

**PUBLIC AUTHORITY GOVERNANCE:
A LOOK AT ALAMEDA COUNTY'S PUBLIC AUTHORITY BOS MODEL
OF GOVERNANCE**

**Mary Goblirsch*
Executive Summary**

The In-Home Supportive Services (IHSS) Public Authority movement began in 1992 to improve the quality of personal care services for IHSS recipients by creating a collective bargaining mechanism to increase wages and benefits for IHSS providers. Wages and benefits, previously set by the State of California, are negotiated in Public Authority counties at the local level. Public Authorities are responsible for providing Registry services to assist IHSS recipients to locate qualified providers and for providing training to IHSS providers to increase their knowledge and skills in providing personal care services.

Alameda County Public Authority was established under the Board of Supervisors (BOS) governance with a consumer advisory board model, while Monterey County's Public Authority is a stand-alone consumer majority board of directors. I wanted to see if the governance model made any difference in the Public Authority's ability to provide essential program operations for IHSS recipients and providers. It would appear that the significance of the governance model is more a function of the existing social and political environment within the county and less of a determinant of the quality of services provided through the Public Authority. Factors other than governance seem to influence the degree and quality of services. The state's current fiscal crisis has severe implications for all social service programs and it is now especially critical to develop and implement Public Authority and IHSS program performance outcome measures to determine if personal care services are improved for IHSS recipients.

RECOMMENDATIONS FOR MONTEREY COUNTY

Public Authorities were established to provide collective bargaining to increase wages and benefits for IHSS providers with the assumption that increased wages would result in higher quality of personal care services provided for IHSS recipients. Increased wages and benefits have been a very real benefit for the IHSS providers. Whether or not that translates into improved quality of services for IHSS consumers has not yet been measured. The increased wages have increased program costs in every county and will only continue to grow as additional wage increases are approved at the county level. The largest threat to the effectiveness of the program will no doubt rest in the fiscal health of the state. The challenge will be to maintain a very large statewide program serving over 280,000 low-income elderly and persons with disabilities as an alternative to institutional care, and finding the dollars to provide increased wages and benefits for the IHSS providers.

Toward that end, I recommend Monterey County pursue the following steps:

- Continue the dialogue with Public Authority stakeholders around promotion of standards of program operation and on-going evaluation of program effectiveness. The question of governance is just one aspect of that evaluation. In spite of the sensitive and sometimes contentious nature of these discussions, IHSS and Public Authority are integrally linked at

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funding and program junctions, and we must continue to pursue the systems change discussion.

- Collaborate with the Public Authority to develop ongoing program evaluation methods, including consumer and provider needs assessments, consumer and provider satisfaction surveys, and agency IHSS and Public Authority program quality assurance reviews.
- Continue participation with the BASSC Adult Services Directors in articulating administrative standards for Public Authority operations and training programs.
- Continue participation with the Public Authority Directors addressing Public Authority/HISS interface improvements.
- Work with the State Department of Social Services in developing administrative standards by which to evaluate the effectiveness of the PA model of delivery of services in IHSS.

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INTRODUCTION

The In-Home Supportive Services (IHSS) Public Authority movement began in California in 1992 with passage of the Public Authority Act. Counties were authorized to establish a public corporate entity, either public authority or nonprofit consortium, to act as the employer of record for IHSS individual providers for purposes of collective bargaining and to administer certain functions of the IHSS program. Public Authority governance was restricted to two models: the Board of Supervisors (BOS) serves as the governing board with an eleven member advisory committee consisting of a majority of consumer members, or in the alternative, a stand alone model consisting of an eleven member BOS appointed governance board, the majority of members to be consumers of personal care assistance. Alameda County was the second county in California to establish a Public Authority and selected the BOS governance model with a consumer majority advisory committee. Monterey County established a Public Authority in 1999 and selected the standalone consumer majority board of governance model. Regardless of the governance model the Public Authority is integrally linked with the Department of Social Services administration of the IHSS program for funding the Public Authority administration and provider wages and benefits and for program operations serving IHSS recipients and individual providers.

The Monterey County Public Authority had experienced a number of problems, including difficulty recruiting and sustaining a board of directors, high staff turnover with essential operations being handled by the board members, and a slow start in operating a Registry to serve IHSS recipients and providers. I was interested in Alameda's IHSS Public Authority, with nearly six years of operational experience, and exploring the governance model to see if it resulted in observable differences in the essential functions or program operations for IHSS recipients and providers.

