



Date: March 31, 2010  
To: Phil Arnold and Noelle Simmons, Human Services Agency  
Kelly Hiramoto and Jenny Louie, Department of Public Health  
From: Lani Kent and Michael Wylie, Controller's Office, City Services Auditor  
Re: Fiscal Analysis of Community-based Long Term Care

We are pleased to share with you the results of the community-based long term care (LTC) fiscal analysis project. This memo provides a summary of community-based LTC spending in the budget of the City and County of San Francisco (City) and includes project highlights, project background and methodology, and major findings by funding source, department and service area.

## Highlights:

- 1) **Community-based LTC spending within the City budget is currently \$726 million, an increase of 13 percent since FY 2007-08.** Spending totaled \$645 million in FY 2007-08 and \$736 million in FY 2008-09.
- 2) **The General Fund accounts for roughly 30 percent (\$218 million) of community-based LTC spending.** This averages to 7 percent of the City's total General Fund of roughly \$3 billion. Federal resources account for 50 percent and State resources account for 20 percent of the remaining spending on community-based LTC services.
- 3) **Immediate Need spending increased by 18 percent, from \$367 million to \$434 million, and is funded primarily through Federal and State resources.** 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 5 percent, from \$277 million to \$292 million, and is funded primarily through the City's General Fund.** Continuum spending includes spending on services for LTC clients who are not at immediate risk of institutionalization.
- 5) **The Human Services Agency (HSA) accounts for roughly 57 percent (\$400 million) of total spending.** Spending increased by 19 percent between FY 2007-08 and FY 2009-10.
- 6) **The Self Care and Support service area accounts for almost half (\$330 million) of total community-based LTC spending.** The In-Home Supportive Services (IHSS) program is the driving force behind this service area and accounts for 97 percent of spending.
- 7) **Community-based LTC Housing spending increased by 17 percent, from \$75 million to \$88 million.** Capital spending increased by 60 percent, Immediate Need spending increased by 21 percent, and Continuum spending increased by 4 percent

**Project Background:** Begun in June 2009, the goal of this project is to provide a summary of community-based long term care (LTC) spending that is administered by the City and County of San Francisco (City). Community-based LTC services as defined in this report include home-based community services, similar to those used by the State's Home and Community Based Services (HCBS) Waiver program. For a definitive list of the services included in this analysis, see Appendix A. The project was led by the City Services Auditor division of the Controller's Office and sponsored by the Human Services Agency (HSA) and the Department of Public Health (DPH). This project is intended to support additional planning, analyses and implementation strategies to improve the LTC network.

**Methodology:** After consultation with various stakeholders, the Controller's Office and project sponsors adopted a project plan outlining goals, major tasks, analysis parameters, and roles and responsibilities. The Finance and Policy Work Group of the Mayor's Long Term Care Coordinating Council (LTCCC) served as an advisory group to the Controller's Office for the duration of this study. Specifically, the project sponsors and the advisory group collaborated with the Controller's Office to identify the departments<sup>1</sup> and the service areas for inclusion in this study, including:

**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)
- 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

From July to October 2009, the Controller's Office worked with staff from identified departments to collect fiscal data and develop spending summaries for fiscal years 2007-08, 2008-09 and 2009-10 (budgeted). The data collection effort resulted in discussions with departments on what constitutes community-based long term care services and clients. As a result of consultation with stakeholders, we propose the following spending categories to summarize these services along a continuum:

**Immediate Need:** Spending on 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.

**Continuum:** Spending on 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.

(See Appendix A for a description of the development of these spending categories and a listing of programs by service area.)

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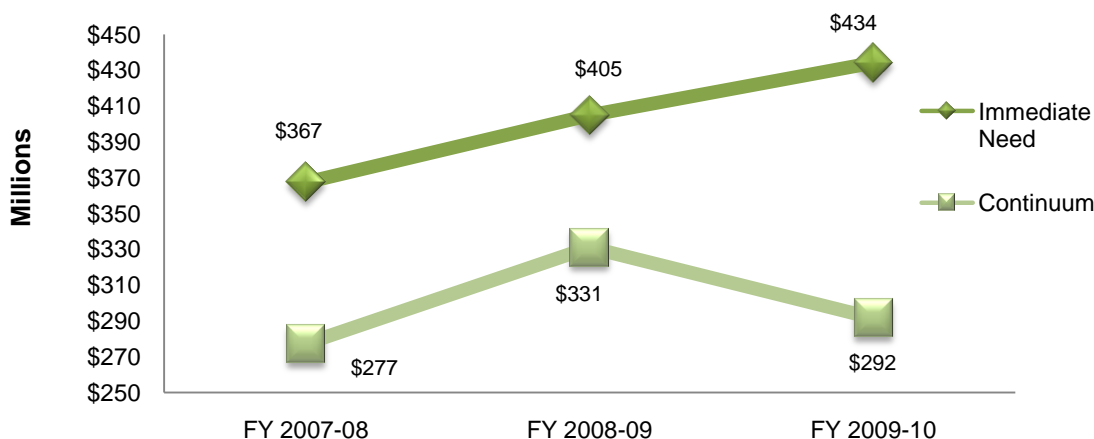
<sup>1</sup> For the purposes of this report, the term "department" is used generally and may include an agency, a department or a department division/section.

**Total Spending:** Over the three years examined, total community-based LTC spending increased by 13 percent, from \$645 million to \$726 million.<sup>2</sup> See Exhibit 1.

<b>Exhibit 1. Community-based LTC spending</b>				
Spending	FY 2007-08	FY 2008-09	FY 2009-10	% change
Immediate Need	\$367,352,201	\$404,788,314	\$434,232,924	18%
Continuum	\$277,176,976	\$331,032,306	\$291,586,819	5%
<b>Total:</b>	<b>\$644,529,177</b>	<b>\$735,820,620</b>	<b>\$725,819,743</b>	<b>13%</b>
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.				

Since FY 2007-08, Immediate Need spending has steadily increased, while continuum spending has fluctuated. See Exhibit 2.

**Exhibit 2. Community-based LTC spending trends**



**Spending By Funding Source:** Federal government resources account for almost half of all community-based LTC spending.<sup>3</sup> State government resources account for 20 percent, Local (City General Fund) resources account for approximately 30 percent, and Other resources account for 3 percent.<sup>4</sup> In the three years under review, Federal resources trended upwards, while State and Local resources fluctuated. See Exhibits 3 and 4. (See Appendix B for a summary of funding sources and further details of spending by funding source.)

<sup>2</sup> This study did not include a comparative analysis of community-based LTC services with Laguna Honda Hospital (LHH) LTC services. As a simple reference point, the LHH operating budget for long term care was \$191 million in FY 2007-08, \$168 million in 2008-09, and \$160 million in FY 2009-10 (sources: Mayor's Budget Book FY2009-10 and LHH Staff).

<sup>3</sup> Due to Federal stimulus funding (a.k.a, "FMAP"), the Federal reimbursement rate for some programs increased in FY 2009-10, a factor in the overall increase in Federal resources and decrease in Local resources.

<sup>4</sup> "Other" funding is primarily within capital spending; this study did not include a data request to fiscal officers to provide further detail on "Other" funding types.

### Exhibit 3. Community-based LTC spending, by funding source



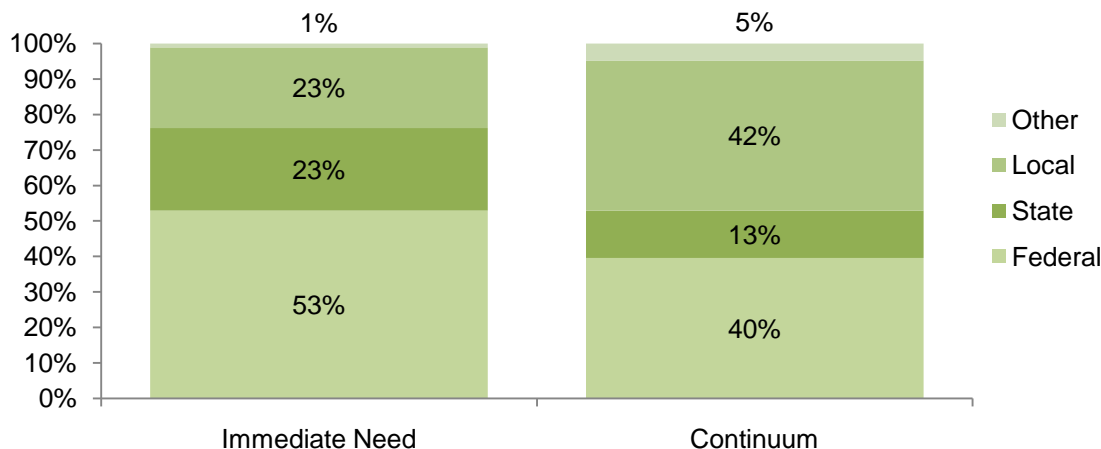
### Exhibit 4. Community-based LTC spending, by funding source, proportion of total and change over time

