CONTRACT/REGISTRY MODEL TO SUPPORT IHSS CLIENTS AND MINIMUM WAGE PROVIDERS: A PARTNERSHIP BETWEEN THE SANTA CLARA COUNTY SOCIAL SERVICES AGENCY AND THE COUNCIL ON AGING

Francie Newfield*

With all of the attention given to the potential extraordinary costs of long term care for the aged and disabled, it is ironic that for some, the most critical aspect of care is provided by caregivers earning minimum wage salaries. It is a common goal of individuals, communities and the state for elderly and disabled individuals to remain in their own homes for as long as possible. The In-Home Supportive Services (IHSS) Program is the major publicly funded resource available to lowincome disabled and elderly adults who require assistance with daily living activities. Yet, how do we address the issues of safety and quality of care to IHSS recipients when the job of providing care suffers from both a lack of status and low wages? A unique partnership between the County Social Service Agency in Santa Clara County and community non-profit agency, Council on Aging, which began in December of 1995. gave me an opportunity to study a new approach to this problem.

In Santa Clara County approximately 4,000 individuals rely on IHSS to provide care that helps them stay more safely at home. Services covered by this program range from housekeeping and meal preparation, to personal care such as bathing and assistance with bowel and bladder care. Protective supervision for clients with self-endangering behavior and paramedical services such as blood sugar monitoring and medication set-up may also be provided when certain conditions are met. Through a blend of federal, state, and county money, the IHSS program provides funding and guidelines for program operation and service delivery. Yet the counties and IHSS recipients face several critical challenges. Who recruits, hires, trains, schedules and supervises JESS providers have long been issues.

Two modes of service provision are available in California: those being Independent Providers JP) and Contract Providers. The IP mode allows for IHSS recipients to select a provider on their own and to act as the employer in all areas but payroll, which is handled by the state. These Independent Providers, or "IPs" earn minimum wage and are afforded no benefit- beyond Social Security and Worker's Compensation. They have no union representation. IHSS recipients often hire relatives. friends or neighbors as IPs, but many lack those informal resources. In Santa Clara County. the majority of IHSS recipients are served through the IP mode. This is true in other California counties which utilize both modes of service delivery, and some counties use the IP mode exclusively.

The Contract mode is suitable for IHSS recipients who are unable to hire and supervise their own employees. It is sometimes utilized by recipients who are authorized too few hours of IHSS to attract and retain regular providers. In some cases, IHSS recipients are referred to the Contract temporarily until an IP worker can be found. Contract providers are employees of a private agency, generally forprofit (although in Santa Clara County the contractor is local non-profit agency), which assumes the responsibilities of recruitment, screening, hiring, training. supervising and scheduling. Contract agencies must provide minimum training upon hiring and offer periodic education during the course of employment. Contract employees earn wages on a scale which begins at a rate above minimum wage and rises with increased skill or longevity.

*Francie Newfield is an Adult Services Program Manager at the Santa Cruz County Human Resources Agency.

Health care benefits are available to qualifying employees, along with the opportunity to accrue vacation and sick leave time. Contract providers also have access to collective bargaining through a union.

Contract agencies bill counties at an established hourly unit rate which is based upon administrative costs along with wages and benefits. This cost is generally between two to three times the IP rate. It is therefore more costly to the county to pay for IHSS hours at the contract rate than it is to pay for the IP mode. Consequently, counties with both modes must employ measures to control these costs.

Limiting access to the contract mode so that all clients needing IHSS can receive services presents a variety of dilemmas. One of these issues is how to make skilled providers available to IHSS recipients in both modes. Equity to both clients and providers is the crux of many debates. Clients desire reliable trained providers. Providers and their advocates desire a reasonable, living wage and access to benefits. The ability to increase skills while on the job and the creation of a career ladder are also cited goals.

