

**IHSS OUTCOMES AND APS ON-LINE:  
ADULT SERVICES IN SANTA CLARA COUNTY**

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Two challenges facing the Adult Services Program of Contra Costa County are the control of costs in the In-Home Supportive Services Program (IHSS) and the computerization of Adult Services, including Adult Protective Services (APS). The first of these is a long term problem: for twenty five years Contra Costa has traditionally authorized the most hours of IHSS per client in California. As the baby boom generation moves toward retirement age, the potential increase in the consumers of IHSS, when combined with Contra Costa's high end cost structure, poses a serious threat to the fiscal sustainability of Adult Services. The department has been given the assignment of moving IHSS authorized hours to the Bay Area average, then to the (lower still) state average in order to address the problem of fiscal sustainability. The second challenge, the computerization of Adult Services, has come on us more recently. Our veteran Adult Services staff in all assignments received their training and worked most of their professional life in the pre-computer period. Now they need to gear up with the computer technology essential to coping with the workload of today. With both these challenges in mind, I asked to study Santa Clara County Adult Services.

**WHY COMPARE SANTA CLARA AND CONTRA COSTA?**

Of Bay Area counties, Santa Clara is the most similar to ours. It has the same urban-suburban mix. Population densities are 1,160 per sq. mi. for Santa Clara v. 1,116 for Contra Costa. Per capita income is very close: \$20,935 for Santa Clara (fourth in the state) v. \$20,233 for Contra Costa (fifth). The senior populations are the closest of Bay Area counties: 8.3% of Santa Clara's are 65 and older v. 10.8% of Contra Costans (1987). Average educational level and SAT scores are very similar. Since the two counties are so similar, I hope that conclusions drawn from visiting Santa Clara will prove valid here.

A further reason for studying Santa Clara is its well-deserved reputation for excellent management and cutting edge programs including in Adult Services. Santa Clara's Silicon Valley location and the local commitment to computerization has made its operations a subject of interest among Adult Services managers throughout the Bay Area. My own interest in enhancing the computerization of our Adult Services programs, therefore, naturally inclined me to choose a county which has pioneered in this area.

**DIFFERENT OUTCOMES IN IN-HOME SUPPORTIVE SERVICES**

Outcomes achieved by Santa Clara IHSS are remarkably different from Contra Costa's. Please review Figure I for major outcomes statistics. The lower number of IHSS clients per 100,000 of population suggests that Santa Clara has been more effective at keeping down the number of low hour, "comfort" cases. Total program cost spending (excluding administrative costs) for IHSS is \$21.2 million per year in Santa Clara v. 523.1 million per year in Contra Costa, despite the fact that Santa Clara has several very expensive program enhancements in operation which Contra Costa does not.

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Is the quality of service to the community lower under Santa Clara's program? I could find no evidence of this. Consumer satisfaction is at least as high, judging by the number of State Hearings. Santa Clara contracts for a registry for recruiting independent providers. It also operates a contract mode for clients who cannot find an independent provider, generally because they have only a small number of assessed hours. Santa Clara pays over \$12.00 per hour for care under this contract mode. Judging by the breadth of services Santa Clara's program may be better than ours qualitatively.

I will discuss Santa Clara's programs and my recommendations for Contra Costa in the following order:

- A Culture of Careful Assessment in IHSS
- A Different Management Structure in IHSS
- Co-location of Staff
- Centralized Intake in IHSS
- Use of Translators for Adult Services
- Santa Clara's On-line System for Adult Protective Services and lessons from its computerization experience

### **A DIFFERENCE IN STAFF CULTURE IN IHSS**

Santa Clara has developed a culture of careful assessment in IHSS. The proof is their average authorized hours: 69.7 v. 103.9 in Contra Costa. I was impressed that almost no one in Santa Clara was aware of their hours standing v. other counties: most expressed great surprise at being told by me about their good standing. This suggests to me that staff has internalized ideas of careful assessment, so that they no longer perceive them as originating in management policies.

Most Santa Clarans I interviewed attributed their good outcomes to their centralized intake unit. This unit is staffed with picked social workers of high seniority. The unit seems to have great team spirit and is considered "good duty" although there is no pay differential from other IHSS social workers. They indeed do seem to see themselves as "gate keepers" and are committed to providing IHSS while encouraging the maximum of client and family self-care. This culture of careful assessment has wide acceptance from the public: one intake social worker told me she has not had a state hearing from a disgruntled client in two and one half years!

### **Recommendation No 1: Foster a Culture of Careful Assessment in IHSS.**

Contra Costa is already nine months into a program of cost control in IHSS and several critical steps have already been accomplished. Further steps needed to promote a culture of careful assessment in IHSS are:

- Santa Clara's experience could be used as a model to overcome staff skepticism. I myself doubted it was possible for our county to reach the state average hours. Santa Clara proves it is possible for an urban county to do even better than the state average!
- Management must keep up its interest level in cost control in IHSS in the face of many other competing problems.