DEVELOPMENT OF THE IHSS PUBLIC AUTHORITY PROGRAM

In order to understand the implications of the Public Authority movement, one must look at the IHSS program that has operated in California since the early 1970's. The IHSS program is the largest home and community based social service program in the continuum of long term care for elderly and persons with disabilities. The IHSS program is administered by the State Department of Social Services to provide, through the 58 counties, personal care services and domestic assistance to low income aged, blind, and disabled individuals who would otherwise be unable to remain safely in their homes and need placement in more costly institutional care. Federal, state and counties provide funds to pay for the IHSS program. Currently, each month nearly 278,000, IHSS recipients receive in-home assistance costing nearly \$170 Million (\$2Billion annually) in individual provider wages and benefits. Additional administrative costs are allocated to operate the IHSS program at the county level. County social work staff determine eligibility for HISS and assess the number of service hours needed. County staff also perform payroll functions consisting of issuing and processing timesheets for the providers and the State issues payroll checks to the providers. Wages for IHSS providers in all counties historically were set by the State at the prevailing minimum wage. The IHSS recipient employs a provider and is responsible for hiring, firing, and supervising the work of the provider.

While the IHSS program has enabled a large number of elderly and persons with disabilities to remain at home and avert institutional placement, program design issues did exist. Issues included: low wages and no benefits for IHSS providers; recipients without family members to provide care had difficulty locating suitable providers; typically providers were untrained and unskilled in providing personal care assistance; high turnover rate of providers; and on occasion providers who were unreliable and didn't show up for work which left the HISS recipient alone and unsafe without needed in-home care. In some cases, IHSS recipients, often frail and vulnerable yet responsible for the hiring, firing, and supervision of their providers, were exploited and abused by those employed to provide their care.

In 1992 the State Medicaid Plan was amended to establish within IHSS the Personal Care Services Program (PCSP) with increased federal financial participation in **the IHSS program**. Advocates saw the increase of federal funds for **IISS** as a means to reinvest State and county savings by increasing provider wages. The 1992 Public Authority Act provided a mechanism for individual providers to engage in collective bargaining for wages and benefits. Public Authorities would serve as the employer or record for IHSS providers for purposes of collective bargaining of wages and benefits. Public Authorities were further required to provide, at a minimum:

- A registry to assist recipients in finding IHSS providers
- Investigation into the qualifications and background of providers
- A referral system to refer providers to recipients
- Training for providers and recipients

These program requirements were designed to address the previously described weaknesses in the IHSS program, to wit, assist IHSS recipients through referrals from a Registry after background checks were completed; increasing the skills of providers through access to training and increasing consumers use of the HISS program.

Due to a severe economic recession in the state in the early to mid 1990's, state and county general funds were instead reallocated to other general fund supported programs. Wages continued to be set at minimum wage levels, except that in Public Authority counties, the State now participates in wages above the minimum wage up to \$8.50/hour plus \$.60 cents an hour for benefits. While all counties must establish an employer of record by January 2003, less than half of the counties have established operating Public Authorities to date.

KEY OPERATIONS OF THE ALAMEDA COUNTY PUBLIC AUTHORITY

Alameda County established a Public Authority in 1993 and began a comprehensive two-year long community based planning and development effort lead by staff of the Alameda County Department of Human Services, Department of Adult and Aging Services and community advocates interested in enhancing home care for the elderly and persons with disabilities.

ADVISORY BOARD

The Public Authority began operations in 1996 with the County Board of Supervisors as the governance board assisted by a Public Authority Advisory Board consisting of a majority of IHSS consumers, IHSS providers, and other community stakeholders. The Advisory Board's mission is to maximize independence and promote quality, personal assistance services for seniors and people with disabilities receiving IHSS. The Advisory Board meets monthly and has established a number of committees working on specific areas, such as Operations, Program Services, Finance, By-Laws, Recruitment, and Legislation/Policy. The Advisory Board consists of dedicated consumer advocates serving to improve the delivery of IHSS services. Public Authority staff provide considerable support for the Advisory Board and are dedicated to strengthening membership recruitment and mitigating obstacles for effective board participation. The Public Authority contracted with a community research firm to conduct a consumer and worker needs assessment. Findings of the needs assessment were issued in June 2001 and are being used by the Advisory Board and Public Authority staff to focus on areas for improvement.