Santa Clara County, which employs both modes of service, has taken on some of the challenges of IHSS service delivery by developing an innovative partnership with a community based non-profit organization under the umbrella of the Area Agency on Aging. The Council on Aging operates a fairly standard style Contract operation. To this they have added an IP which offers training opportunities to entry level workers. Furthermore, the registry is designed to be an opportunity for AFDC-GAIN participants to access these entry level jobs in the field of health care.

During my internship in Santa Clara County, I had the opportunity to study this plan, to meet with some of the designers as well as personnel involved in implementing the project, and to hear how it seems to be working out at this point in time. To conduct my research, I contacted numerous parties both within the Social Services Agency and Council on Aging. Everyone was extremely, helpful and all appeared to be sincerely interested in identifying and addressing issues which might be preventing the registry from achieving its optimal level of productivity.

(It may be of interest to the reader to know that in December of 1996, the Santa Clara Board of Supervisors elected to adopt a Public Authority for the purposes of delivering IHSS services once the contract for IHSS services and for the registry expires in July of 1998. Both a registry and contract services can be provided through a Public Authority. Some of the findings in thi4 report may be of use in the design and implementation of the new system.)

PROGRAM DESIGN

The registry component of the Council on Aging is referred to as the "Linkages" component. In its design, it does indeed propose to create links where there have typically been gaps. This particular model is paid through County funds ($175,000 a year for two years), but it has been suggested that there may be a way to justify building registry costs into the hourly fee of the contract without raising the unit cost significantly. This funding approach has not been successfully tested.

Key elements of the registry include:

- a database for matching recipients with providers
- background reference and DMV checks
- training opportunities
- hiring preference to applicants receiving public benefits
- career ladder potential
- private pay component

Vacancies which occur in the Contract pool of providers are filled with qualifying providers from the registry. This allows for the opportunity to earn higher wages, eligibility for benefits. access to collective bargaining, and identification as employees of COA.

The final component of this design is the development of a private pay registry, available to the nonIHSS public. These assignments would pay a higher wage than IHSS in either mode, and include health benefits. This component was proposed in the RFP and is just about to come to fruition with a 5100.000 grant from Work/Families Development to COA. This private pay registry may prove to be the critical link to attracting providers and achieving the goals of the GAIN program to assist some welfare recipients to transition to sustainable employment and may provide the key to addressing some of the gaps which my research identified.

Work/Family Directions, Inc. (WFD) is the nonprofit grant-making arm of a collective of large employers nationwide. In an attempt to test new methods of enhancing employee benefits, it is undertaking a Home Care Worker Recruitment Project with COA. Start-up is scheduled for May 1, 1997. In the first six months of operation this registry will be available only to family members of employees of four large Santa Clara County corporations. After that period of time the registry will be available to the general public. A sliding fee scale will be available to "near poor" consumers who are not eligible for IHSS whose fees will be supplemented with Older American Act Title III funds.

The WFD grant requires that this model

- develop a new home care worker resource for the private pay market
- expanded access of home care resources to the middle class with favorable hourly rates to family members of W FD company employees
- generate adequate revenue to sustain the program over time through matching fees a and fees for service

Home care providers in this program will:

- earn 86.25/hr
- be COA employees
- receive health care benefits through Kaiser HMO

- submit to background checks through Department of Justice[1]
- be requested to work a minimum of 15 hours per week in the IHSS IP mode which will be applied to eligibility for benefits

THE CURRENT OPERATION

The following points highlight the essential operating functions of the registry:

1. Registry staff recruit and interview provider applicants, enter data from application into data base (Develus).
2. References are contacted, DMV check initiated.
3. Interested IHSS recipients contact the registry or are referred by IHSS Social Worker or other concerned parties.
4. Registry staff confirm IHSS eligibility, authorized hours and tasks.
5. Recipient information is entered in data base.
6. Providers and recipients are provided with documents explaining their responsibilities and reinforcing that the recipient, not the Council on Aging, is the employer.
7. Special needs of the clients (language preference, transportation, special skills) are matched to provider information through the data base.
8. Recipients are provided with the names of 3 providers.
9. Recipients and/or their family members are responsible for contacting and interviewing applicants.(COA registry perso=-•4 do remain available to assist recipients through the selection process, and occasionally make home visits to clarify the process to IHSS recipients.)
10. Once employment has begun, the client contacts both registry and the IHSS unit to notify of the selection of a provider.
11. Registry personnel follow up with recipient regarding satisfaction with the match.