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change	Total	% change
2007-08	\$298	46%	-	\$128	20%	-	\$208	32%	-	\$12	2%	-	\$645	-
2008-09	\$339	46%	14%	\$138	19%	8%	\$233	32%	12%	\$26	4%	117%	\$736	14%
2009-10	\$357	49%	5%	\$136	19%	-1%	\$214	29%	-8%	\$19	3%	-27%	\$726	-1%
<b>Total Change</b>	<b>\$59</b>	<b>-</b>	<b>20%</b>	<b>\$8</b>	<b>-</b>	<b>6%</b>	<b>\$6</b>	<b>-</b>	<b>3%</b>	<b>\$7</b>	<b>-</b>	<b>58%</b>	<b>\$80</b>	<b>13%</b>

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

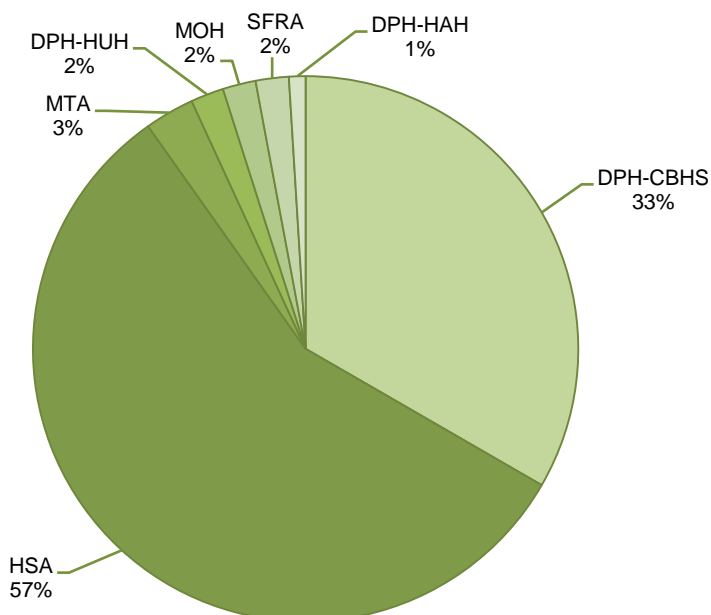
Proportionately, Federal and State spending is represented more in the Immediate Need spending category, while Local and Other spending is represented more in the Continuum spending category. See Exhibit 5 for the three-year average of proportional spending by funding source.

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



**Spending By Department:** The Human Services Agency (HSA)—including the Department of Aging and Adult Services (DAAS) and the Department of Human Services (DHS)—accounts for over half of the total community-based LTC spending. The Department of Public Health’s (DPH) Community and Behavioral Health Services (CBHS) accounts for 33 percent, with its Housing and Urban Health (HUH) program accounting for 2 percent and Health at Home (HAH) for 1 percent. The Mayor’s Office on Housing (MOH), San Francisco Municipal Transportation Agency (SFMTA) and the Redevelopment Agency (SFRA) account for the remaining 7 percent. See Exhibit 6 for the three-year average of proportional spending by department.

**Exhibit 6. Community-based LTC services, by department**



Over the three years examined, spending increased by 62 percent at SFRA, 50 percent at MOH, and 19 percent at HUH, indicating a significant increase in Housing spending. HSA spending increased by 18 percent, with much of this increase driven by the In-Home Supportive Services (IHSS) program, which accounts for roughly 44 percent of HSA's spending. Spending increased by 9 percent at SFMTA and 1 percent at CBHS. Finally, HAH spending decreased by 19 percent. See Exhibit 7.

### Exhibit 7. Community-based LTC spending, by department and change over time

Department	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	Total % Change
DPH-CBHS	\$231,269,669	\$246,739,327	7%	\$233,719,009	-5%	1%
DPH-HAH	\$3,579,981	\$3,108,031	-13%	\$2,909,739	-6%	-19%
DPH-HUH	\$11,713,641	\$13,074,433	12%	\$13,905,884	6%	19%
HSA	\$361,056,871	\$403,869,106	12%	\$426,771,397	6%	18%
MOH	\$8,116,851	\$25,234,557	211%	\$12,151,091	-52%	50%
SFMTA	\$19,196,539	\$19,988,342	4%	\$20,844,421	4%	9%
SFRA	\$9,595,625	\$23,806,824	148%	\$15,518,202	-35%	62%
<b>Total:</b>	<b>\$644,529,177</b>	<b>\$735,820,620</b>	<b>14%</b>	<b>\$725,819,743</b>	<b>-1%</b>	<b>13%</b>

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

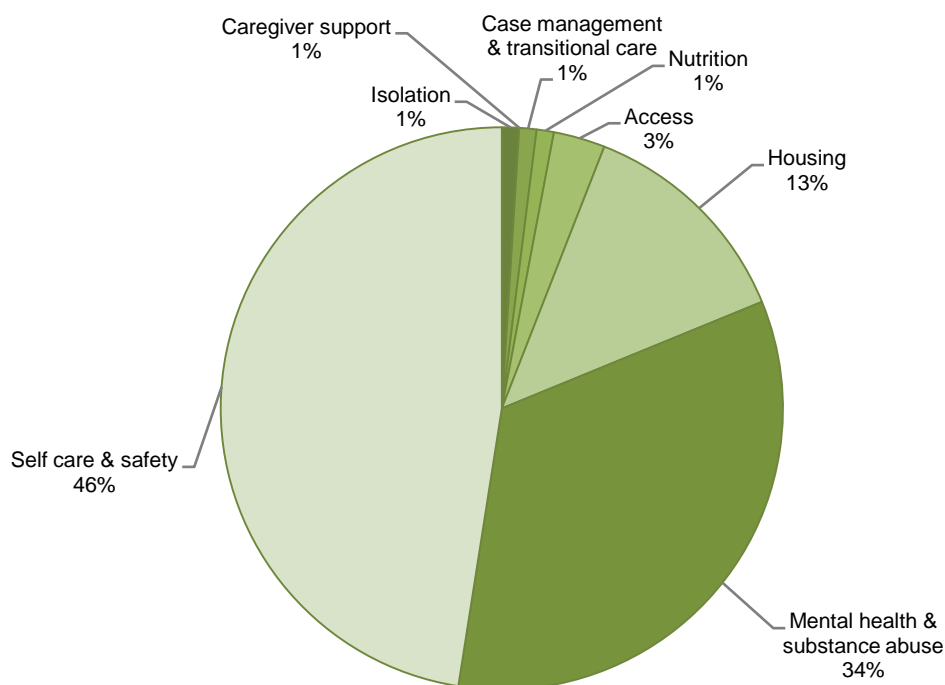
Considering spending through a continuum lens, HSA and SFMTA attribute most of their services to Immediate Need spending, while CBHS attributes most of its services to Continuum spending. HAH and HUH services fall entirely within Immediate Need spending, while MOH and SFRA services fall entirely within Continuum spending. See Exhibit 8 for the three-year average of department spending, proportioned by Continuum and Immediate Need spending. (See Appendix C for additional spending details by department.)

### Exhibit 8. Community based LTC spending trends, by department



**Spending By Service Area:** The Self Care and Safety service area accounts for 47 percent of total spending on community-based LTC services. Mental Health and Substance Abuse accounts for 34 percent, and Housing for 13 percent. Access, Nutrition, Case Management and Transitional Care, Caregiver Support and Isolation make up the remaining 6 percent of spending. See Exhibit 9 for the three-year average of proportional spending by service area. (See Appendix A for the list of services included in each service area, and Appendix D for further spending analyses by service area.)

**Exhibit 9. Community-based LTC spending,  
by service area**



From FY 2007-08 through FY 2009-10, spending increased by 22 percent within the Self Care and Safety service area, driven in large part by the IHSS programs. IHSS accounts for 97 percent of the Self Care and Safety service area, and increased by 23 percent, from \$286 million to \$351 million. Housing spending increased by 17 percent, and Access spending by 11 percent. Spending remained roughly the same for Isolation and Mental Health and Substance Abuse. Other service areas had a decrease between 5 and 10 percent: Caregiver support, Case Management and Transitional Care, and Nutrition. See Exhibit 10.

