

# A Study of the Service Delivery Models in Contra Costa and Santa Cruz Counties for the In-Home Supportive Services Program

CAROL REX

## EXECUTIVE SUMMARY

### **Background**

The In-Home Supportive Services (IHSS) program provides personal care, chore/domestic services, and supportive social services to assist clients living in their own homes. The program has experienced significant growth over the past 10 years and the need for service is expected to continue to increase. To address the increasing need for services in the context of limited resources, it is necessary to evaluate existing practices. It is important that we look to develop new ways of doing business that will allow the program to meet increased service demands.

This report reflects a study of two counties, Contra Costa and Santa Cruz, which have made an effort to redesign their service delivery systems. Interviews were held with management staff, supervisors and social workers from each county. The purpose of these interviews was to determine from each perspective the advantages and disadvantages of the system changes.

### **Lessons and Recommendations**

A review of the activities of other counties is beneficial as Sonoma County considers the specialization of duties within the IHSS program. In both Contra Costa and Santa Cruz counties, social work caseloads are separated to address two discrete functions—intake and on-going services. Both counties have found that doing so has increased consistency and continuity as well as enhanced efficiencies within the program.

It is recommended that Sonoma County seriously consider a similar redesign.

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**Carol Rex** is the Program Manager for the In-Home Supportive Services Program in Sonoma County.



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## Introduction

The In-Home Supportive Services (IHSS) currently assists nearly 360,000 older adults and persons with disabilities in the state of California. As a key element to California's community-based long term care system, the goal of the program is to assist clients living in their own home. The program has seen significant growth over the last ten years and that growth is expected to continue with the aging of the Baby Boomers and the increasing efforts toward de-institutionalization and community-based care. As the IHSS program continues to grow, there is the need to evaluate current business practices to determine the most effective way to deliver services.

In addition to caseload growth, legislation passed in 2004 established a statewide Quality Assurance program. The goals of the program are to improve the quality of service, conduct needs assessments, enhance program integrity, and detect and prevent program fraud and abuse. This increased emphasis on quality assurance and quality improvement also requires a review of current work processes and caseload management activities.

## Background

The Sonoma County IHSS program has continually worked to provide timely assessment and supportive services to clients. Service delivery is client-focused in order to support maximum independence and community living. In Sonoma County the number of persons receiving services through the IHSS program has increased 62% since January, 2000. Currently, there are over 3,800 clients on IHSS. As the size of the program has grown, the need to consider

the specialization of duties as a route to create greater efficiencies and to ensure timely response to requests for service has become increasingly apparent.

For many years Sonoma County has considered separating social work caseloads to address the two discrete functions of intake and on-going services. The intake function involves the assessment of client needs and IHSS eligibility determination for new applicants to the program. On-going services include the annual renewal visit to re-assess service needs as well as assessment and supportive services as necessary throughout the year. In addition, social workers work to ensure that clients maintain program eligibility.

Currently caseloads in Sonoma County are generic in that both the intake and on-going service functions are handled by a single social worker. The idea of separating these functions and developing discrete intake and on-going caseloads is being considered in an effort to improve the efficiency and timeliness of client services. An additional and significant consideration is whether separating functions may increase job satisfaction as well as the social worker's ability to manage increasing caseloads.

To study this issue the IHSS programs in Santa Cruz and Contra Costa counties were identified. These counties were selected because each has separated the intake and on-going functions. Also, Santa Cruz was chosen because it is a smaller program. There has been a question as to whether or not there are adequate staffing levels in Sonoma County to have social workers specialize duties. Contra Costa County is a larger county. As caseloads in Sonoma County increase it is also valuable to examine practices in a larger county as the county looks towards the future.

## Contra Costa County

The IHSS program in Contra Costa County serves nearly 6,500 clients. The program has three district offices. They are located in the east, west and central areas of the county. Currently the program has seven Intake workers all trained on “need guidelines” (time for task) to obtain greater uniformity. Contra Costa County receives an average of 250 intakes per month and 35 cases per worker per month. Two years ago the decision was made to redesign caseloads creating the two discrete functions of intake and on-going services. This change was made to address several issues. Prior to making this change, management had been concerned about the length of time it was taking to enroll new applicants into the program. Needs assessments varied between workers and the timeliness of annual renewals was also a concern. Finally there was a desire to improve data gathering for program analysis. The goals identified for Contra Costa’s program redesign were:

- To process new applications faster;
- To establish greater uniformity in assessment of client needs. (Prior to redesign the average number of hours assessed by each district varied by 18 hours. The desire was to reduce the variance to 5 hours);
- To increase the timeliness of annual renewals; and
- To improve the analysis of program activities and results.

As a part of this study, interviews were held with management staff, supervisors and line staff in order to identify the advantages of the redesign, disadvantages of the redesign as well as any lessons learned during the change process.

As with any change there can be advantages as well as disadvantages. The advantages identified included:

- Assessments are more timely and wait time has been reduced;
- There is now greater uniformity in needs assessment. Prior to change the variation between district offices in the number of assessed hours of service was 18 hours. Currently the range is

8 hours. The ability to target training to intake staff had a significant impact; and

- Cases are processed faster.

It is interesting to note that each of these advantages was identified by staff at all levels of the organization.