FINDINGS

Based on data provided over 14 months of operation and interviews with personnel from both agencies, the following are the most significant findings:

- COA registry procedures are well-established and personnel operating the registry are extremely competent.
- Software used for collecting data and matching clients seems effective.
- Referrals have been low.

  - To date 252 client "intakes" have been handled, however some individual clients are referred multiple times, each counting as one "intake".
  - Difficult-to-serve clients may be over represented in the small number of clients referred to registry. (A small number of clients go back and forth between the contract and registry.)
  - Referrals made directly by social workers have only amounted to 35.

---

[1] DOJ conducts fingerprinting at no charge to non-profit agencies. Providers in the statu-, of COA employees can be required to undergo fingerprinting.

- Current IHSS policy is to advise IP clients who need providers about the registry and encourage self-referral.
- There are no guidelines to encourage referrals to the registry for clients who already have providers yet where deficits in care may exist.

- Registry to date has made 168 matches (not clients) - however in a single there are instances of particular clients being matched with two providers and in subsequent months the scenario repeats itself with the same clients.
- There is no system for monitoring of Contract or registry referrals by IHSS.
- Provider recruitment and retention have not met expectations (registry applicants total 222 -fewer than 100 are "active" at any point in time).
- Since inception of registry, only 20 registry applicants have been "promoted" up to the contract model
- Registry has been unable to attract significant numbers of GAIN participants. (The number of referrals from GAIN has steadily decreased from a high of 7 in 7/96 to 0 in the past several months.) The overriding concern of GAIN management about the registry, as it currently operates, is that will not help their clients to meet the time frames and criteria imposed by Welfare Reform in a manner which will really help families move toward greater financial independence. Central among these concerns are:

  1. minimum wage pay
  2. difficulty in providing 30 hours a week of work and "related activity"
  3. inadequate training to allow entry to a promising career ladder

- As a consequence of the low number of referrals there is limited work available which may discourage provider applicants to remain active on the registry.

CONCLUSIONS

1. In its current status, this model is being under-utilized but may have significant poten tial with the anticipated implementation of the private pay registry.
2. The stated goal to provide significant employ ment opportunities to GAIN-AFDC partici pants has not been successful.
3. While there is interaction between the two agencies, SSA and COA (monthly status reports submitted by COA and a recently implemented monitoring report by SSA) there needs to be a formal mechanism for address ing the findings.
4. Due to historic issues with Contract mode and the need to maintain a certain level of hours to the Contract function of this model, the IHSS Social Workers may have received contradicto ry instructions about referrals to both and may not be convinced of the benefits of the registry.
5. Recent changes in some staffing assignments within the Adult and Aging Department of Santa Clara County SSA, may have uninten tionally resulted in lack of continuity in the evaluation of the impact and effectiveness of the registry.
6. Due to there being a time-limited contract agreement for this resource and the pending transition to a Public Authority, there may be less interest in focusing on the model. However, this is an optimal time to document the effectiveness of this unique design.