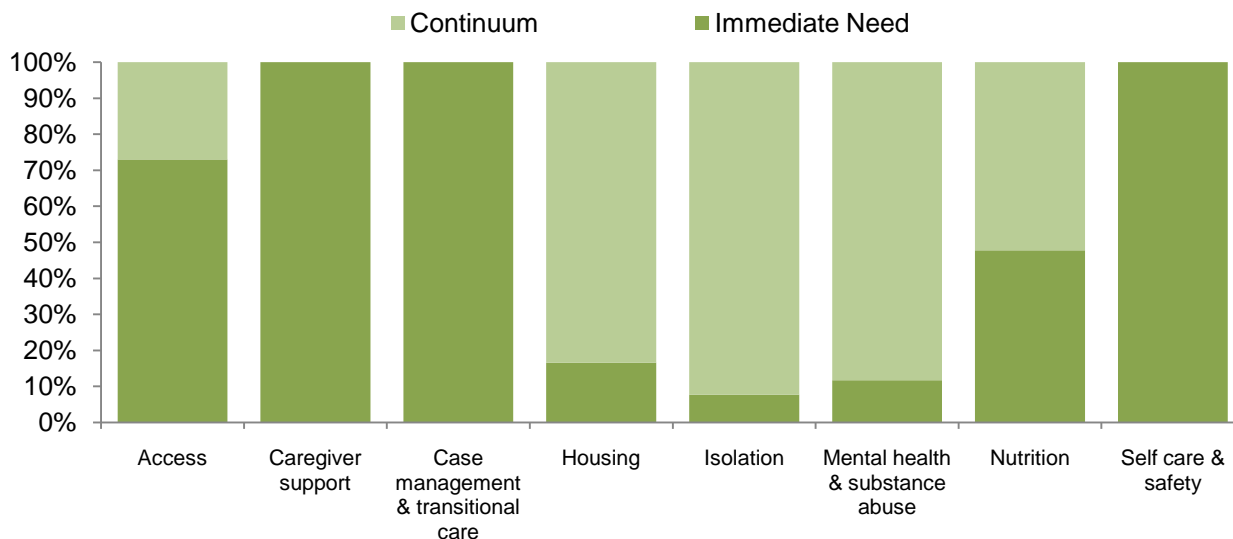
### Exhibit 10. Community-based LTC spending, by service area and change over time

Service Area	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	Total % change
Access	\$19,396,539	\$20,267,029	4%	\$21,598,596	7%	11%
Caregiver support	\$774,122	\$864,092	12%	\$700,402	-19%	-10%
Case management & transitional care	\$8,975,303	\$9,518,744	6%	\$8,495,625	-11%	-5%
Housing	\$74,936,059	\$114,171,516	52%	\$87,958,909	-23%	17%
Isolation	\$3,323,670	\$3,434,835	3%	\$3,350,269	-2%	1%
Mental health & substance abuse	\$231,269,669	\$246,739,327	7%	\$233,719,009	-5%	1%
Nutrition	\$9,755,395	\$9,757,760	0%	\$8,758,923	-10%	-10%
Self care & safety	\$296,098,420	\$331,067,317	12%	\$361,238,010	9%	22%
<b>Total</b>	<b>\$644,529,177</b>	<b>\$735,820,620</b>	<b>14%</b>	<b>\$725,819,743</b>	<b>-1%</b>	<b>13%</b>

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

Self Care and Safety, which represents roughly half of all community-based LTC spending, is considered entirely within Immediate Need spending, and represents 83 percent of all Immediate Need spending. Access, Caregiver Support, and Case Management and Transitional Care also fall within Immediate Need spending, but account for only 4 percent of Immediate Need spending. Notably, Mental Health and Substance Abuse falls primarily within Continuum spending, accounting for only 6 percent of Immediate Need spending. See Exhibit 11 for the three-year average of service area spending trends, proportioned by Continuum and Immediate Need spending. (See Appendix D for more detail on spending by service area.)

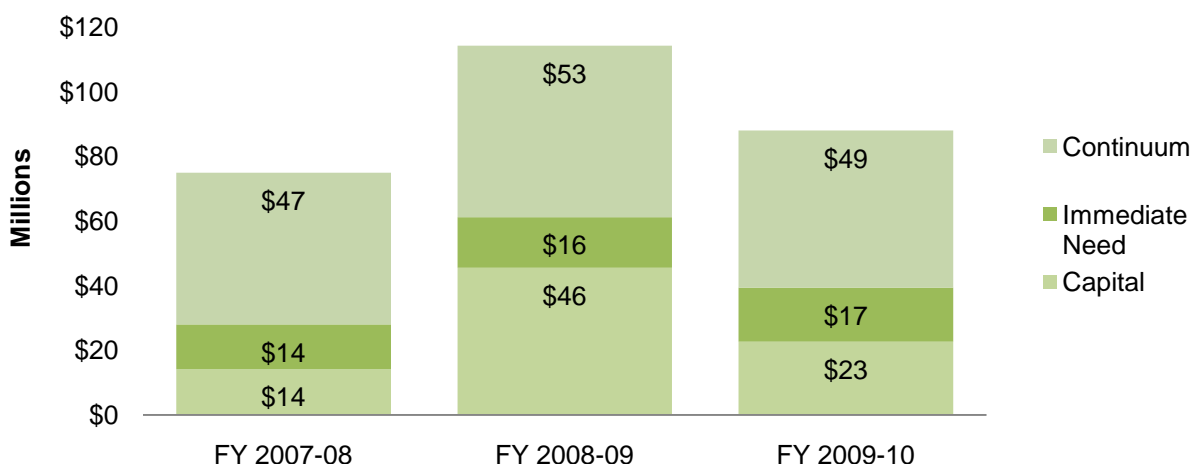
### Exhibit 11. Community-based LTC spending trends, by service area





Total spending in the Housing service area increased by 17 percent. Within Housing, Capital spending increased by 64 percent, Immediate Need spending increased by 21 percent and Continuum spending by 4 percent. See Exhibit 12.

**Exhibit 12. Community-based LTC Housing spending**



## Lessons Learned:

**1. There exists no universal best practice, or consistent and fiscally measurable approach, to defining “long term care services.”** State and federal programs, academia, as well as the San Francisco Long Term Care Coordinating Council (LTCCC) employ different definitions for what comprises LTC services and populations, or they leave it broad and open to interpretation. This analysis attempts to summarize spending along a continuum using the LTCCC’s definition; however, further refinement is needed to establish a more detailed and fiscally measureable continuum.

**2. City departments use different methodologies for identifying LTC clients and services.** City departments do not share the same eligibility criteria for LTC service provision. When departments made an effort to distinguish Immediate Need services from Continuum services, the methodologies differed as they were tailored to individual program eligibility criteria.

**3. The City’s fiscal systems are not currently equipped to replicate this analysis.** The City’s budget documents and accounting system (FAMIS) are not currently designed to report this information. Department staff generated spending data for this analysis using their unique internal systems and recordkeeping efforts. This proved a time-consuming process – repeating this data collection and analysis would require an advance commitment of significant staff time from the departments involved, notably HSA and DPH.

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## **Appendix A:**

### **Spending category and service area definitions**

**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.<sup>5</sup> 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.

**Methodologies for determining Immediate Need spending** varied, but the overall question guiding those methodologies was consistent: "What services do we provide that, if we did not provide them, our clients would be at immediate risk of losing (or not regaining) the receipt of care outside of an institutional setting?" The following represents each department's process:

- **Community and Behavioral Health Services (CBHS) and Housing and Urban Health (HUH)** determined spending by identifying the population, that without a housing subsidy and care, might become homeless or sick enough to require institutionalization. This includes all clients in the Direct Access Housing (DAH) program and the Local Operating Subsidy Program (LOSP), along with all the CBHS system of care costs associated with those clients. This also includes all subsidy costs for Residential Care Facilities (RCF and RCFE) beds, along with all CBHS system of care costs associated with clients utilizing those beds.
- **Human Services Agency (HSA)** determined spending by manually going through each program to identify services that are most critical to transitioning clients from an institution to a community-based alternative or helping clients remain living in the community who might otherwise be institutionalized.
- **San Francisco Municipal Transportation Agency (SFMTA)** determined spending by excluding all paratransit clients who are 'conditionally eligible,' which means clients whose disability only occasionally requires them to use paratransit services. All paratransit clients that do not fall in the 'conditionally eligible' category are included in Immediate Need spending.
- **Health at Home (HAH)** determined that all spending is essential to helping clients receive care outside of an institutional setting (Note: All CLF-funded services are excluded, since it is captured in the HSA spending summary via work order to the Institute on Aging).
- **Mayor's Office on Housing (MOH) and the Redevelopment Agency (RDA)** determined spending based on the target populations for housing developments. While it is understood that housing is essential to helping clients receive services in the community, for the purposes of this analysis MOH and RDA capital spending was placed in the "Continuum" category. We have provided additional analysis on Housing, including showing the portion that is capital (see Exhibit 12 and Appendix D).

