

Helping the Hard-to-Serve In-Home Supportive Services Client: Santa Clara County's Response

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EXECUTIVE SUMMARY

Santa Cruz County is working to improve the services provided to In-Home Supportive Services (IHSS) recipients. There is concern of a gap in service to those IHSS recipients who have problems assuming the role of employer for purposes of hiring, supervision and termination of their in-home care provider.

The County of Santa Clara has developed a unique service, a Hard to Serve Registry, that is designed to provide additional support for the IHSS recipient who might not understand or be able to fill the role of employer without extra help.

Findings

Santa Clara County's Hard to Serve Registry has proven to be successful in reaching those IHSS recipients who need extra assistance with finding and

maintaining in-home providers. The key element of this Registry is that specific staff (care coordinators), are available to work with the IHSS recipient and IHSS provider to facilitate interview and problem-solving processes. A large part of the care coordinator's work is done over the phone. However, home visits are also commonplace and have a huge impact on the success of the Registry.

Recommendation

It is recommended that Santa Cruz County implement a hard-to-serve component by collaboration between an IHSS Public Authority social worker working closely with the contracting Registry to promote successful recipient and provider relationships.

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Introduction

One of the state's largest, fastest growing, and most expensive social service programs today is the In-Home Supportive Services (IHSS) program. This program supports safe independent living for low-income frail elderly and disabled persons of all ages. It is an excellent alternative to out-of-home care in institutions. County IHSS social workers authorize IHSS recipients to receive personal care and domestic services that include such tasks as bathing, feeding, dressing, skin care, meal preparation, vacuuming, and laundry. The majority of IHSS recipients receive their in-home care from a family member or friend, who is called an independent provider (provider).

However, many recipients do not have a family member or friend available and need assistance to find a provider. When this is the case, they are referred to registry services where the main focus is to facilitate a match with an appropriate provider.

Recipients of IHSS assume the role of employer for purposes of hiring, supervision and termination of their in-home provider. One area of concern is how to best provide IHSS to a small group of hard-to-serve recipients in this program. The hard-to-serve recipients might be very frail with serious medical conditions, require multiple providers, live in isolated areas, lack the informal support to assist with the employer duties and/or exhibit behavioral problems. They might not understand or be able to fill the role of employer without extra help.

I learned that Santa Clara County's response to this problem was to develop a special Hard-To-Serve Registry. Because they have a reputation of being successful in reaching this difficult population, I wanted to see what they do. This involved visiting both the County IHSS program and the contracting agency,

Council on Aging, which operates the IHSS Public Authority (Public Authority) registry.

Background

Passage of Assembly Bill 1682 in July 1999, and subsequent revisions to the Welfare & Institutions Code, authorized Public Authorities to serve as the employer of record for IHSS providers for the purposes of wages, benefits and other conditions of employment. Among other responsibilities, Public Authorities were required to maintain and manage an IHSS provider registry for referrals to IHSS recipients.

In 2001-2002, many counties were working to develop Public Authorities that were to be operational by February 2003. At the time, some were delivering IHSS in what was referred to as a mixed mode of service delivery. This was generally a combination of contract and independent provider modes of service delivery.

Those receiving IHSS from a contract mode had an agency responsible for service delivery that used qualified home care workers who were employees of the contract agency. The recipients served in the contract mode were often those considered to be hard-to-serve and/or those who did not have enough authorized service hours to attract a provider.

Those receiving IHSS from an independent provider mode meant the recipient filled the role of employer and had responsibility for hiring, supervising, and firing their provider.

The legislation mandating Public Authorities contributed to increased wages and benefits for providers, which was very good. However, the increased wages and benefits for providers adversely influenced many contract agencies' ability to stay competitive. Also, during that time, worker's compensation costs

were increasing at prohibitive levels which further affected the ability of contract agencies doing business. After Public Authority implementation, there was no home care agency in Santa Cruz County interested in providing services for our IHSS recipients. This meant the country could no longer offer the contract mode.

As a result, in the summer of 2003, the County Board of Supervisors approved the transfer of approximately 275 vulnerable recipients from the contract mode of service delivery to the independent provider mode. Approximately 80 of those recipients were considered hard to serve.

Santa Cruz County anticipated concerns of these recipients losing their contract services and developed a variety of strategies to insure that they transitioned successfully. Specifically, the plan addressed areas of enrollment, risk assessment, support strategies, and consumer education and training. For the most part, this transition worked. However, there has always remained a worry for that small segment of the population that might fall between the cracks. For those people, extra help to guide them through the hiring and supervising processes could be of great benefit.