REGISTRY OPERATIONS

The Alameda County Department of Adult and Aging Services is organized to provide integrated services for seniors and persons with disabilities, including IHSS, Adult Protective Services, programs of the Area Agency on Aging, and be the administrative liaison with the Public Authority. Public Authority staff are co-located with Department of Adult and Aging staff, to promote coordination of the provider program operations with the IHSS recipient program operations. The Public Authority is staffed with 5.75 persons who provide services to 7800 IHSS providers working for 9850 IHSS recipients. The Public Authority and Department of Adult and Aging Services combined Public Authority, Older American Act, and County General Funds to contract with seven community based agencies to provide Registry services. These Registry sites were already under contract with the Department of Adult and Aging Services to provide registry services using Older American Act funds. The infusion of Public Authority contract funds allowed for an expansion of registry services throughout the county. The Registries provide referral services matching recipients to providers, conduct background checks of providers and

work closely with Public Authority staff to resolve problems that may arise between consumers and providers. Each month the Registries have, on average, 450 providers available for work and 120 IHSS consumers are provided with lists of these workers. A model rapid response emergency worker replacement service is provided only in the City of Oakland. Each Registry site conducts out-reach efforts to promote employment in the IHSS program.

One contract agency, the LifeElder Care, Inc. located in the City of Fremont serves the Tri-City Area of Fremont, Newark and Union City. LifeElder Care, Inc. operates two Registry programs: a Private Pay Registry, and the IHSS Registry. LifeElder Care, Inc. obtained a grant to reimburse IHSS Registry workers for mileage to the client's home up to \$50/month. Registry staff interview Registry applicants to determine suitability for enrollment in the Registry, conduct criminal background checks, obtain personal and employment references, and enter eligible applicants into the county wide Registry database. All eligible providers and 111-ISS recipients are entered into the database and all Registry sites have access to match provider and recipient. IHSS recipients seeking providers are given lists of eligible Registry providers and in some instances, Registry workers provide hiring assistance for recipients. LifeElder Care, Inc. Registry staff are knowledgeable about IHSS and reported little difficulty in expanding their services to serve IHSS recipients. Registry and Public Authority staff meet on a regular basis to resolve provider/recipient issues. Public Authority staff monitor Registry compliance with terms of their contracted services.

TRAINING

The Public Authority sponsors and makes available a broad breadth of training opportunities for providers and consumers, such as orientation and basics of IHSS; timesheet completion; conflict resolution; communication; CPR; First Aid; and Universal Precautions. The Public Authority in collaboration with community colleges and adult education is developing additional classes on home care worker skills, job readiness; disaster preparedness; and back injury prevention

IMPLICATIONS FOR MONTEREY COUNTY

Does the Public Authority governance model make any difference in the Public Authority's performance conducting the essential functions of a Public Authority and the provision of increased quality of services to IHSS recipients and providers? It would appear that the issues are far more complex than that single question and are beyond the scope of this case study. My observation of the Alameda County Public Authority operations and comparing with those of the Monterey County Public Authority suggests that there a number of factors other than the governance model that strongly influence local operations. Registry services, including background checks and a referral system to match IHSS recipients and providers, and provider training do not, per se, appear to be affected by the Public Authority governance model. The Alameda County model supports a strong administrative link between the Public Authority and the Department of Adult and Aging Services; co-location of Public Authority and HISS staff to enhance communication and program relations; and the packaging of blended funding to enhance Public Authority Registry operations. This structure appears to provide support and enhancement of the Public Authority's viability when contrasted with the struggles that the Monterey County Public Authority has experienced. The Public Authority movement is relatively new, and while

the county HISS program and the Public Authority share mutual goals of enhancing the delivery of IHSS services, how to achieve that goal will depend on a set of complex factors that typically include the county tradition of human service program support; the degree of public agency/community advocacy partnership; relations with labor; economic conditions of the county general fund; and the political reality that is distinct in each county.

RECOMMENDATIONS FOR MONTEREY COUNTY

Public Authorities were established to provide collective bargaining to increase wages and benefits for IHSS providers with the assumption that increased wages would result in higher quality of personal care services provided for IHSS recipients. Public Authorities also provided a means for increased participation by consumers in influencing improvements in the HISS program. Increased wages and benefits has been a very real benefit for the IHSS providers. Whether or not that translates into improved quality of services for IHSS consumers has not yet been measured. The increased wages have increased program costs in every county and will only continue to grow as additional wage increases are approved at the county level. The largest threat to the effectiveness of the program will no doubt rest in the fiscal health of the state. The challenge will be to maintain a very large statewide program serving over 280,000 lowincome elderly and persons with disabilities as an alternative to institutional care, and finding the dollars to provide increased wages and benefits for the IHSS providers.

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