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<sup>5</sup> 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**

**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 area<sup>6</sup>:

#### **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)

#### **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 provides 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 conditions 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)

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<sup>6</sup> 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**

- ***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)
- ***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)

## **Appendix A:**

### **Spending category and service area definitions**

- ***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)

#### **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)

## **Appendix A:**

### **Spending category and service area definitions**

- ***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)

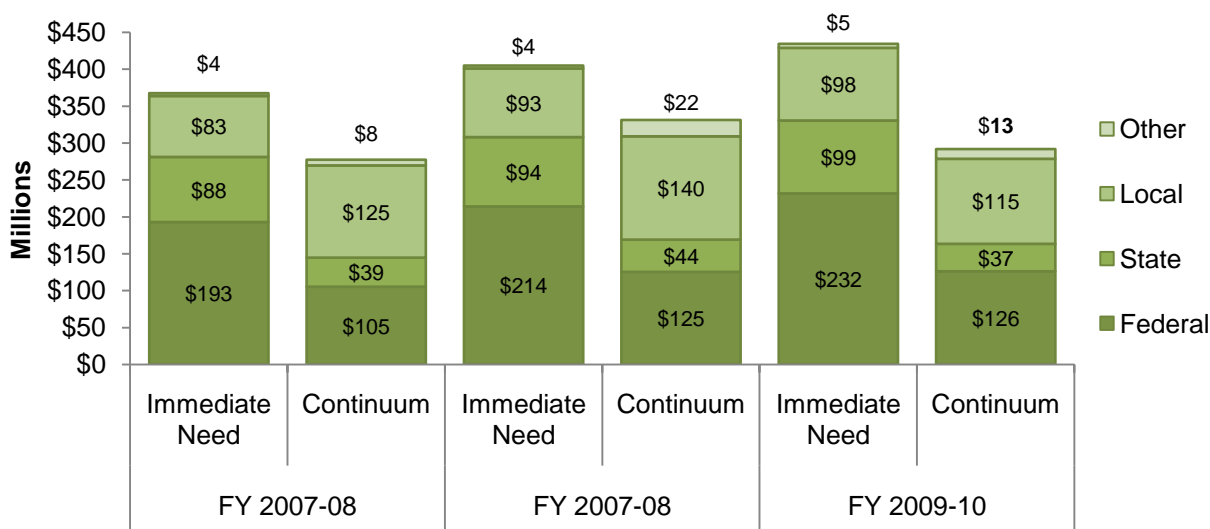
#### **Mental Health & Substance Abuse**

- ***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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5B	18-19	Funding source descriptions
6B	19	General fund vs. non-general fund
7B	19	Short-term vs. on-going spending

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



### 2B. Immediate need 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	Other (Mil)	% of total	% change
2007-08	\$193	52%	-	\$88	24%	-	\$83	22%	-	\$4	1%	-
2008-09	\$214	53%	11%	\$94	23%	6%	\$93	23%	13%	\$4	1%	2%
2009-10	\$232	53%	8%	\$99	23%	5%	\$98	23%	6%	\$5	1%	40%
<b>Total change</b>	<b>\$39</b>	<b>-</b>	<b>20%</b>	<b>\$11</b>	<b>-</b>	<b>12%</b>	<b>\$16</b>	<b>-</b>	<b>19%</b>	<b>\$2</b>	<b>-</b>	<b>43%</b>

Source: From August 2009 through November 2009 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

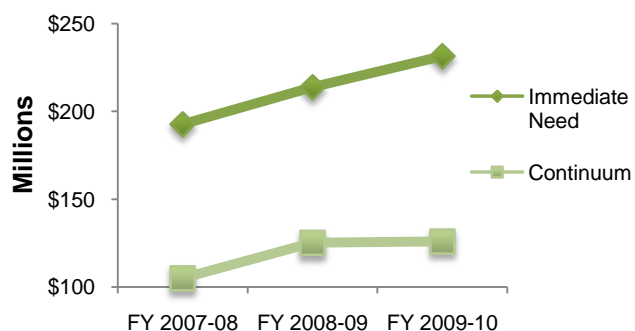
### 3B. Total community based LTC spending by funding source and continuum

Service Area	FY 2007-08			FY 2008-09			FY 2009-10		
	Immediate Need	Continuum	Total	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	\$231,518,617	\$125,949,605	\$357,468,222
State	\$88,249,507	\$39,444,895	\$127,694,402	\$93,970,287	\$43,755,524	\$137,725,811	\$98,767,894	\$37,236,455	\$136,004,349
Local	\$82,609,670	\$124,974,985	\$207,584,655	\$93,066,470	\$139,949,416	\$233,015,885	\$98,484,448	\$115,192,998	\$213,677,446
Other	\$3,813,093	\$7,734,593	\$11,547,686	\$3,905,926	\$22,205,101	\$26,111,027	\$5,461,963	\$13,207,762	\$18,669,725
Total	57%	43%	\$644,529,177	55%	45%	\$735,820,620	60%	40%	\$725,819,742

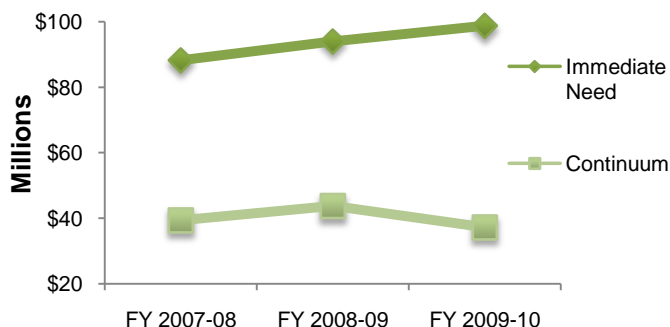
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

### 4B. Total community-based LTC spending by funding source and continuum

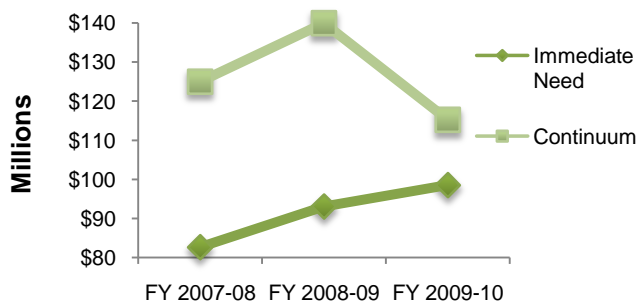
#### Federal spending



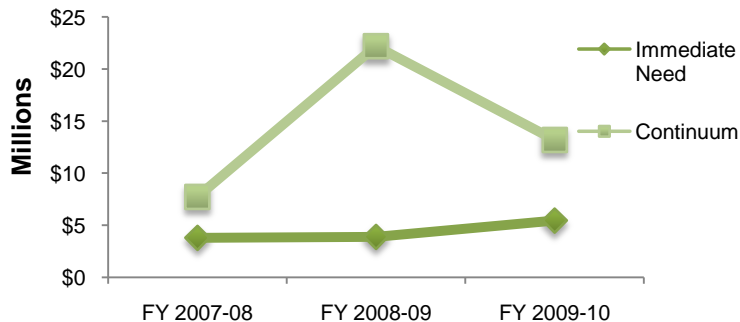
#### State spending



#### Local spending



#### Other spending



Source: From August 2009 through November 2009 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:
<b>Americans with Disabilities Act (ADA):</b> 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.	<b>Area Agencies on Aging (AAA):</b> 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).
<b>Centers for Medicare and Medicaid (CMS):</b> The federal agency that runs the Medicare Program. In addition, CMS works with the States to run the Medicaid program.	<b>Adult Protective Services (APS):</b> APS is responsible for investigating abuse, neglect and exploitation of adults who are elderly or have disabilities.
<b>Community Services Block Grant Skilled Professional Medical Personnel (CSBG SPMP/HR):</b> 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.	<b>Home and Community-Based Services (HCBS):</b> 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.
<b>Community Development Block Grant (CDBG):</b> 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.	<b>California Dental Association (CDA) Grants:</b> 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.
<b>Community Development Block Grant Recovery Act Program (CDBG-R):</b> 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.	<b>Community Services Block Grant Skilled Professional Medical Personnel (CSBG SPMP/HR):</b> 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.
<b>Housing and Urban Development (HUD-NI):</b> Increases homeownership, support community development and increase access to affordable housing free from discrimination.	<b>Federally Qualified Health Centers (FQHC):</b> A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general supervision of a physician.
<b>Housing Opportunities for Persons with AIDS (HOPWA):</b> 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.	<b>In-Home Supportive Services (IHSS):</b> Helps pay for services provided to you so that you can remain safely in your own home. 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. <sup>7</sup>
<b>Housing and Urban Development (HUD):</b> To increase homeownership, support community development and increase access to affordable housing free from discrimination.	<b>IMD Fees:</b> Engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services.

<sup>7</sup> IHSS is funded by both Federal and State resources.

## **Appendix B:**

### **Spending by funding source**

<p><b>Older Americans Act (OAA):</b> 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><b>Medi-Cal:</b> 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>
<p><b>Older Americans Act - National Family Caregiver Support Program (OAA Title IIIE):</b> 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><b>Paratransit, Medicaid Transportation:</b> 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><b>Older Americans Act -Supportive Services and Senior Centers (OAA Title IIIB):</b> 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><b>PROP 63 - Mental Health Services Act (MHSA):</b> 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><b>Substance Abuse and Mental Health Services (SAMHSA/HUD):</b> Works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services.</p>	
<p><b>Social Security Act (Title XIX):</b> 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>	
<b><u>Other</u></b>	<b><u>Local</u></b>
<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>	<b>General Fund</b>
<p>Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services; Internet research to summarize funding streams.</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 all other sources (Federal, State, Other).

**7B. Short-term vs. on-going spending:** With the exception of Capital spending, fiscal officers identified all service areas in the study as on-going spending.

