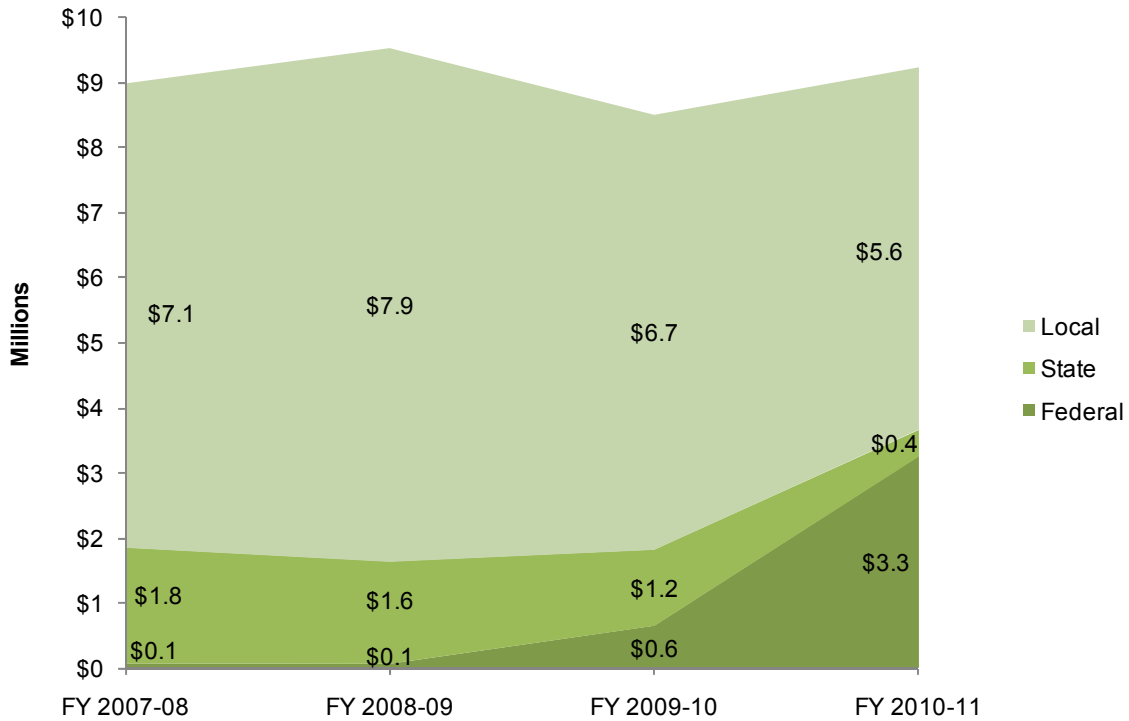
Appendix D

Spending by service area

9D. Caregiver support: Community-based LTC spending & portion of total, change over time



10D. Case management & transitional care: Community-based LTC spending & portion of total, change over time



Appendix D

Spending by service area

11D. Housing: Total community-based LTC spending by funding source; Capital, Immediate need & Continuum spending												
Fiscal Year	Total housing spending			Capital			Immediate Need			Continuum**		
	Spending	% of total*	% change	Spending	% of total	% change	Spending	% of total	% change	Spending	% of total	% change
2007-08	\$ 74,936,059	12%	-	\$ 14,182,543	2%	-	\$ 13,829,327	2%	-	\$ 61,106,732	9%	-
2008-09	\$ 114,171,516	16%	52%	\$ 45,511,448	6%	221%	\$ 15,619,912	2%	13%	\$ 98,551,605	13%	61%
2009-10	\$ 87,982,199	13%	-23%	\$ 22,670,975	3%	-50%	\$ 16,665,866	2%	7%	\$ 71,316,333	10%	-28%
2010-11	\$ 127,723,361	17%	45%	\$ 37,024,110	5%	63%	\$ 19,214,362	2%	15%	\$ 108,508,999	14%	52%
Total:	\$ 404,813,135	-	70%	\$ 119,389,076	-	161%	\$ 65,329,467	-	39%	\$ 339,483,668	-	78%

* Based on total community-based LTC spending. **Capital is included in Continuum spending.