- Management and policy staff should make themselves available at the work site to provide on-going support and encouragement despite the burden of travel this imposes.
- Management should restore the former level of IHSS Quality Control staffing. This would give line staff support in dealing with those clients and providers who are actively exploiting the program. It also provides a vehicle for accurate sampling of IHSS cases to identify patterns of on-going problems in IHSS assessment.
- The IHSS Assessment Guidelines Work Group, a largely staff body which worked with management in developing this work tool, should be reconvened to monitor progress and problems staff experience in using guidelines. This group could be continued to work on the up-coming re-computerization of IHSS.
- The issues of recuperation assessments, which are often delayed past the date of the client's recovery, and "comfort" cases, low hour plans Santa Clara is more effective at denying, should be addressed.
- Santa Clara's IHSS Handbook sections on the intake assessment and the reassessment are simpler and more up-to-date than ours. Our policy staff should revise the Contra Costa sections as soon as possible.

## **DIFFERENT MANAGEMENT STRUCTURE**

Santa Clara Adult Services has a similar staff size to Contra Costa although Santa Clara is 75% larger. This is because the Area Agency on Aging is an independent, community-based organization in Santa Clara, but is county-run in Contra Costa. The only county-run aging program in Santa Clara is Senior Nutrition, whereas in Contra Costa the full spectrum is run directly or under contract with Adult Services.

Even in Santa Clara with a much smaller number of different services to run or monitor, the IHSS Program has a Program Manager under the Adult Services manager. This IHSS Program Manager is responsible for day-to-day operations of IHSS, which is the largest single cost program under Adult Services. The IHSS manager handles policy, personnel, equipment, building issues, the whole range of operational concerns. This frees the Adult Services manager to concentrate on larger, general issues of planning, development, and politically sensitive matters without the distractions of approving vacation requests and interviewing candidates for line worker positions, for example.

### **Recommendation No. 2: Consider Establishing an IHSS Program Manager Position.**

Effective operational management of a soon-to-be \$32 Million a year program spread over five sites over a forty mile range requires a full-time program manager. This would free the Adult Services manager to concentrate on broader issues and participate more fully in state-level activities, which have traditionally been a high priority item in Contra Costa County. This would cost an additional \$60,000 per year in direct costs. I submit this is modest augmentation of administrative costs for so large a program.

## **CO-LOCATED STAFF**

Santa Clara's entire Adult Services staff are located in one building in San Jose. This co-location offers many advantages to Santa Clara. It greatly simplifies organizing meetings and circulating urgent information. Most of this staff is also linked by email, which many individual workers commented favorably on. IHSS payroll staff are within a few yards of line workers, so posting errors can be discussed and resolved with much greater ease than in Contra Costa. APS workers can discuss common clients with IHSS staff with little difficulty. Management staff can attend meetings without long, time-consuming travel. Easy and informal contacts in public areas of the office such as the staff room and at employee celebrations promote cohesion and cooperation which is difficult for staff located in many different buildings to develop. Santa Clara's co-location is encouraged by the geography of the county: all transportation routes converge in San Jose a few miles from the site for Adult Services.

Contra Costa has Aging and APS staff co-located at Douglas Drive in Martinez. However, IHSS staff are spread in five different locations, two in Martinez alone. To some degree this is dictated by county geography: all transportation routes converge outside the county in Oakland and San Jose. Mountains divide the county into west, central, and east sections and create traffic choke points, which discourage centralization of staff. This extreme dispersal of staff creates problems of communication and management control for Contra Costa. It is difficult to assemble IHSS staff for a county-wide meeting even once per year! District staff attending meetings in Martinez must spend a minimum of an hour's travel time to attend. The divisions promote suspicion and blaming between district offices and encourage the growth of non-uniform, local practices out of the awareness and beyond the sanction of program management.

### **Recommendation No. 3: Identify A Problem of Excessive Decentralization.**

Although co-location like Santa Clara's is not practical here for geographical reasons, there are significant steps which can be taken to minimize the effects of excessive decentralization. The most important is to move toward co-locating IHSS payroll staff with the IHSS unit in Martinez. These employees are integral to the operation of the IHSS program. However, their location in at the Muir Road site in Martinez, apart from the rest of Adult Services staff at Douglas Drive, magnifies communication difficulties needlessly. This also discourages the pooling of clerical staff to assist payroll staff during peak workloads at the beginning and middle of each month. I propose that this be identified as a goal and that discussions begin with stakeholders on a long-term plan to co-locate them with the rest of Adult Services staff. In light of the current crowding at Douglas Drive the most practical solution might be to co-locate Adult Services in a different location all together.