## Appendix C: Spending by department

Appendix C Table of contents		
Exhibit	Page	Description
1C	20	Total spending by department and continuum
2C	20	Total spending by department, portion of total
3C	21	Immediate Need spending by department, portion of total
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11C	23	HSA total spending by funding source
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20C	26	SFMTA total spending by program
21C	26	SFMTA average spending by funding source
22C	27	SFRA total spending by program
23C	27	SFRA average spending by funding source

### 1C. Total community based LTC spending by department and continuum

Service Area	2007-2008 Actual			2008-2009 Actual			2009-2010 Budget		
	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total	Immediate Need	Continuum	Total
CBHS	\$28,350,666	\$202,919,003	\$231,269,669	\$27,928,871	\$218,810,456	\$246,739,327	\$27,258,056	\$206,450,953	\$233,709,009
HAH	\$3,579,981	\$0	\$3,579,981	\$3,108,031	\$0	\$3,108,031	\$2,909,739	\$0	\$2,909,739
HSA	\$309,351,409	\$51,705,462	\$361,056,871	\$345,818,511	\$58,050,595	\$403,869,106	\$374,664,405	\$52,106,992	\$426,771,397
HUH	\$11,713,641	\$0	\$11,713,641	\$13,074,433	\$0	\$13,074,433	\$13,905	\$13,891,979	\$13,905,884
MOH	\$0	\$8,116,851	\$8,116,851	\$0	\$25,234,557	\$25,234,557	\$0	\$12,151,091	\$12,151,091
SFMTA	\$14,356,514	\$4,840,025	\$19,196,539	\$14,858,468	\$5,129,874	\$19,988,342	\$13,905	\$20,830,516	\$20,844,421
SFRA	\$0	\$9,595,625	\$9,595,625	\$0	\$23,806,824	\$23,806,824	\$0	\$15,518,202	\$15,518,202
Total	57%	43%	\$644,529,177	55%	45%	\$735,820,620	60%	40%	\$725,809,743

Source: From August 2009 through November 2009 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	Total
2007-08	\$231	36%	\$4	1%	\$361	56%	\$12	2%	\$8	1%	\$19	3%	\$10	2%	\$645
2008-09	\$247	34%	\$3	0%	\$404	55%	\$13	2%	\$25	3%	\$20	3%	\$24	3%	\$736
2009-10	\$234	32%	\$3	0%	\$427	59%	\$14	2%	\$12	2%	\$21	3%	\$16	2%	\$726

Source: From August 2009 through November 2009 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

<b>3C. Immediate need community-based LTC spending by department, portion of total</b>											
Fiscal Year	CBHS (Mil)	% of total	HAH (Mil)	% of total	HSA (Mil)	% of total	HUH (Mil)	% of total	SFMTA (mil)	% of total	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	6%	\$3	1%	\$375	86%	\$14	3%	\$15	3%	\$434
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.											

<b>4C. Immediate need community-based LTC spending by department, change over time</b>						
Dept	FY 2007-08	FY 2008-09	% Change	FY 2009-10	% Change	Total % change
CBHS	\$28,350,656	\$27,928,871	-1%	\$27,258,056	-2%	-4%
HAH	\$3,579,981	\$3,108,031	-13%	\$2,909,739	-6%	-19%
HSA	\$309,351,409	\$345,818,511	12%	\$374,664,405	8%	21%
HUH	\$11,713,641	\$13,074,433	12%	\$13,905,884	6%	19%
SFMTA	\$14,356,514	\$14,858,468	3%	\$15,494,840	4%	8%
<b>Total:</b>	<b>\$367,352,201</b>	<b>\$404,788,314</b>	<b>10%</b>	<b>\$434,232,924</b>	<b>7%</b>	<b>18%</b>
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.						

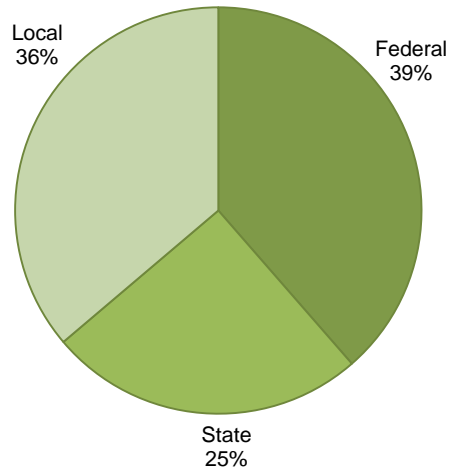
<b>5C. CBHS: Total community-based LTC spending by funding source, change over time</b>									
Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change
2007-08	\$84	36%	-	\$58	25%	-	\$89	39%	-
2008-09	\$90	36%	7%	\$62	25%	7%	\$96	39%	8%
2009-10	\$103	44%	14%	\$55	24%	-11%	\$75	32%	-22%
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.									

<b>6C. CBHS: Total community-based LTC spending by program</b>			
Program	FY 2007-08	FY 2008-09	FY 2009-10
Mental Health	\$172,563,807	\$183,284,369	\$176,276,733
Substance Abuse	\$58,705,862	\$63,454,958	\$57,442,276
<b>Grand Total</b>	<b>\$231,269,669</b>	<b>\$246,739,327</b>	<b>\$233,719,009</b>

## **Appendix C:**

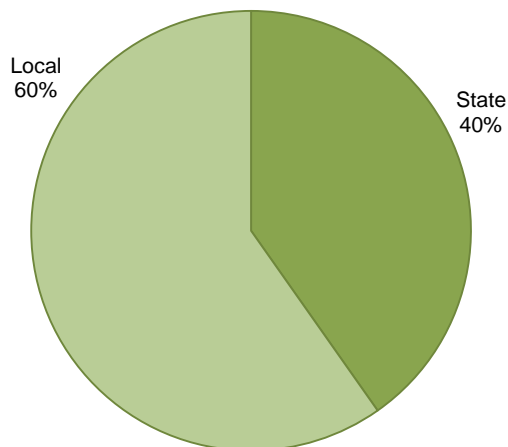
### **Spending by department**

#### **7C. CBHS community-based LTC spending by funding source**



8C. HAH: Total community-based LTC spending by program			
Program	FY 2007-08	FY 2008-09	FY 2009-10
Home Health Program for adults discharged from an acute care setting or referred for an acute conditions that require intermittent skilled home health care (skilled nursing, physical therapy, occupational therapy, medical social services, and personal care.)	\$3,579,981	\$3,108,031	\$2,909,739
<b>Grand Total:</b>	<b>\$3,579,981</b>	<b>\$3,108,031</b>	<b>\$2,909,739</b>

#### **9C. HAH community-based LTC spending by funding source**



## Appendix C: Spending by department

### 10C. HSA: Total community-based LTC spending by funding source by continuum

Fiscal Year	Federal			State			Local			Other		
	Immediate Need	Continuum	Total (Mil)	Immediate Need	Continuum	Total (Mil)	Immediate Need	Continuum	Total (Mil)	Immediate Need	Continuum	Total (Mil)
2007-08	89%	11%	\$205	99%	1%	\$65	67%	33%	\$90	26%	74%	\$.3
2008-09	90%	10%	\$229	99%	1%	\$72	67%	33%	\$102	58%	42%	\$.07
2009-10	93%	7%	\$240	100%	0%	\$78	67%	33%	\$109	45%	55%	\$.09

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

### 11C. HSA: Total community-based LTC spending by funding source

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change
2007-08	\$205	57%	-	\$65	18%	-	\$90	25%	-	\$.3	0%	-
2008-09	\$229	57%	12%	\$72	18%	11%	\$102	25%	13%	\$.07	0%	-77%
2009-10	\$240	56%	5%	\$78	18%	8%	\$109	26%	6%	\$.09	0%	29%

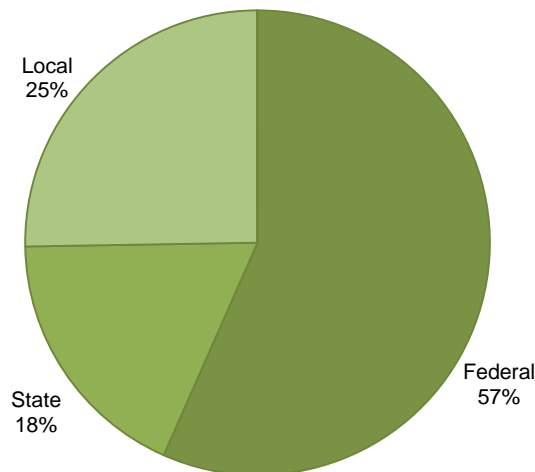
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

### 12C. HSA: Immediate need community-based LTC spending by funding source

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change
2007-08	\$184	59%	-	\$65	21%	-	\$61	20%	-	\$.08	0%	-
2008-09	\$206	60%	12%	\$72	21%	11%	\$68	20%	11%	\$.04	0%	-50%
2009-10	\$224	60%	9%	\$78	21%	8%	\$73	19%	7%	\$.04	0%	0%

Source: From August 2009 through November 2009 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 by funding source



