San Francisco County's Partnership with the Homebridge Training Program: Training the Fragile Workforce

Andrew Stewart

EXECUTIVE SUMMARY

They come to rest at any kerb: All streets in time are visited.

Phillip Larkin, "Ambulances"

The In-Home Supportive Service's (IHSS) Home Care Providers (HCP) are the frontline of care for the state's most disenfranchised and at-risk citizens. With no comprehensive training requirements for California's 400,000 HCPs and optional trainings lacking basic provisions, such as CPR and first aid, HCPs are feeling overwhelmed with responsibility, burnt out, and subject to compromised health. The reality of minimally trained IHSS HCPs raises concerns about the quality of care that elders and persons with disabilities receive and highlights the need to protect the health and well-being of caregivers themselves.

In response to concerns about insufficient training for HCPs, and in anticipation of the continuing increase in IHSS clientele, the San Francisco Department of Aging and Adult Services (SFDAAS) contracted with non-profit Homebridge, Inc. (IHSS Consortium) to provide a training program designed to enhance direct service skill development and support for HCPs. The Homebridge operates a training academy for HCPs to enhance their skills in safely providing elders and people with disabilities the appropriate quality of care services.

If the aging and disability community expects the dignity of remaining independent during life's inevitable aging process, it will ultimately be up to counties to address their health needs until further state and federal legislation is passed to support a minimum level of training. Until then, the Homebridge training program can serve as a blueprint for counties to incorporate, borrow, and collectively adopt program elements to meet the needs of IHSS recipients and HCPs across the Bay Area and beyond.

Andrew Stewart, Staff Development Program Manager, Santa Cruz County

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Introduction

Anthony is among the ranks of California's 400,000 fragile Home Care Providers (HCP) for low-income elderly and disabled adults. Since becoming a HCP with the City and County San Francisco's (SFCC) In-Home Supportive Services (IHSS) in 2005, Anthony struggles to care for his nephew who was born with Cerebral Palsy, a condition characterized by abnormal muscle tone, involuntary reflexes, and poor motor coordination – he is limited in what he can do on his own. Anthony is the primary HCP for his nephew and shared the 24/7 care with his sister, until she was diagnosed with a heart condition in 2012, requiring her brother to balance the burden of caring for both family members. After a four-month battle with her heart condition, she died—caregiver, mother, and sister were gone. Soon after the loss of his sister, Anthony's nephew was diagnosed with stomach cancer, "If it wasn't for the Homebridge training and support programs, I think it would have all caved in on me."

Fortunately, Anthony was not alone in his predicament, he had access to training and support resources from the non-profit Homebridge training program, a home care training network founded in 2010 and contracted through the San Francisco Department of Aging and Adult Services (SFDAAS) for IHSS home care services. Anthony is an exception, for many HCPs who care for California's 490,000 low-income elderly and disabled, there are few training opportunities.

According to interviews with caregivers, advocates, and elder abuse experts, with no overall training requirements for caregivers in California's $7.3 billion IHSS program,[1] many HCPs lack basic home care instruction, and caregivers become buried with responsibility. In turn, the stresses associated with caring for a disabled or elderly client at home can adversely affect the health and well-being of HCPs who often face a variety of physical, emotional, and financial stressors.

Anne Hinton, Executive Director of the Department of Aging and Adult Services for San Francisco, described HCPs as "a revolving door of care; where workers will be our next clients in IHSS." Over time the lack of training ultimately increases the probability that HCPs will experience a mental and emotional breakdown, depression, feelings of defeat, anxiety, and stress.[2]

Although Anthony has longevity of experience in caring for a nephew with a disability, he still advocates, "Training!...No matter how long you been doing the job, it could be wrong," as the interview closed. "How much easier it would have been for me if I had the training support back when I took on my nephew."

The overall objective of this case study is to draw attention to the complex in-home care dynamics that contribute to the political, social, and personal tensions that create barriers to accessing HCP training, and how the Homebridge training program has managed to balance these tensions by partnering

with SFDAAS, advocates, HCPs, and care recipients to provide effective levels of HCP training. This report will discuss the following:

1. research affirming how insufficient training and inadequate training standards combine to cause HCPs' feelings of ill-preparedness for the job and can jeopardize health;
2. how the Homebridge program delivers training and services to HCPs to support recipient care; and
3. how augmenting current training services in Santa Cruz County can be leveraged to better serve adults and seniors with disabilities.