The disadvantages identified were as follows:

- The Intake Supervisor supervises workers in two different offices;
- It is sometimes confusing for clients to move from one social worker to another;
- If client does not agree with assessment of initial hours they sometimes wait and call the on-going worker to express their concern. This leaves the on-going worker at a disadvantage. Business practice is to not change hours from those assessed by an intake worker unless something has occurred which might justify a change in hours, such as a hospitalization;
- Initially intake was swamped. When the transition to the new system occurred the Intake Unit took on all outstanding intakes which caused a large backlog;
- Intake workers have a significant number of cases awaiting Medi-Cal eligibility determination. Intake workers find it frustrating to wait for the Medi-Cal determination before they can authorize IHSS services;
- The transition was hard for clerical staff. New systems had to be developed and there was confusion in the beginning. It took a few months for things to settle in; and
- On-going caseloads continue to increase. When the change first occurred caseloads were 270. Now they are averaging 370.

## Santa Cruz County

Santa Cruz County has one of the smaller IHSS programs in the state with approximately 1,800 clients. However, it faces the same issue other counties face of how to manage growing caseloads with limited resources. The program has two offices, one in the city of Santa Cruz and one in Watsonville. Three major factors influenced the program to consider changing work practices. Those factors were:

- Social workers were having difficulty managing caseloads when functions were combined;
- The program was experiencing difficulty with overdue intakes and annual renewals; and
- The program wanted to establish greater consistency and uniformity in the assessment of client needs.

To address these concerns, Santa Cruz County decided to separate the intake and on-going functions and then centralized the intake workers under one supervisor. The intake workers handle approximately 30 intakes each month. It was reported that staff are experiencing some difficulty meeting the state mandated, 30 day timeframe for completion and that 20-23 intakes per month would increase staff ability to meet the 30 day timeframe. Once the intake process is complete, the case is assigned to an on-going social worker. The caseload level for on-going workers at the time of the site visit was 195.

During interviews with program staff, the following advantages were identified:

- Greater consistency in assessment, documentation and application of rules and regulations;
- All staff, managers, supervisors and social workers felt that not having to balance time between intake and on-going cases helped them to better focus their work and manage their workload. Social workers felt it was more efficient to do one thing;
- Supervisory staff stated they are able to better track cases and process them more quickly; and
- Social workers interviewed expressed increased job satisfaction. An intake worker stated he prefers to get a new case and use his problem-solving skills to address needs and then pass the case on to an on-going worker. The on-going social worker stated it was easier to manage a caseload when he does not have to manage both the intake and on-going caseload requirements.

The disadvantages to the new system included:

- There is one supervisor for intake supervising staff in 2 offices. This requires that all intakes be sent to the South County office for supervisory approval;

- On-going social workers do not know their clients initially because they did not do the initial visit;
- Some clients find it confusing when moving from the intake social worker to the continuing worker;
- In the new system the on-going worker is placed in a difficult situation when a client calls and questions the initial assessment of hours;
- Duties are increased for clerical staff. The new system requires that clerical staff touch the case twice—once when the case is assigned to the intake worker and later when it is assigned to the on-going worker;
- Clerical staff experienced difficulty during transition with case flow. They are ironing out the process so that they know a case has been assigned. Reception needs good information so clients can be told who their social worker is when they call.

Another significant and apparently effective change made in Santa Cruz County is that new applicant cases are no longer assigned to IHSS workers before Medi-Cal has established eligibility. Instead all pending cases are assigned to the intake supervisor. This allows for closer monitoring of these cases with the goal of expediting the eligibility determination for these new applicants.

### Lessons Learned

It is interesting to note each county had similar reasons for wanting to re-design the way they provide services. Each identified the need to establish greater consistency and uniformity in determining client needs, a desire to respond more quickly to requests for service by new applicants, as well as the need to address the timeliness of annual renewals.

In studying these two programs, and after interviewing staff at various levels of the organization, it is important to note that all reflected the same reasons for the change and a similar vision for desired outcomes. In both counties, the purpose for the changes appeared to be understood across all levels of the organization. It is important that all staff have a clear

understanding as to reasons for the change as well as the desired results.

By re-designing the work into two discrete social work functions, that of intake and on-going services, both counties have been able to address the timeliness of both the new service applications and the annual renewal of services. Each county is also using the re-design to address issues of consistency and uniformity.

An issue that was apparent and certainly something that would need to be addressed prior to considering such a change is the possible impact on the client. Systems would need to be developed to reduce confusion for those seeking services.

In talking with intake and on-going workers, each indicated that by breaking the work into two discrete functions, they were better able to focus and manage their work. However, as the requests for service continue to increase, each group expressed concern about their ability to manage the workload without additional staff.

### **Recommendations for Sonoma County**

After visiting each of these counties' programs, there are several program changes that the Sonoma County In-Home Supportive Services Program may wish consider.

First, in order to better manage the increasing number to new IHSS applicants that require a Medi-Cal eligibility determination prior to the provision of IHSS caregiver services, it is recommended that Sonoma County consider the assignment of all new applicant cases awaiting Medi-Cal eligibility determination to one supervisor. This will provide for better monitoring of these cases.

Secondly, it is recommended that Sonoma County consider implementing either a pilot or total program re-design that would create two discrete social work functions that of intake and on-going services. After studying these two counties, it is apparent that some of the problems they experienced were the result of having staff located in different offices. At present these issues would not impact services in Sonoma County as the program is housed at one location. It

is, however, important to evaluate the caseload size for on-going workers prior to implementation.

Finally, prior to addressing any change it would be important to evaluate and attempt to mitigate those factors which clients might find confusing or problematic as a result of any changes to the current delivery system.

In conclusion, as the IHSS program continues to grow, it is imperative that work processes be evaluated and modified to address increased need for services. Sonoma County prides itself on providing client-centered services. The challenge currently facing IHSS is the development of new business practices to address this growing demographic while maintaining a client-centered, user-friendly delivery system.

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