## Appendix C:

### Spending by department

<b>14C. HSA: Total community-based LTC spending by program</b>			
<b>Dept &amp; Program</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>
<b><u>Department of Aging and Adult Services (DAAS)</u></b>			
Adult Services Expansion	\$1,168,256	\$1,669,440	\$1,958,841
Adult Day Health Care	\$314,736	\$312,792	\$198,625
Adult Protective Services	\$5,051,924	\$5,457,212	\$4,680,457
Aging and Disability Resource Center	\$0	\$78,687	\$554,175
Alzheimer's Day Care Resource Centers	\$260,843	\$275,808	\$243,751
Brown Bag	\$52,530	\$52,013	\$52,013
Case Management	\$2,076,105	\$2,080,639	\$2,091,154
Community Living Fund	\$2,770,256	\$3,787,342	\$3,000,000
Community Services	\$2,806,862	\$2,895,250	\$2,842,741
Congregate Meals	\$4,924,076	\$4,925,595	\$4,445,486
Emergency IHSS – Chore	\$28,449	\$28,449	\$17,550
Emergency IHSS – Homemaker	\$96,882	\$94,003	\$17,550
Emergency IHSS – Personal Care	\$121,742	\$121,742	\$14,850
Family Caregiver Supportive Services	\$449,611	\$542,789	\$493,266
Hoarders and Clutterers	\$231,380	\$241,380	\$241,380
Home Delivered Meals	\$4,707,016	\$4,655,102	\$4,136,374
Housing Counseling	\$109,960	\$113,747	\$113,747
In-Home Supportive Services	\$285,894,374	\$319,802,868	\$350,784,918
Linkages Program	\$314,674	\$300,325	\$300,325
Money Management	\$97,760	\$117,760	\$69,760
Public Conservator	\$901,559	\$906,383	\$747,201
Public Guardian	\$2,237,772	\$2,400,782	\$2,504,928
Representative Payee	\$597,462	\$586,438	\$511,715
Respite	\$9,775	\$8,511	\$8,511
ROSS Grant Match	\$200,000	\$200,000	\$200,000
Senior Companion	\$24,585	\$22,397	\$22,397
Senior Emergency Grocery Bag	\$50,000	\$50,000	\$50,000
Single Room Occupancy Food Program	\$21,773	\$75,050	\$75,050
Targeted Case Management	\$136,527	\$124,647	\$124,647
<b><u>Department of Human Services (DHS)</u></b>			
Housing Pipeline	\$20,947,387	\$25,202,760	\$27,326,558
HUD McKinney Shelter Plus Care Program	\$9,203,508	\$15,277,965	\$7,329,532
HUD McKinney Supportive Housing Program	\$11,010,616	\$6,971,146	\$7,478,930
Supportive Housing Program	\$4,238,471	\$4,490,084	\$4,134,965
<b>Grand Total</b>	<b>\$361,056,871</b>	<b>\$403,869,106</b>	<b>\$426,771,397</b>



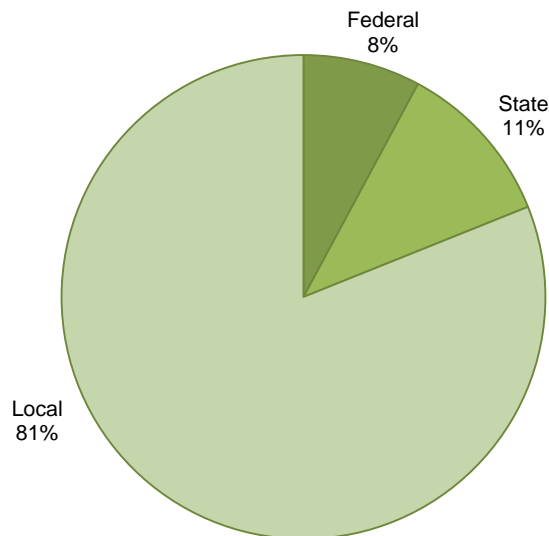
## **Appendix C:**

### **Spending by department**

<b>15C. HUH: Immediate need community-based LTC spending by funding source</b>									
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%
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.									

<b>16C. HUH: Community-based LTC spending by program</b>			
Program	FY 2007-08	FY 2008-09	FY 2009-10
The Direct Access to Housing (DAH) program administered by DPH-HUH in collaboration with the Mayor's Office of Housing's (MOH) Local Operating Subsidy Program (LOSP).	\$61,000	\$494,134	\$1,293,052
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 and chronic medical conditions.	\$11,652,641	\$12,580,299	\$12,612,832
<b>Grand Total</b>	<b>\$11,713,641</b>	<b>\$13,074,433</b>	<b>\$13,905,884</b>

### **17C. HUH community-based LTC spending by funding source**

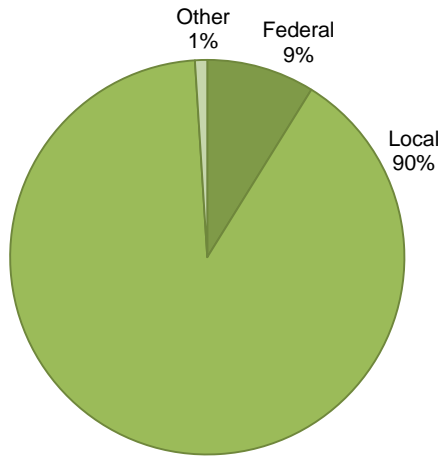


## **Appendix C:**

### **Spending by department**

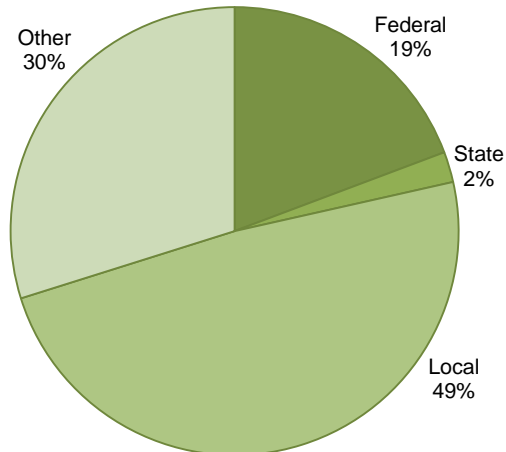
<b>18C. MOH: Community-based LTC spending by program</b>			
<b>Program</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>
The Local Operating Subsidy Program	\$0	\$0	\$1,005,646
The Senior Rental Housing Program	\$6,697,775	\$12,032,098	\$1,146,698
The Supportive Housing Program	\$1,419,076	\$13,202,459	\$9,998,747
<b>Grand Total</b>	<b>\$8,116,851</b>	<b>\$25,234,557</b>	<b>\$12,151,091</b>

### **19C. MOH community-based LTC spending by funding source**



<b>20C. SFMTA: Community-based LTC spending by program</b>			
<b>Program</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>
The Paratransit Program	\$19,196,539	\$19,988,342	\$20,844,421
<b>Grand Total</b>	<b>\$19,196,539</b>	<b>\$19,988,342</b>	<b>\$20,844,421</b>

### **21C. SFMTA community-based LTC spending by funding source**

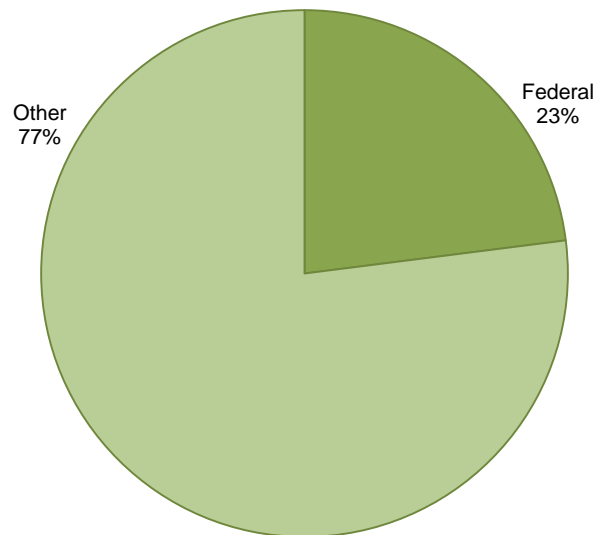


## Appendix C: Spending by department

### 22C. SFRA: Community-based LTC spending by program

Program	FY 2007-08	FY 2008-09	FY 2009-10
10th & Jessie Senior housing construction of 106 units of senior housing.	\$0	\$3,746,036	\$0
11th & Jessie Senior housing construction of 106 units of senior housing.	\$0	\$0	\$0
9th & Jessie Senior housing construction of 106 units of senior housing.	\$2,848,588	\$0	\$0
A Woman's Place is a 54 bed supportive housing facility for multiple diagnosed women.	\$0	\$0	\$94,955
Armstrong Place Senior housing construction of 115 units of senior housing.	\$1,076,049	\$6,056,869	\$0
Derek Silva Community is a 68 unit housing development for persons living with HIV/AIDS.	\$50,000	\$50,000	\$50,000
Geary Boulevard Senior Living and Health Center construction of 150 units of senior housing.	\$0	\$4,347,184	\$7,456,804
Jordan Apartments rehabilitation of 55 units of special needs housing.	\$144,946	\$0	\$0
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
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
Leland House rehabilitation of 45 units of housing.	\$0	\$180,695	\$0
Maitri is a 14-bed 24 hour licensed Residential Care Facility for the Chronically III (RCF-CI).	\$492,167	\$0	\$0
Mary Helen Rogers Senior construction.	\$495,969	\$472	\$0
Octavia Court housing construction.	\$350,406	\$5,048,108	\$3,873,771
Other	\$0	\$492,167	\$553,056
Parkview Terrace Senior housing construction.	\$263,004	\$0	\$0
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
Providence Senior housing construction of 50 units of senior housing.	\$305,693	\$143,303	\$0
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
Turk and Eddy Preservation Project for rehabilitation of 82 units of housing.	\$581,037	\$754,224	\$0
<b>Grand Total</b>	<b>\$9,595,625</b>	<b>\$23,806,824</b>	<b>\$15,518,202</b>