Background

California's IHSS program is the nation's largest publically funded program, and the fastest growing major social services program. The caseload has more than doubled since 2001 and now serves about 490,000 low-income clients throughout the state.[3]

In a 2013 report by the California State Report on Aging, projections show from 2010 to 2024, California's older adult population will increase by 56 percent as members of the Baby Boomer age bracket (1946-64) turn 60. By 2050, over one in four Californians will be age 60 and older. The explosive growth of the number of Americans over age 65, as well as increasing number of Americans of all ages living with disabilities or chronic health conditions, is generating a rapid need for long-term care services and supports. At the same time, changes in consumer preferences and public policy are shifting the physical location of care from institutions to consumers' homes and other residential settings, making service delivery more complex and labor intensive, but less expensive. These triplet dynamics are driving an unprecedented demand for HCPs to assist individuals with essential daily life activities.

Who will offer care for this burgeoning population? According to the Bureau of Labor Statistics, collectively HCPs constitute the fastest-growing occupation in the nation. According to the Paraprofessional Healthcare Institute (PHI), in California HCPs are projected to be the third fastest-growing occupation in the state between 2012 and 2022—increasing by 41 percent (560,000).[4] In a recent SFDAAS report, over the next five years, HCPs are expected to experience the largest growth of any occupation – over 10,000 jobs in San Francisco alone.

It is important to note that in an exploding aging population, elders are increasingly being taken care of by other elders. The number of HCPs over 55 is projected to increase by 69 percent from 2012 to 2022 – a rate nearly three times that of older workers in general. The aging demographic of the HCP workforce will undoubtedly create a dual public health dilemma, especially if HCPs are not adequately prepared for the demands and emerging needs of America's aging population.

The Fragile Workforce

Evidence strongly indicates that insufficient training causes high rates of turnover among HCPs, increased rates of work related injuries, long-term health-related issues, and hinders HCP job advancement efforts. This, in turn, undermines the quality of care, erodes the HCP profession as a whole, and wastes precious public and private resources. One theory is that improving HCP training and continuing education reduces turnover and improves HCPs' fragile well-being by providing skills to improve competence and confidence needed to do the job well.

Inadequate training leads to higher turnover, and a growing body of research supports that hypothesis. This is especially striking given the annual turnover rates among HCPs. One study found that 40 to 60 percent leave after one year or less on the job, and 80 to 90 percent leave during the first two years.[5] Elder and disability advocate pressure is building for improving the quality of HCP training, along with the economy's booming demand for HCPs, both impacting the growing challenge. Gary Passmore, Vice President of the Congress of California Seniors, an advocacy organization, said that the lack of training is of enormous concern. "We are dealing with a lot of frail, elderly people."[6]

The use of untrained HCPs in roles that potentially affect the quality of life of elders and disabled

persons poses concerns for the caregivers as well as California's public policymakers, planners, and service administrators. Caregivers often suffer under enormous demands, such as the burdens placed on those caring for people with complex chronic illnesses.[7]

California HCPs are subject to high levels of financial hardship, physical strain, and emotional stress and are more likely to be female, Latino, low-income, and in poor overall health.[8] Former Assemblywoman Patty Berg, then chair of the California Assembly Committee on Aging and Long-Term Care, stated in a recent state report, "Whether aging Californians live in their own homes, receive in-home support, live with a relative [or in an] assisted-living, residential facility or a nursing home, one of the keys to their well-being is quality family caregiver support."[9]

Many caregivers spend on average four to seven years doing a job that is stress-filled, overwhelming, and isolating.[10] It's not surprising that many HCPs are afflicted with poor health, and consequently, will suffer breakdown, neglect, and abuse as a result of a job filled with a variety of physical, emotional, and financial stressors.

In a 2003 statewide caregiver profile study by the Center for the Advanced Study of Aging Services, University of California Berkeley, HCPs frequently mentioned conditions that included heart disease/high blood pressure, arthritis and other joint pains, mental health/mood disorders, muscle pain and disorders, diabetes/hypoglycemia, bone problems (e.g. osteoporosis), and a host of other conditions.[11] The stresses associated with home caregiving can lead to prematurely aging the immune system, placing caregivers at greater risk for developing or accelerating a number of age-related diseases.

Given such low wages ($12.25/hour in San Francisco) compared to other occupations, and the complex demands of care, without substantial intervention, recruitment, and training, HCPs will become increasingly fragile to meet the demands, compromising the stability of the long-term care system.