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

12D. Housing: Total community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
	2007-08	\$25,271,816	34%	-	\$1,616,483	2%	-	\$41,833,064	56%	-	\$ 6,214,696	8%
2008-09	\$38,868,058	34%	54%	\$1,199,680	1%	-26%	\$53,826,888	47%	29%	\$20,276,891	18%	226%
2009-10	\$25,329,041	29%	-35%	\$1,467,811	2%	22%	\$49,854,772	57%	-7%	\$11,330,575	13%	-44%
2010-11	\$35,261,327	28%	39%	\$1,765,408	1%	20%	\$75,499,149	59%	51%	\$15,197,477	12%	34%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

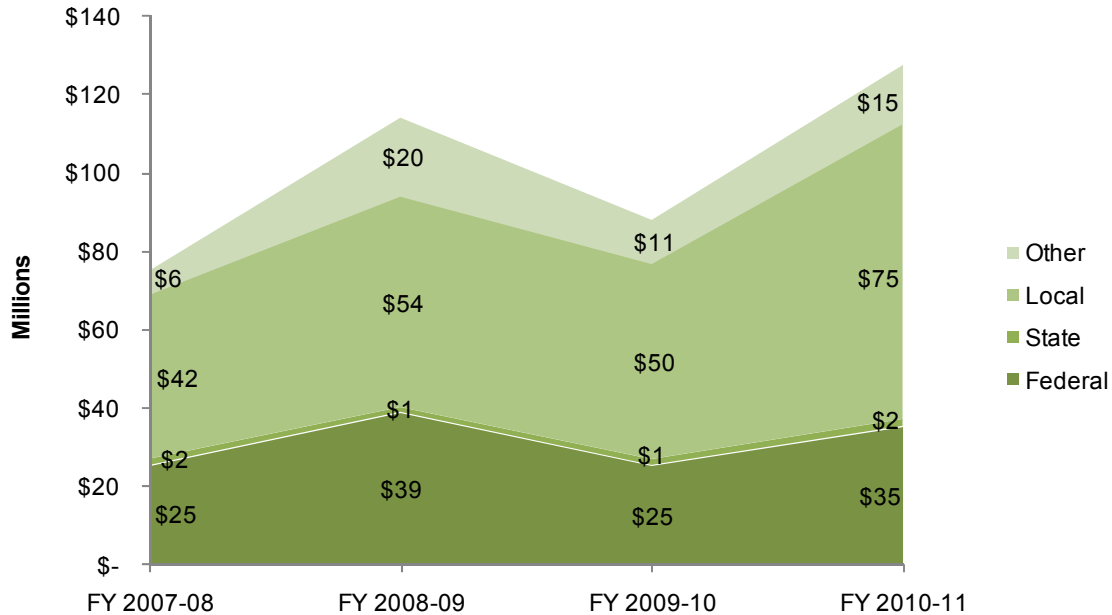
13D. Housing: Immediate need community-based LTC spending by funding source									
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change
2007-08	\$ 990,130	7%	-	\$1,616,483	12%	-	\$11,222,714	81%	-
2008-09	\$ 946,416	6%	-4%	\$1,199,680	8%	-26%	\$13,473,816	86%	20%
2009-10	\$1,102,120	7%	16%	\$1,467,811	9%	22%	\$14,095,935	85%	5%
2010-11	\$1,855,218	10%	68%	\$1,765,408	9%	20%	\$15,593,736	81%	11%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix D

Spending by service area

14D. Housing: Community-based LTC spending & portion of total, change over time



15D. Housing: Total community-based LTC spending, capital vs. operating spending

Fiscal Year	Capital	% of total	% change	Operating	% of total	% change
2007-08	\$14,182,543	19%	-	\$60,753,516	81%	-
2008-09	\$45,511,448	40%	221%	\$68,660,068	60%	13%
2009-10	\$22,670,975	26%	-50%	\$65,287,934	74%	-5%
2010-11	\$37,024,110	34%	63%	\$70,702,116	66%	8%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

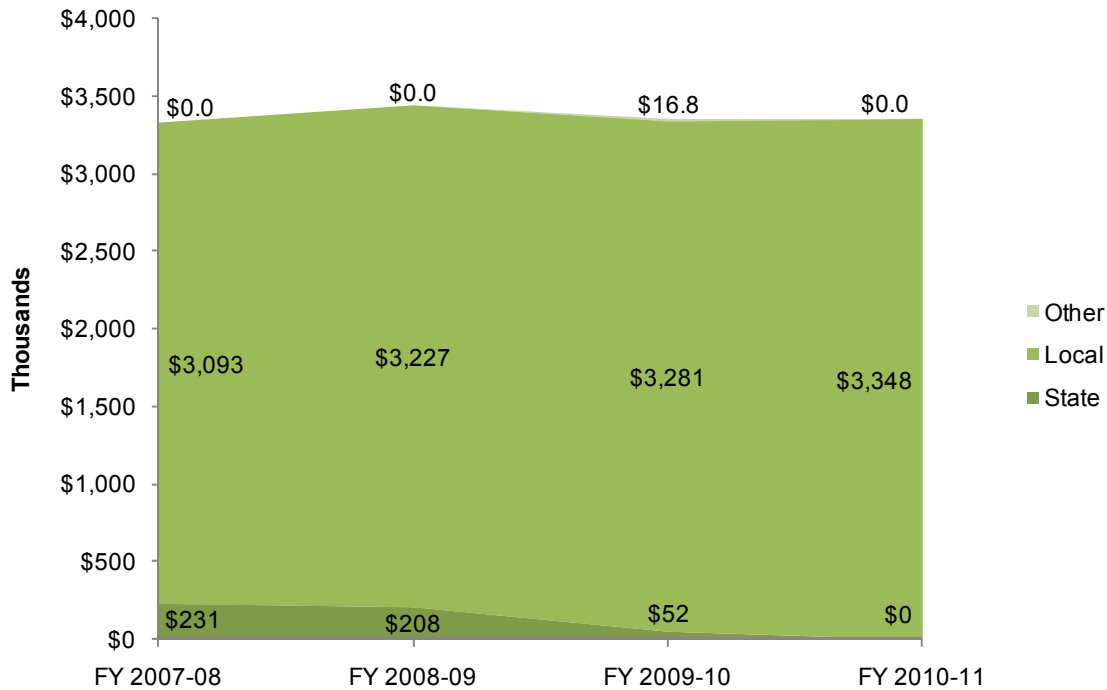
16D. Capital: Total community-based LTC spending, capital vs. operating spending