### **CENTRALIZED INTAKE IN IHSS**

Santa Clara staff universally attributes the outcomes of their IHSS program to their IHSS intake staff. All IHSS applications are handled through this intake unit. The unit uses assessment guidelines in awarding hours which are similar to those just adopted in Contra Costa. An advantage of centralized intake is that the best employees can be concentrated at this point of entry into the program. This permits more careful scrutiny of hours, leading to better control of costs. I found the members of Santa Clara's intake staff to be very well-informed about policy and skilled at their jobs, a staff any county would be proud of. They emphasized to me their view of the

wisdom of granting an IHSS plan which meets the client's "needs," but not necessarily the client's "wants." This is because it is much easier to increase IHSS hours if insufficient than to reduce them if excessive.

The geography of Contra Costa is a major barrier to centralization of intake in one unit in Martinez. However, I will outline several possible patterns for a less decentralized intake system in this county for long-term consideration. A central intake unit in Martinez would most closely follow the Santa Clara pattern. This unit would require a staff of four social workers, each of whom would be assigned about thirty five applications monthly. An additional social work supervisor position would be required. It is possible that the eligibility function could be done by existing district staff. Clerical needs could possibly be pooled. but. if not, would require an additional full-time clerk. Drawing these social workers from existing staff would raise current IHSS field caseloads to about 240. The field workers would, however, be relieved of intake duty. To minimize travel for home visits, intake social . workers would specialize geographically in west, central, and east Contra Costa.

An alternate plan would be to dedicate social workers in current units as intake social workers. This has been done without major resistance in the past. Unfortunately, no outcomes measurement was ever undertaken while this plan was in effect. This approach would economize on the need for an additional supervisor position by using existing resources. A major problem would be inducing appropriate staff to volunteer for the intake assignment since this is traditionally seen as a hard one. I would recommend consideration of a pay differential for intake social workers or a specialized promotional category to make the assignment more attractive. The "medical social worker" category used in County Medical services and the Health Department's AIDS/HIV Program would be a suitable classification. This incentive would result in increased direct costs of \$2500 per month (plus indirect costs). These might be offset by decreased program costs. Another benefit would be the development of a career ladder in IHSS which is currently missing, resulting in retention of the many good IHSS social workers who now promote out of the program.

#### **Recommendation No. 4: Consider Centralizing IHSS intake.**

If the current cost control effort in IHSS proves insufficient, some form of centralization of intake is the obvious next step. It will require careful planning and much negotiation with employee organizations to bring such a plan into operation.

#### **TRANSLATION FOR NON-ENGLISH-SPEAKING IHSS CLIENTS**

Santa Clara has a population which is significantly more multi-lingual than Contra Costa's. Of Santa Clara's IHSS caseload, 47% are non-English-speaking v. 20% of Contra Costa's. Santa Clara's APS and IHSS field units are enviably well-staffed with multilingual workers. The IHSS intake unit is less multilingual, but this is offset by the excellent and flexible system for staff to obtain translators. The IHSS Handbook has a list of approved translators. Staff telephones the appropriate translator directly and signs a simple form to confirm the time spent. The translator then submits the form for payment. The simplicity of this process encourages line IHSS staff to

use translators rather than relying on members of the clients' families who are often themselves financially interested parties as IHSS providers.

In Contra Costa the translation procedure works differently: the employee telephones the District Translation Coordinator at least a week in advance and provides a long list of information. The coordinator contacts a translation company vendor. The company telephones a confirmation to the staff person. Any changes in the appointment must go through the translation coordinator to the company and then to the actual translator. This procedure involves double the number of individuals as Santa Clara's. This discourages the use of translators by IHSS social workers. Although the department saves on translation fees, I believe it pays a heavy price in IHSS program costs due to inaccurate and biased assessments.

#### Service Delivery Challenges

Recommendation No. 5: Increase the Use of Translators in IHSS and, if Necessary, Evaluate Changing the Department's Translator Procedure. I suggest that IHSS social workers be encouraged to try the current Contra Costa procedure again. This would provide recent data and experience with our current procedure. If the results prove negative, I would propose modeling an alternate procedure on that used in Santa Clara. Contact with our department's Civil Rights Officer has established that the current procedure is already under review. Finding an efficient way to use translators will increase the accuracy of IHSS assessments with beneficial financial effects. It will also provide better service to the clientele in the area of identifying abuse and neglect of seniors and the disabled.