When the County of Santa Clara was faced with a similar dilemma, having lost their contract agreement too, they filled this need with the special Hard-To-Serve Registry.

In-Home Supportive Services Bureau, Department of Aging and Adult Services, Social Services Agency, County of Santa Clara

The IHSS Bureau is part of the Department of Aging and Adult Services for the County of Santa Clara. This department authorizes services for the over 11,000 eligible IHSS recipients in Santa Clara county. Social workers determine authorized hours of service for the applicants, and fiscal and program support staff work diligently to process the volumes of documents inherent in this very complex program.

For many years the Department of Aging and Adult Services has contracted with the Council on

Aging for various services to assist the elderly and disabled residents of Santa Clara County.

In-Home Supportive Services Public Authority, Santa Clara County, Council on Aging

In 1999, Santa Clara had developed their Public Authority; earlier than most other counties. The Public Authority was under the umbrella of a larger community organization, the Council on Aging, that is the area agency on aging for Santa Clara County. The Council on Aging was responsible for providing the contract mode of service delivery for IHSS recipients until they terminated that contract in 2003.

What the Public Authority did at the time was to expand their Registry operations by creating a Hard-To-Serve Registry component designed to help those IHSS recipients who needed extra assistance in finding and maintaining their providers due to the loss of the contract.

The Public Authority operates the IHSS registry of providers and facilitates the matching of them with IHSS recipients in need of in-home care assistance. They do this by providing the recipient with a list of at least three providers that is generated from the special registry database that has deemed them to be a possible “match” for the request.

IHSS Public Authority Registry Components

The main components of the Public Authority Registry include the IHSS registry (where providers are matched with the consumers of the IHSS program in need of in-home assistance), the Urgent Care registry (a more refined, criteria-based program for short-term help), and the Hard-To-Serve registry (a registry service with specialized care coordinators serving a small population of the IHSS recipients).

IHSS REGISTRY

Over 600 providers are active on the Public Authority Registry. To become active on the Registry, applicants attend an orientation, which is followed by a scheduled interview with a registry worker. Through the interview and reference check processes, the registry worker determines if the applicant is appropri-

ate for the Registry. If suitable, the registry worker notifies new providers and they are added to the Registry database for referral consideration.

URGENT CARE REGISTRY

Urgent care services are available on a short-term basis to eligible IHSS consumers if there is a critical need for personal care or a critically needed domestic task and there is no one available to provide this help. Referrals can be made by social workers, other agency staff, family members, or the consumers may request this service up to two times a month (a single request can be approved for up to three days of assistance). A trained home health care worker will be sent from one of the home health care agencies that contract to provide this short-term assistance for the Public Authority.

HARD-TO-SERVE REGISTRY

Due to serious disability (vision and/or hearing impaired, life-threatening medical condition, Alzheimer's disease, dementia, mental illness) and/or behavioral issues, some IHSS consumers need assistance in the selection, supervision, and termination processes required of the IHSS recipient. Approximately 300 IHSS recipients at any given time (about 3% of the total recipient population) are active in this component of the Registry. Those recipients may be seeking a provider or might have been matched with a provider and require follow-up.

Recipients that are included in the Hard-To-Serve component of the registry work with specially trained care coordinators. A large part of the care coordinator's work is done over the phone. However, home visits are commonplace and have a huge impact on the success of helping to facilitate the interview process between the recipient and provider applicants (who are included in the IHSS Registry provider pool). The care coordinator is very cautious in differentiating his/her role as observer while the recipient has responsibility for making hiring and firing decisions. Additionally, the care coordinator can be an integral party during problem resolution interventions.

Observations

In my research of the County of Santa Clara IHSS Bureau and the Public Authority operations, it is clear that there are two very separate entities collaborating to provide services that appear to work well and complement one another. Having a long-term relationship has fostered trust and familiarity with the different roles the staff assume.

Santa Clara County far exceeds Santa Cruz County in population and the IHSS business operations reflect this reality. The Santa Clara model assigns less than half of their 11,000 cases to social workers, and the other are in a "banked" status, where they are only dealt with on an as-needed basis.

Santa Clara County has a large Registry provider population. Paying decent wages (\$11.50 per hour) and offering a wonderful benefits package contribute to the ability to have this large group. Interestingly, recruitment and advertising is not an issue, as the prospective providers come to the county.