Meeting the Demand

Current training for potential IHSS HCPs is very basic. The provider orientation training is heavily weighted toward fraud and accurate timesheet completion–remiss on technical skills training, such as quality of life, bathing and personal care, fall prevention, CPR, and dementia. Without minimum training guidelines, the state potentially leaves thousands of residents at risk of possible abuse, neglect, and poor treatment. Eileen Carroll, Deputy Director of the California Department of Social Services, which oversees IHSS, said, "Many people are fully able to direct their own care and supervise their caregivers, but some aren't, our task is how to work harder to support those who have greater need."[12] Many IHSS recipients are extremely qualified to teach their needs to HCPs, but many are not qualified to teach specialized care, like safe body mechanics and a host of other critical skills not relevant to the recipient.

Given growing need for skilled HCPs, Homebridge and SFDAAS recognized the unprecedented need and embarked on collaboratively funding an innovative training network to serve the long-term care community. In 2010, the City and County of San Francisco's Human Services Agency (CCSF-HSA) and Homebridge collaborated with elder and disability advocates to initiate a training academy for HCPs, a model skills training program funded through a patchwork of federal, state, private, and local financing. The goal of the program is to ensure that elders and people with disabilities receive quality, safe, appropriate skilled HCP services.

San Francisco's Homebridge Training Program

Homebridge (previously the IHSS Consortium) was founded 30 years ago in response to community disability and elderly advocates who sought a more responsive care network to tend to the needs of multi-lingual, multi-ethic, and low-income elderly and disabled individuals. Homebridge has $24 million in revenues and is funded through grants, fee for service, and other traditional non-profit revenue sources. In 2013, the IHSS Consortium was awarded a four-year contract with the SF-HSA to provide

630,000 hours of in-home supportive services annually and Home Care Provider skill development training and support.[13]

Formerly known as the Training Academy for Personal Caregivers and Assistants (TAPCA), the program is now known as the Homebridge training program has been in operation since 2010. Homebridge trains HCPs who are part of the 22,000-member IHSS Independent Provider and Contract mode workforce, working in administrative partnership with the San Francisco IHSS Public Authority.[14] The core mission of Homebridge is to provide high-quality home care and supportive services that assist the elderly and people with disabilities to live safely and independently in their homes.

To address the diverse and complex needs of San Francisco's IHSS recipients, Homebridge provides a standardized curriculum and certification program to 100 percent of Public Authority Registry-based IHSS providers and to 5 percent of the total workforce of Independent Providers (IPs) of IHSS annually. Provider training is paid for through grant stipends at a rate competitive to the IHSS provider hourly wage ($12.25). Training is delivered in an industry-leading, multi-purpose, simulation-like facility located in the offices of the AIDS foundation in downtown San Francisco.

Peter O'Connell, Homebridge's Director of Training and Online Services, explained that the courses and curriculum are designed into two types of training: basic and specialized training. Basic training is comprised of 22 modules over a three week period of practice and testing designed to impart a comprehensive, foundational skill set for HCPs. Courses are designed as an introduction into personal care for HCPs and focus on key concept topics, such as activities of daily living, recognizing and reporting abuse and neglect, light domestic duty, dementia and other cognitive disorders, and general safety and emergency procedures.

Homebridge also offers 24 specialized training sessions two to eight hours in duration, designed to reinforce, refine, and augment the basic training. Specialized trainings address advanced care needs, which evolve from changing client needs, health care advances, and consumer demographic shifts in care requirements.

The Homebridge training philosophy is rooted in adult-learner-centered practices, and inherently draws from other HCPs' experience to create a dynamic learning environment, which translates back to elders and people with disabilities in residential settings. In giving voice to HCP trainees, training is concentrated on the immediate needs of participants and builds on their current knowledge, ultimately translating into three dimensional learning experiences. Conversely, adult learning principles can be applied back in the field when HCPs give instruction to clients, reinforcing a symbiotic exchange of learning, practices, and needs.

The Homebridge philosophy of evolving competency-based curricula shifts the focus of training from classroom lecture to objective skill development relevant to technical performance of the specific job. Peter O'Connell said training standards triage multiple approaches centered on the skill development of the provider. "There is very little pure lecture, activities are group oriented and trainers have a strong background in the field and in facilitating groups."