Fiscal Year	Capital	% of total	% change	Operating	% of total	% change
2007-08	\$14,182,543	2%	-	\$630,346,634	98%	-
2008-09	\$45,511,448	7%	221%	\$690,309,172	93%	10%
2009-10	\$22,670,975	4%	-50%	\$678,837,977	96%	-2%
2010-11	\$37,024,110	6%	63%	\$733,930,300	94%	8%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Appendix D Spending by service area

17D. Isolation: Community-based LTC spending & portion of total, change over time



18D. Mental health & substance abuse: Total community-based LTC spending by funding source, change over time

Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change
2007-08	\$ 83,618,860	36%	-	\$58,476,567	25%	-	\$89,174,242	39%	-
2008-09	\$ 89,084,570	36%	7%	\$62,101,410	25%	6%	\$95,553,347	39%	7%
2009-10	\$ 102,839,920	44%	15%	\$55,484,817	24%	-11%	\$75,394,272	32%	-21%
2010-11	\$ 123,363,459	50%	20%	\$55,757,246	22%	0.5%	\$69,546,855	28%	-8%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

19D. Mental health & substance abuse: Immediate need community-based LTC spending by funding source

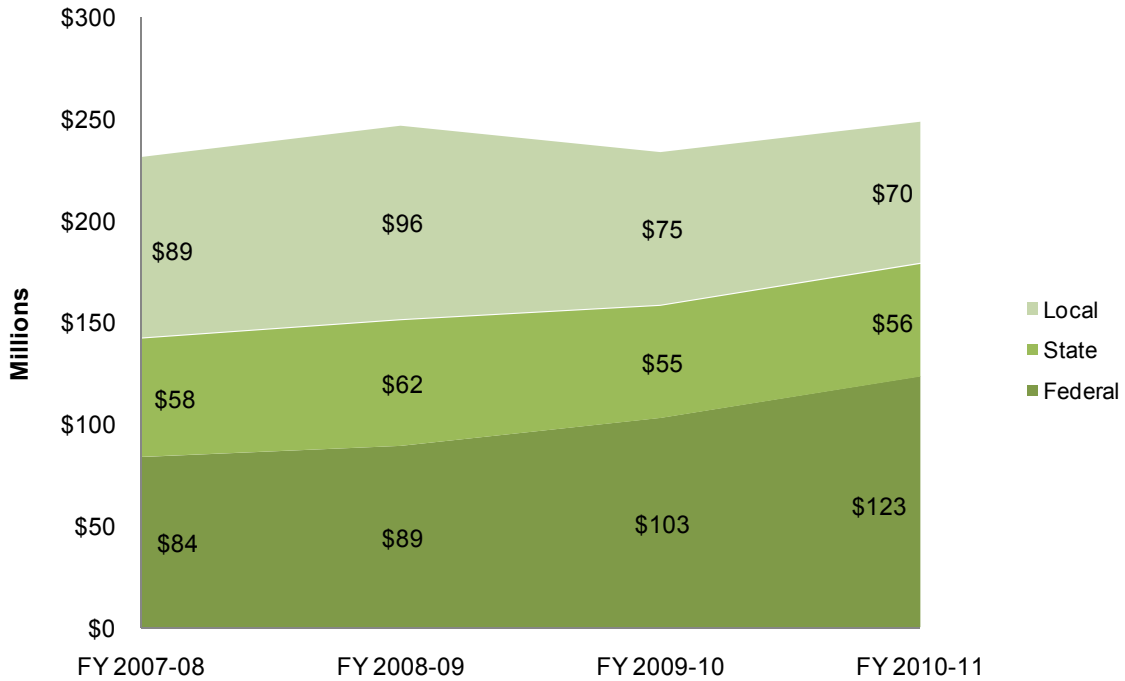
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$5,226,705	18%	-	\$19,630,553	69%	-	\$3,493,399	12%	-	\$ -	0%	-
2008-09	\$4,245,597	15%	-19%	\$18,892,866	68%	-4%	\$4,790,409	17%	37%	\$ -	0%	0%
2009-10	\$4,245,597	16%	0%	\$18,503,492	68%	-2%	\$4,508,968	17%	-6%	\$ -	0%	0%
2010-11	\$5,184,669	19%	22%	\$15,952,383	60%	-14%	\$5,098,865	19%	13%	\$486,822	2%	100%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