### 23C. SFRA community-based LTC spending by funding source



## **Appendix D:**

### **Spending by service area**

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22D	36	Self care & safety total spending by funding source
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<b>1D. Total community based LTC spending by department and continuum</b>						
Service Area	2007-08		2008-09		2009-10	
	Immediate Need	Continuum	Immediate Need	Continuum	Immediate Need	Continuum
Access	\$14,356,514	\$5,040,025	\$14,858,468	\$5,408,561	\$15,494,840	\$6,103,756
Caregiver support	\$774,122	\$0	\$864,092	\$0	\$700,402	\$0
Case management & transitional care	\$8,975,303	\$0	\$9,518,744	\$0	\$8,495,625	\$0
Housing	\$13,829,327	\$61,106,732	\$15,619,912	\$98,551,604	\$16,665,866	\$71,293,043
Isolation	\$260,843	\$3,062,827	\$275,808	\$3,159,027	\$243,751	\$3,106,518
Mental health & substance abuse	\$28,350,656	\$202,919,013	\$27,928,871	\$218,810,456	\$27,258,056	\$206,460,953
Nutrition	\$4,707,016	\$5,048,379	\$4,655,102	\$5,102,658	\$4,136,374	\$4,622,549
Self care & safety	\$296,098,420	\$0	\$331,067,317	\$0	\$361,238,010	\$0
Portion of FY total	57%	43%	55%	45%	60%	40%
Source: From August 2009 through November 2009 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**

<b>2D. Total community-based LTC spending by service area, portion of total</b>						
Service Area	FY 2007-08	% of total	FY 2008-09	% of total	FY 2009-10	% of total
Access	\$19,396,539	3%	\$20,267,029	3%	\$21,598,596	3%
Caregiver support	\$774,122	0%	\$864,092	0%	\$700,402	0%
Case management & transitional care	\$8,975,303	1%	\$9,518,744	1%	\$8,495,625	1%
Housing	\$74,936,059	12%	\$114,171,516	16%	\$87,958,909	12%
Isolation	\$3,323,670	1%	\$3,434,835	0%	\$3,350,269	0%
Mental health & substance abuse	\$231,269,669	36%	\$246,739,327	34%	\$233,719,009	32%
Nutrition	\$9,755,395	2%	\$9,757,760	1%	\$8,758,923	1%
Self care & safety	\$296,098,420	46%	\$331,067,317	45%	\$361,238,010	50%
<b>Total</b>	<b>\$644,529,177</b>	<b>100%</b>	<b>\$735,820,620</b>	<b>100%</b>	<b>\$725,819,743</b>	<b>100%</b>
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.						

<b>3D. Total community-based LTC spending by service area, change over time</b>						
Service Area	FY 2007-08	FY 2008-09	% change	FY 2009-10	% change	Total % change
Access	\$19,396,539	\$20,267,029	4%	\$21,598,596	7%	11%
Caregiver support	\$774,122	\$864,092	12%	\$700,402	-19%	-10%
Case management & transitional care	\$8,975,303	\$9,518,744	6%	\$8,495,625	-11%	-5%
Housing	\$74,936,059	\$114,171,516	52%	\$87,958,909	-23%	17%
Isolation	\$3,323,670	\$3,434,835	3%	\$3,350,269	-2%	1%
Mental health & substance abuse	\$231,269,669	\$246,739,327	7%	\$233,719,009	-5%	1%
Nutrition	\$9,755,395	\$9,757,760	0%	\$8,758,923	-10%	-10%
Self care & safety	\$296,098,420	\$331,067,317	12%	\$361,238,010	9%	22%
<b>Grand Total</b>	<b>\$644,529,177</b>	<b>\$735,820,620</b>	<b>14%</b>	<b>\$725,819,743</b>	<b>-1%</b>	<b>13%</b>
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.						

<b>4D. Immediate need community-based LTC spending by service area, portion of total</b>						
Service Area	FY 2007-08	% of total	FY 2008-09	% of total	FY 2009-10	% of total
Access	\$14,356,514	4%	\$14,858,468	4%	\$15,494,840	4%
Caregiver support	\$774,122	0%	\$864,092	0%	\$700,402	0%
Case management & transitional care	\$8,975,303	2%	\$9,518,744	2%	\$8,495,625	2%
Housing	\$13,829,327	4%	\$15,619,912	4%	\$16,665,866	4%
Isolation	\$260,843	0%	\$275,808	0%	\$243,751	0%
Mental health & substance abuse	\$28,350,656	8%	\$27,928,871	7%	\$27,258,056	6%
Nutrition	\$4,707,016	1%	\$4,655,102	1%	\$4,136,374	1%
Self care & safety	\$296,098,420	81%	\$331,067,317	82%	\$361,238,010	83%
<b>Grand Total</b>	<b>\$367,352,201</b>	<b>100%</b>	<b>\$404,788,314</b>	<b>100%</b>	<b>\$434,232,924</b>	<b>100%</b>
Source: From August 2009 through November 2009 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**

#### **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	Total % change
Access	\$14,356,514	\$14,858,468	3%	\$15,494,840	4%	8%
Caregiver support	\$774,122	\$864,092	12%	\$700,402	-19%	-10%
Case management & transitional care	\$8,975,303	\$9,518,744	6%	\$8,495,625	-11%	-5%
Housing	\$13,829,327	\$15,619,912	13%	\$16,665,866	7%	21%
Isolation	\$260,843	\$275,808	6%	\$243,751	-12%	-7%
Mental health & substance abuse	\$28,350,656	\$27,928,871	-1%	\$27,258,056	-2%	-4%
Nutrition	\$4,707,016	\$4,655,102	-1%	\$4,136,374	-11%	-12%
Self care & safety	\$296,098,420	\$331,067,317	12%	\$361,238,010	9%	22%
Grand Total	\$367,352,201	\$404,788,314	10%	\$434,232,924	7%	18%

Source: From August 2009 through November 2009 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	0%	-100%	\$10,364,175	48%	5%	\$7,252,553	34%	26%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

#### **7D. Access: Immediate need community-based LTC spending by funding source**

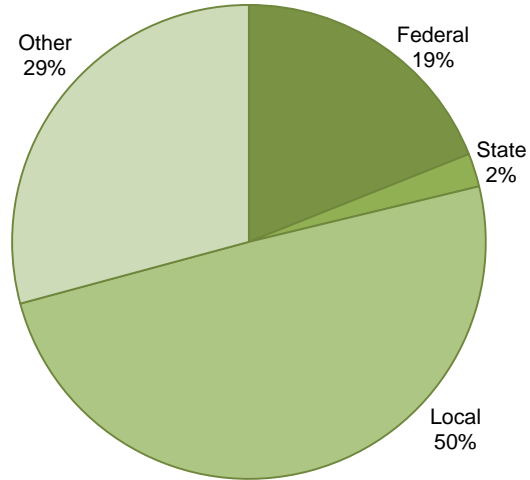
Fiscal Year	Federal	% of total	% change	State	% of total	% change	Local	% of total	% change	Other	% of total	% change
2007-08	\$2,871,303	20%	-	\$574,261	4%	-	\$7,178,257	50%	-	\$3,732,694	26%	-
2008-09	\$2,971,694	20%	3%	\$594,339	4%	3%	\$7,429,234	50%	3%	\$3,863,202	26%	3%
2009-10	\$2,324,226	15%	-22%		0%	-100%	\$7,747,420	50%	4%	\$5,423,194	35%	40%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