Homebridge graduate, Anthony, said the training program validated a lot of personal experiences and provided technical validation that he was doing some things right for his paraplegic nephew. "Developing a case plan for his medical needs, where the four other HCPs who mange his care were on the same page was a huge relief to me." Clearly, for Anthony, the Homebridge coordinated care plan, as well as specialized training, provided him with the confidence and competence to skillfully care for his nephew's complex care needs.

Politics and the Future

IHSS Consortium Executive Director, Margaret Baran, is intimately aware of the political challenges HCPs face in a system that inherently pits consumers against providers. She states, "There has always been the tension between the disability advocacy groups that they can do a better job, but for those

vulnerable elders without family caregivers, the benefit of a contract mode of service, as the last resort before a nursing home, is a real option."

The California Association of Public Authorities for IHSS (CAPA) and advocacy groups across the state have discussed the need for mandatory training for providers for years. The issue is complex, particularly as 'family care providers' view themselves as the authority of home care needs for the family member receiving direct family support.

Deborah Doctor, a legislative advocate at Disability Rights California, said, "A mother who has been caring for a child for 20 or 30 or 40 years doesn't need mandatory training on how to take care of that child."[15] Disability advocates and some unions view HCPs as 'professional employees' without taking into account the unique dynamics of the family's right to care for family members in their own way. Most notably, the argument against mandatory training is rooted in the concept that IHSS is based on a social model of care, which recognizes that people with disabilities are not patients and their homes are not medical settings.

"Mandated training has been publicly opposed by IHSS consumer advocates for years, because it erodes consumer choice," said Donna Calame, Executive Director of the San Francisco IHSS Public Authority. Calame also notes that "a mandated curriculum of training for parents and other family members who make up the majority of IHSS workers may be overly broad—and the public and policymakers have a hard time grasping that."[16]

Despite objections, California's current Section 1115 Medicaid Demonstration Waiver "Bridge to Reform"–which funds hospitals and indigent care–has been working on IHSS Workforce Development initiatives. The California Department of Health Care Services (DHCS) is considering use of Medi-Cal 1115 waiver funds to incentivize targeted training of in-home supportive services (IHSS) workers.

In a recent letter to DHSC from CAPA, the association recommends that DHCS exclude IHSS training from the final waiver package and argues that inclusion of IHSS providers in the 1115 waiver workforce development component could lead to mandatory training for IHSS providers. Further, the letter contends the waiver funds could place service expertise in the hands of the provider as opposed to the consumer, ultimately eroding the social model where consumers have authority in training their IHSS provider and directing their own care. CAPA holds firm that instituting any standardized medical training for IHSS providers or mandating training for HCPs is a slap in the face to the independent living movement.

Despite the long and contentious political debate, San Francisco County's Homebridge program has managed to create a balanced approach in a polarized swell of political, financial, and advocate forces that many times become entrenched–one size of training does not fit all elders and adults with disabilities. Homebridge serves as a national model program and illustrates an effective collaborative between a nonprofit organization and a county, evidenced by the delivery of more than 600,000 hours of skilled home-care services to over 1,250 clients (annually) living at home successfully and avoiding premature institutional care.

IHSS Consortium Executive Director, Margaret Baron, says there is an opportune moment to leverage training funding across the state with new Department of Labor apprentice grants, Personal and Home Care Aide State Training Program demonstration, Coordinated Care Initiative (CCI) funding, and funding shifts in the Maintenance of Effort (MOE) for counties. With an increased need for skilled HCPs across the state, counties will need to explore alternative models of training to circumvent the political fervor and achieve a minimum level of care proficiency to protect the safety of HCPs, seniors, and persons with disabilities.

Implications and Recommendations for Santa Cruz County

With the predicted sharp increases to IHSS caseloads, demand for skilled HCPs, and aging demographic, both San Francisco and Santa Cruz Counties will face unprecedented challenges to

address community care from Skilled Nursing Facilities (SNF) to in-home care. The demand is reflected in current population data: San Francisco County's population is approximately 820,000, with 113,969 seniors (14 percent) over the age of 65.[17] Adults over the age of 60 represent a higher proportion of the city's population than seniors statewide or nationally. In contrast, the US Census Bureau estimates the population of adults over the age of 65 in Santa Cruz County is approximately 35,000 (13% of the total population of 270,000)[18] – statistically very similar.