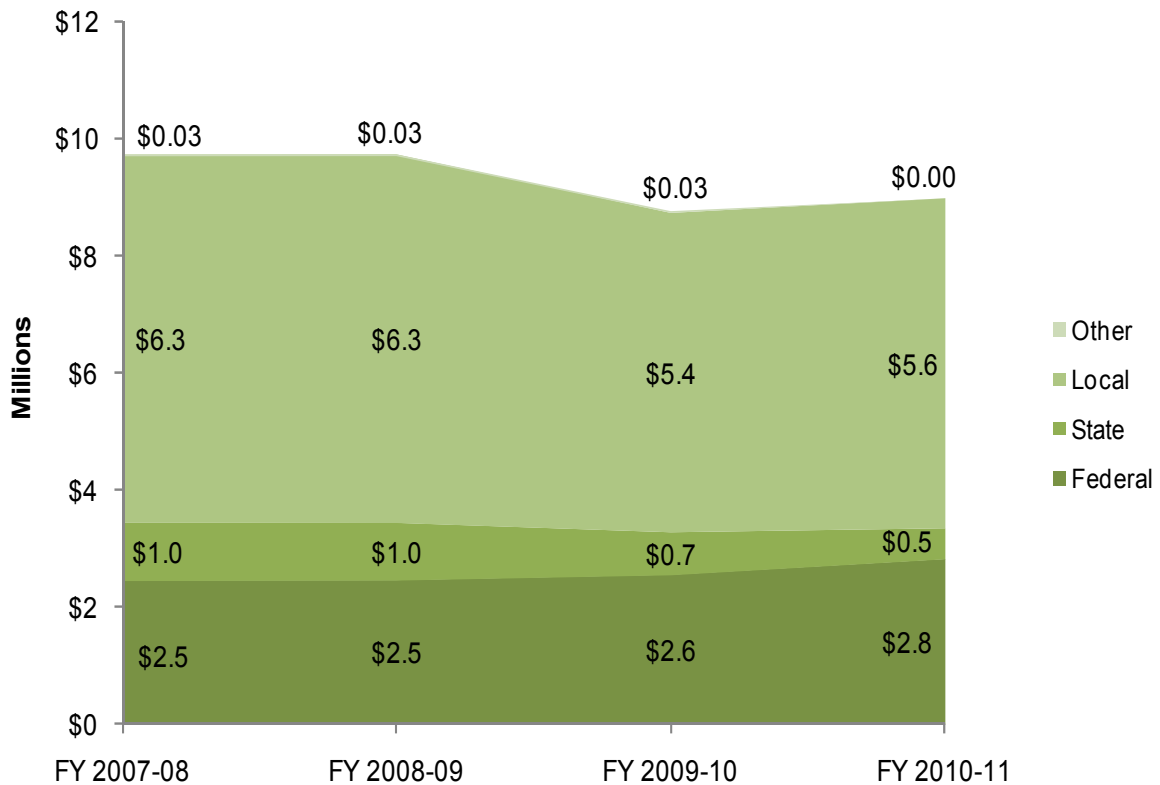
Appendix D

Spending by service area

20D. Mental health & substance abuse: Community-based LTC spending & portion of total, change over time



21D. Nutrition: Community-based LTC spending & portion of total, change over time



Appendix D

Spending by service area

22D. Self care & safety: Total* community-based LTC spending by funding source												
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$182,036,664	61%	-	\$63,813,364	22%	-	\$50,167,993	17%	-	\$ 80,399	0.03%	-
2008-09	\$204,111,109	62%	12%	\$70,942,449	21%	11%	\$55,971,035	17%	12%	\$ 42,724	0.01%	-47%
2009-10	\$221,675,946	61%	9%	\$77,097,373	21%	9%	\$62,425,920	17%	12%	\$ 38,769	0.01%	-9%
2010-11	\$208,763,312	60%	-6%	\$80,100,315	23%	4%	\$61,833,628	18%	-1%	\$114,500	0.03%	195%

Source: In October 2010 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all LTC services. *Total and immediate need spending are the same for Self care & safety.

23D. Self care & safety: Community-based LTC spending & portion of total, change over time