It appears that some gaps exist between the original program design goals and current results. Potential to achieve outcomes nearer to the original goals may lie in the impact of private pay registry. The previously discussed Fork/Family Directions venture with COA has the potential to create the bridge between individuals in need of reliable, skilled caregivers and people motivated to seek entry level work in the home-care or heath care industries. The expanded, or private pay, registry can offer:

- incentives to attract a larger pool of providers
- revenue to offset county cost of the registry
- expanded marketing to both service recipients and potential employees
- access to benefits, training, enhanced background screening

It is also possible that the private pay component of the registry might reveal competing priorities by attempting to serve both IHSS and non-IHSS clientele. I recommend consideration of the following issues to head off undesired outcomes for IHSS clients

- Will the initial increased workload required to build private side lead to priority to private clients over IHSS?
- Can COA enforce the 15 hour minimum commitment to the IHSS program by providers in order to be referred to private pay clients?
- Will providers be willing to accept the minimum wage hours for IHSS clients? If not will service to IHSS recipients suffer in reliability
  - Will IP clients with high hour needs be able to be served adequately, or will registry employees accept only the minimum 15 IHSS hours per week?
  - Will the IHSS IP pool end up with the least skilled providers?
- Will the job ladder benefit providers to the expense of clients? As providers become more skilled will they be attracted to positions in private home care agencies resulting in high turnover to COA and IHSS clients?

Since the private registry component has much to offer the wider community, as well as providing enhancement to the IHSS program needs, early attention to the above concerns might prove beneficial in identifying and reversing any negative trends which might emerge.

NEXT STEPS

Based on my findings and subsequent conversations with parties involved in the original design and current operation of the Contract/Registry Model, the following suggestions are made

- Establish a steering committee to involve policy making representatives of IHSS. GAIN, and COA to determine areas where better coordination should occur to develop a plan more likely to result in meeting original goals (consider including representation of staff involved in initial design and negotiations for the purposes of providing history which can be used in future planning)
- Clarify responsibilities of the IHSS Program, GAIN, and COA

- Develop measures to evaluate the impact of private registry services and how it can serve to enhance opportunities for GAIN participants and still meet needs of IHSS program
- Clarify the issues which seem to be barriers in the success of the career ladder component of the program design, and evaluate true potential for GAIN needs to be met

  - can the registry be considered an appropriate niche for some reliable GAIN participants who are otherwise not suitable for conventional employment?
  - can GAIN allow participants to be in a dual mode, i.e. be "on" the registry while hours are building. yet involved in other training or work-related activities?
  - Encourage *CCA* to develope links for more extensive home-care training in order to attract GAIN participants.

- Survey IHSS SWs to gain better understanding of their concept of the registry and its usefulness
- Review current referral policies, consider expanded reasons for referral, such as regular respite, splitting tasks between relative providers and registry providers - advise all IP clients and providers of the resource, encourage Adult Protective Services staff, as well as IHSS SWs to consider registry referrals for burnedout family caregivers
- Develop plan for monitoring referrals to both Contract mode and registry
- Develop marketing plans and materials to consumers, providers, SWs and ETs
- Schedule face to face presentation by COA registry staff to IHSS units to promote team approach to serving clients, explain how private pay registry might support service delivery/quality to IHSS recipients
- Establish guidelines to encourage cooperative problem solving on difficult-to-serve cases between IHSS SW staff and COA Contract or registry staff
- Develop outcome measures to allow for objective evaluation of system, including a recipient satisfaction survey, a survey of providers, and tracking of employment of GAIN participants
- Schedule and convene regular meetings between representatives of the above programs t(~ evaluate progress on a monthly basis and report back to steering committee
- Maintain written recommendations for use in transition to Public Authority

As this model has goals beyond serving IHSS clients, it seems important that the links between the various components be well maintained, and that all parties remain flexible and in close communication while the final design piece is being implemented. Several sound concepts are at the foundation of this contract/registry model. Therefore, a qualitative and quantitative evaluation of this plan's successes could be extremely useful in identifying the components which have proven to be beneficial to both IHSS recipients and their care providers. These may then be incorporated into the evolving IHSS service delivery model under the new Public Authority. Other counties may wish to consider replicating aspects of this design into their own IHSS service models. Even though some of the outcomes do not yet appear to be as productive as might have been desired, this is a creative collaboration to be commended on its ambition.