While every community grapples with its own unique challenges to effectively serve seniors and adults with disabilities, there are a number of common characteristics and service needs shared between Santa Cruz and San Francisco. Firss, bth countieswill experience significant growth in aging populations as well as a growing demand for IHSS HCPs to bridge care and services. They both have populations with chronic conditions that necessitate wider and more complex ranges of health and supportive services from a variety of providers. Both also need improved access to training programs for IHSS HCPs to improve clinical skills, communication, and coordination of consumer care. And finally, both counties have community disability and elderly advocates who seek a more responsive care network to tend to the needs of multi-lingual, multi-ethic, and low-income elderly and disabled communities.

Given the inherent challenges both counties face to support seniors and adults with disabilities, a coordinated response is warranted to explore training opportunities dedicated to the evolving needs of consumers and HCP in Santa Cruz County. Therefore, the writer recommends Santa Cruz County Human Service Department and its partners explore the viability of implementing the following recommendations:

Explore enhancing contract and funding opportunities of existing training providers and services in Santa Cruz County. Currently, Santa Cruz County Human Services Department contracts with the Health Project Del Mar Caregiver Resource Center (DMCRC) to deliver specialized training for IHSS HCPs. DMCRC develops and delivers twelve classes (six topics) presented separately in both English (in Santa Cruz) and in Spanish (in Watsonville). Access to HCP training services is subject to DMCRC staffing and county facility availability, thus creating limited access to those who reside in outlying areas of unincorporated Santa Cruz County. Supplemental funding could be secured through senior focused foundations such as the Dual Integration funds through the SCAN Foundation, CCI long-term care services funding, or Health Partnership Grant through the Health Trust.

Consider partnerships with university, colleges, and elder-based partners to support the development of HCP training programs. To advance innovation in the arena of training for HCPs at a time when it is crucial to fill the pipeline, it is necessary to develop a standards-based curriculum and training certification process for HCPs locally. In order to build training fidelity, research grants and support opportunities through the Personal and Home Care Aide State Training (PHCAST) demonstration grants, the California Association of Home Health Agencies, UCSF Allied Health Workforce Studies, and partnerships with Cabrillo College Allied Health Occupation Center should be utilized. Other potential opportunities also exist through the Federal Health Resources and Services Administration (HRSA) grants–like Homebridge procured–to develop training with proven competency-based curricula to strengthen training objective standards.

Encourage local workforce investment board to support the expansion of training for HCPs. Through the Workforce Investment Act (WIA) the public workforce investment system identifies and promotes strategies to employ and train underserved populations in apprenticeships, such as women, young men and women of color, low-skilled populations, veterans—including transitioning service members—and others. By workforce agencies practicing and participating in direct-care worker training and the training system design, employment opportunities within the care industry can support efforts and sponsor demonstrations based on an

apprenticeship training models. The county should explore new grant opportunities like the US Department of Labor Apprenticeship model, which offers an incentivized subsidized wage increase for low-skilled populations who participate in a minimum level of job-related technical instruction; the Center for Medicare and Medicaid Services' Direct Service Workforce Core Competency road map; and existing state and local training model demonstrations and grants.

Seek community input from HCPs and consumer advocates through the IHSS Advisory Commission (IHSSAC). Develop consensus and capacity within the IHSS Advisory Commission through dedicating sub-committee efforts to address training for HCPs. IHSSAC could effectively build on ongoing efforts to identify skills and knowledge, identify existing training opportunities, track existing training provider outcomes, and broaden initiatives to support person-centered care. Consider the merits of leveraging Welfare to Work (WTW) funding sources and ancillary services to augment and finance additional HCP training supports in the community. Through connecting the WTW client population with IHSS training and employment opportunities, WTW clients could meet their mandated WTW plan activities, and work as pilot participants in apprenticeships, trainings, and career ladders.

Conclusion

A growing body of research and evidence suggests that some HCPs may not be receiving the training they need to effectively serve a growing population of elders and people with disabilities. With California's aging population, and the stresses associated with caring for the most vulnerable, without basic training standards, county-based Public Authorities, Adult and Long-term Care Departments, and community based consortiums will have to continue to implement a variety of HCP training opportunities in publicly funded programs providing long-term care services.

Good training is critical to ensuring the quality of services and maintaining independence for people, but if training continues to be underfunded and fractured, it will continue to lack the capacity to train the projected one million HCPs that will be needed nationally over the next decade. This case study has highlighted some of the political factors which polarize direct caregivers and jeopardize the critical training supports HCPs require. States, counties, disability advocates, unions, and consumers need to realize that not one size of training fits all, and ultimately the long-term health benefits from basic training requirements can help to prevent turnover, injuries, or worse, death of a care recipient.

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