#### **APSS: SANTA CLARA'S ON-LINE APS SYSTEM**

APSS is Santa Clara's on-line intake and case management system for Adult Protective Services, the first such in California. Santa Clara funded this pioneering system with funds from a local technology bond issue. This system is designed to move APS toward a nearly-paperless case management system. When I viewed the system, it was four months into a six months introductory period. The system is designed to automate intake recording and production of the basic APS state-required forms such as the Abuse Report and Investigation Report. It contains database features so that, for example, perpetrators in a number of several incidents can be linked. This is important in a county like Santa Clara, which staffs two full units of APS staff. The system contains word processing features and email has been co-loaded with APSS. APSS is further designed to produce the mandatory management reports required by Sacramento. although this has not yet been accomplished.

APSS is having many teething troubles in Santa Clara, however. One complaint of line staff is the great number of screens and pop-up's which must be used; there is no overall face sheet screen so a duty worker can get a "bird's eye view" of case issues quickly. I infer that in order for APSS to fill in the blanks in the state-mandated forms, which were written without computers in mind, data must be input into many small screens, so the each of those screens can be linked with a specific field on the state form. Until CDSS moves forward, it is hard to see how- this problem can be overcome. Other weaknesses are easier to address. For example. APSS is subject to many "clocking" delays, which is probably a hardware capacity problem. The manual lacks an index which impairs its usability. The word processing feature lacks a spell-checker, which has

resulted in a serious outbreak of "brian injuries and storks" (for brain injuries and strokes) in Santa Clara.

One of the most interesting aspects of APSS for me was to hear the staff discuss their experience of computerization. The staff, although exclusively Master's Degree staff, were nearly all non-computer users before APSS. Now they are actively enjoying the word processing and e-mail capabilities at their disposal.

**Recommendation No. 6: Track the Progress of APSS While Learning From Santa Clara's Computerization Experience.**

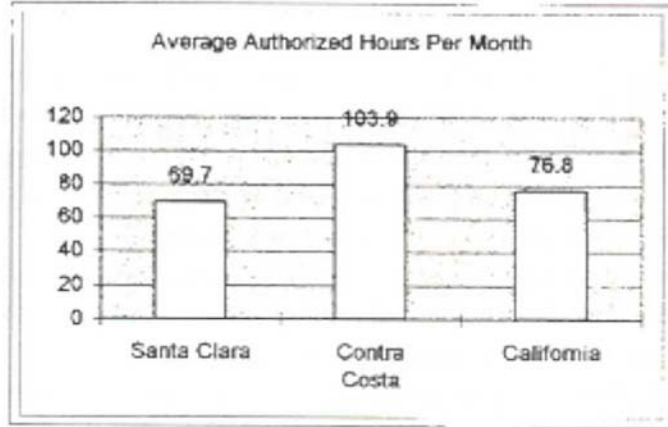
Santa Clara deserves great praise for leading the way in the computerization of Adult Protective Services. After the debugging process is completed or the system is in a second version, Contra Costa should evaluate adopting it for our own staff. I recommend that our APS supervisor Peter Koster be assigned the responsibility of tracking developments in APSS.

For our largely computer challenged staff, I suggest Contra Costa consider introducing staff to e-mail and word processing as a first step. CDSS will be funding hardware for all IHSS staff as part of the CMIPS upgrade in Fall, 1998. That would be an opportunity to use the equipment for e-mail and word processing, too. If migrated equipment could be found for our small APS and conservatorship staff, they should be brought into the computer age with word processing and e-mail as a preparation for an on-line system in the future.

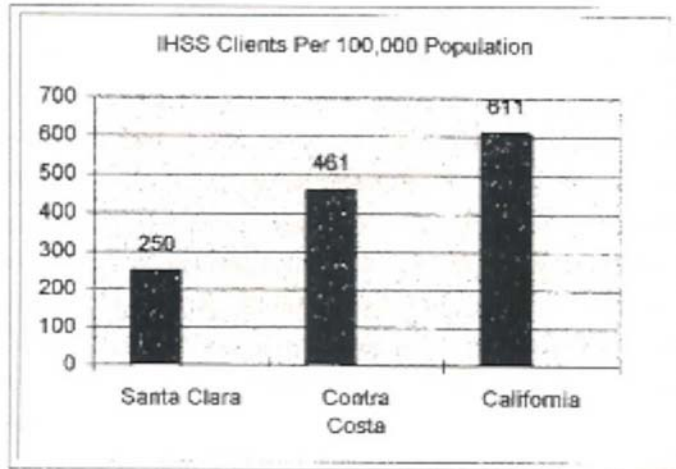
Figure 1

### Comparison of IHSS Outcomes

Average Authorized Hours Per Month	
Santa Clara	69.7
Contra Costa	103.9
California	76.8



IHSS Clients Per 100,000 Population	
Santa Clara	250
Contra Costa	461
California	611



% of "Severely-impaired" Clients	
Santa Clara	21.5
Contra Costa	33.7
California	19.4