On a positive note, Santa Cruz has fewer than 2,000 cases and is able to assign all of those cases to a social worker, so more contact and monitoring is possible. However, finding enough providers to fill the need is a constant challenge. Even with increased wages (to \$10.50 per hour), and a benefits package (albeit not as comprehensive as Santa Clara offers), the Santa Cruz Registry includes less than 100 active providers. Only in operation since April 2005, this registry is still developing.

When reviewing data comparing matches to requests filled for Santa Clara's IHSS Registry, the success rate is approximately 40%¹ while the Hard-To-Serve Registry rate is 75%.² Not surprisingly, this data supports the fact that the Hard-To-Serve Registry enjoys greater success. Even though the criteria of the hard-to-serve recipient includes various barriers to successful matching, the extra focus and assistance that program staff can offer to the IHSS recipient dramatically increases the likelihood of being able to find and maintain an appropriate provider.

¹Data collected for Jan–March 2006 from Director Mary Tinker.

²Hard to Serve Registry FY2004/2005 Activities Report.

Data for Santa Cruz is not sufficient for comparison at this point. However, as we work to enhance registry services with the community organization, we expect registry numbers to increase. The community organization is producing approximately 50% matching, but the recipient requests are low. The improved model will expand the numbers of referrals from the current one provider for each recipient request to three at a time. We expect this will contribute to more efficient matching as well as offer more choice to the IHSS recipients.

Relevance/Value for Santa Cruz

Santa Cruz County has maintained an in-house Public Authority Registry since 2002. This past year Santa Cruz also worked with a local community-based organization to develop a separate IHSS Registry pilot project. An evolving goal has been to expand this collaboration so that the community organization could assume the Public Authority Registry functions for all referral and matching purposes.

An important factor that led to the County going outside for this service was the reduced capacity for the Public Authority to maintain a registry in-house. At the same time, the community organization had a reputation for having a successful registry service and was a long-term partner in providing other valuable services to many social service programs. In addition, they had recently been recognized by the Department of Aging, as having a “Best Practice” model Respite Registry, and so possessed certain skills and a database to accomplish what was needed. A possible collaboration seemed exciting to everyone.

Special features of this Registry model versus the county operation include a custom matching approach and enhanced criminal background check abilities, using the LiveScan fingerprint imaging system.

Initial start up of this project has taken time. The community organization has worked diligently to increase the number of active providers available for referral, but the process has been slow.

Given time, we are optimistic that this organization will provide a registry service that will result in successful hires of providers and reduced provider

turnover. As we look at entering into a longer-term agreement, additional funding and increased performance measures are being recommended.

Recommendations

In the current Santa Cruz registry pilot model, the contracting agency has limited capacity to utilize the very important home visit as a mechanism to assist the hard-to-serve IHSS recipient. This is a very significant component to the success of the Santa Clara Hard-To-Serve program; one that is critical with this population. In reviewing the statistics from Santa Clara’s program and data from Santa Cruz, I believe the numbers of hard-to-serve recipients is small enough in Santa Cruz (4% to 5%), so that a component allowing for home visits to assist the hard-to-serve IHSS recipient could be undertaken.

It is premature to expect that the contracting community organization would be able to successfully develop a Hard-To-Serve Registry, due to numerous factors (still working to increase the general Registry provider pool, adjusting to working with a more complex applicant pool—one that is not only seniors, but includes active disabled dependent adults and children too).

I recommend the County IHSS program implement a hard-to-serve program by working in partnership with the community organization. Because the community organization is operating the current registry, like Santa Clara, we would want to use the resources of the general registry provider pool.

Protocols can be developed for when staff of the IHSS program or the registry identify a hard-to-serve recipient. At that time, a referral could be made to an assigned Social Worker I in the Public Authority. This social worker would be the liaison, working closely with the IHSS program, the Registry, hard-to-serve recipients, and providers alike.

The person would perform tasks equivalent to the care coordinator with the Council of Aging model. Direct phone contact with recipient and appropriate providers would be made and with this help interviews could be scheduled. When the situation warranted, this social worker could be present to

facilitate the interview process in the home. Follow up guidelines would be established to ensure success of the recipient and provider match. Additionally, the social worker could be available to assist with problem solving interventions after hiring, using phone contacts and home visits, as needed, to maintain a positive recipient and provider relationship.

Guidelines for referral of these recipients would need to be developed so that social workers, the community organization, and other interested parties would know the criteria and processes required to be able to serve this special group. Relevant materials gathered for this study are valuable and could be modeled for this implementation.

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