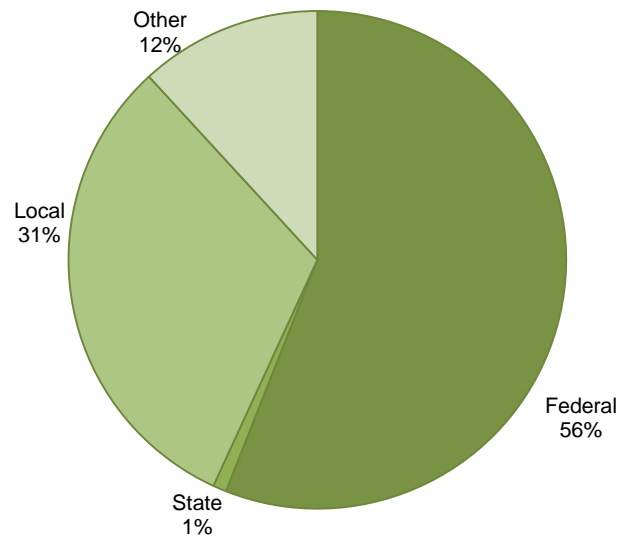
## **Appendix D:**

### **Spending by service area**

#### **8D. Access community-based LTC spending by funding source**

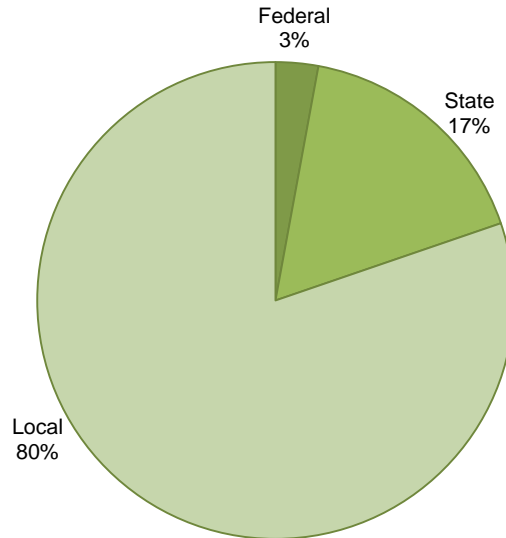


#### **9D. Caregiver support community- based LTC spending by funding source**



## **Appendix D:** **Spending by service area**

### **10D. Case management & transitional care community-based LTC spending by funding source**



### **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 (Mil)	% of total*	% change	Spending (Mil)	% of total	% change	Spending (Mil)	% of total	% change	Spending (Mil)	% of total	% change
2007-08	\$75	11%		\$14	19%		\$14	18%		\$47	63%	
2008-09	\$114	16%	52%	\$46	40%	229%	\$16	14%	13%	\$53	46%	-8%
2009-10	\$88	12%	-23%	\$23	26%	-50%	\$17	19%	7%	\$49	55%	-8%
Total change	\$13	-	17%	\$9	-	64%	\$3	-	21%	\$2	-	4%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services. \*Based on total community-based LTC spending.

### **12D. Housing: Total community-based LTC spending by funding source**

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change
2007-08	\$25	33%	-	\$2	3%	-	\$42	56%	-	\$6	8%	-
2008-09	\$39	34%	56%	\$1	1%	-50%	\$54	47%	29%	\$20	18%	233%
2009-10	\$25	29%	-36%	\$1	1%	0%	\$50	57%	-7%	\$11	13%	-45%

Source: From August 2009 through November 2009 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%

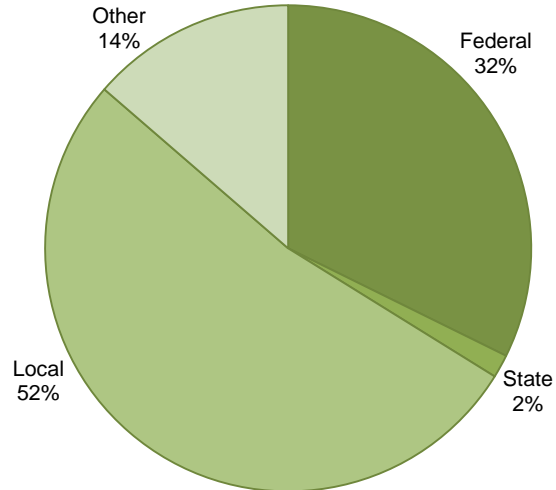
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.



## **Appendix D:**

### **Spending by service area**

#### **14D. Housing community-based LTC spending by funding source**



#### **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%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

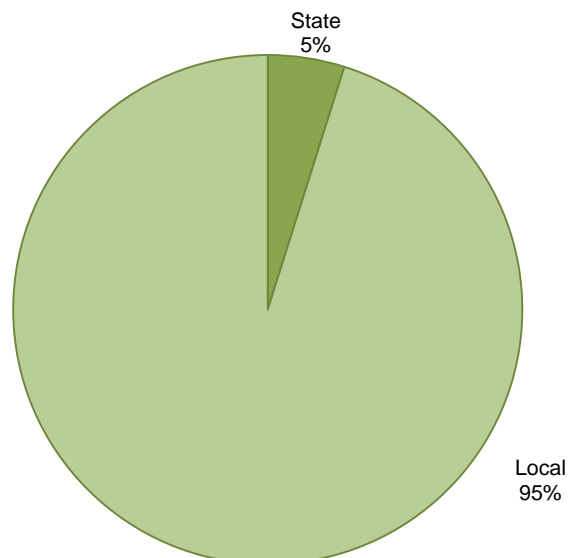
#### **16D. Capital: Total community-based LTC spending, capital vs. operating spending**

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	6%	221%	\$690,309,172	94%	2%
2009-10	\$22,670,975	3%	-50%	\$703,148,768	97%	2%

Source: From August 2009 through November 2009 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 by funding source**



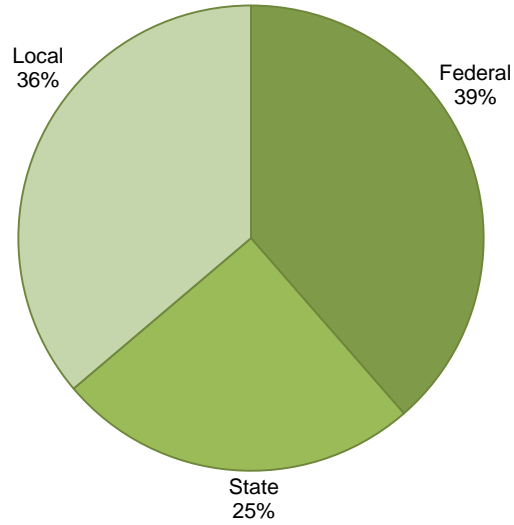
<b>18D. Mental health &amp; substance abuse: Total community-based LTC spending by funding source, change over time</b>									
Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change
2007-08	\$84	36%	-	\$58	25%	-	\$89	39%	-
2008-09	\$90	36%	7%	\$62	25%	7%	\$96	39%	8%
2009-10	\$103	44%	14%	\$55	24%	-11%	\$75	32%	-22%
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.									

<b>19D. Mental health &amp; substance abuse: Immediate need community-based spending by funding source</b>									
Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change
2007-08	\$5	18%	-	\$20	71%	-	\$3	11%	-
2008-09	\$4	14%	-20%	\$19	68%	-5%	\$5	18%	67%
2009-10	\$4	14%	0%	\$19	68%	0%	\$5	18%	0%
Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.									

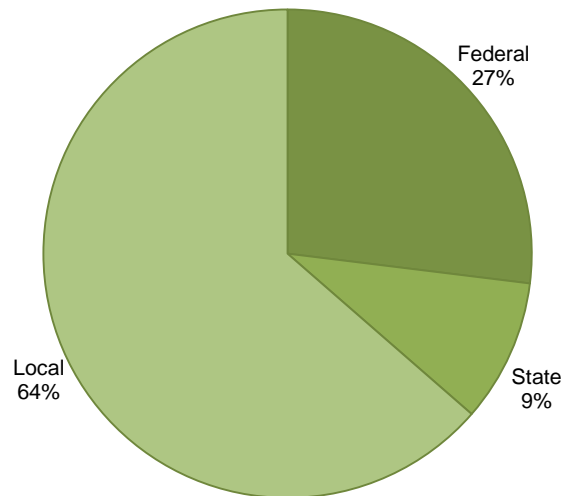
## **Appendix D:**

### **Spending by service area**

#### **20D. Mental health & substance abuse community-based LTC spending by funding source**



#### **21D. Nutrition community-based LTC spending by funding source**



## **Appendix D:** **Spending by service area**

### **22D. Self care & safety: Total community-based LTC spending by funding source**

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change
2007-08	\$182	61%	-	\$64	22%	-	\$50	17%	-	\$0	0%	-
2008-09	\$204	55%	12%	\$71	19%	11%	\$56	15%	12%	\$43	11%	-
2009-10	\$222	56%	9%	\$77	19%	8%	\$62	16%	11%	\$39	10%	-9%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

### **23D. Self care & safety: Immediate need community-based LTC spending by funding source**

Fiscal Year	Federal (Mil)	% of total	% change	State (Mil)	% of total	% change	Local (Mil)	% of total	% change	Other (Mil)	% of total	% change
2007-08	\$182	61%	-	\$64	22%	-	\$50	17%	-	\$.08	0%	-
2008-09	\$204	62%	12%	\$71	21%	11%	\$56	17%	12%	\$.04	0%	-50%
2009-10	\$222	61%	9%	\$77	21%	8%	\$62	17%	11%	\$.04	0%	0%

Source: From August 2009 through November 2009 the Controller's Office worked with fiscal officers from DPH, HSA, MOH, SFMTA, and SFRA to collect spending data on all identified LTC services.

### **24D. Self care & safety community-based LTC spending by funding source**

