

DEVELOPMENT OF PUBLIC AUTHORITIES IN CALIFORNIA: POLICY AND ACTION

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INTRODUCTION

I chose to do my project on the Public Authority because Monterey County is the seventh county in the State of California to develop one. I thought that gathering information from the six counties that either have public authorities or are in the process of developing them would provide information useful to my own county as well as to readers from other counties, since it appears likely that most counties in California will eventually have to make some decisions relative to its development.

Public Authority legislation, passed in 1992, (see W&I Code attached,) has two primary purposes. The first is to support the improvement of the quality of care for low income elderly and disabled persons of any age who are recipients of the California Department of Social Services program, "In Home Supportive Services" (IHSS), by focusing on their providers, the workers who go into their homes to help them. In this regard, the legislation seems to indicate a growing recognition that elderly persons have contributed greatly to their communities during their lifetimes and deserve quality home care when their health begins to fail, as well as a recognition that young, disabled persons are able to be contributing members of their communities and need enhanced in home services to enable them to do so. Specifically, the public authority is to maintain a Registry to recruit and screen IHSS providers, and provide orientation and training for them. [1]

The second stated purpose is to be the agency of record for IHSS providers for the purpose of collective bargaining. In this latter function, the public authority advocates for and supports an underclass of individuals in our society that has been largely ignored until the passage of this legislation, the in home care providers for IHSS recipients.

BACKGROUND OF IHSS

IHSS has been in existence since the late 1970's. Its purpose is to reduce the risk to frail elders and disabled persons of any age of being placed prematurely into nursing homes or other assisted living facilities, by bringing services into their own homes instead. It was anticipated that IHSS would not only reduce premature institutionalization but that it would also result in substantial cost savings to the State. According to the IHSS Coalition, an advocacy group located in San Francisco, the IHSS program has been a significant factor in California having one of the lowest nursing home utilization rates in the country.

Services provided by IHSS include housekeeping, meal preparation, laundry, grocery shopping, medical transportation and an array of personal care services, including help with bathing, grooming and toileting, administering medication, and help with getting in and out of bed and walking. The IHSS recipient is the employer and hires, supervises and fires his/her providers. The county Departments of Social Services determine IHSS eligibility, authorize the types and amounts of services that recipients receive, and process provider time sheets. The State

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Department of Social Services does the payrolling. The State of California sets the provider wage rate, historically minimum wage with no medical or vacation benefits. If counties decide to increase provider wages, they bear 100% of the additional costs.

At any given time in Monterey County, a medium size county, about 2000 IHSS recipients receive services from 2000 providers, who may be relatives, friends, neighbors, or previously unknown persons. Approximately 60% of providers are family members. Recipients receive an average of 95 hours per month, although this differs from county to county. So far, Monterey County has not elected to supplement provider wages; providers work for \$5.75 per hour with no medical or other benefits.

IHSS seems to work well for recipients who can find their own providers, those who are comfortable with hiring their own providers, those who are able to make their job expectations known, and those who need a sufficient number of service hours to make it profitable for providers to work for them, but not so many that the program cannot pay for all that is needed, (a recipient can receive a maximum of nine hours per day). IHSS does not work as well for recipients who have a rapid turnover of providers, nor for those who live in isolated locations or in locations where the cost of living is relatively high and the supply of providers is low.

Funding for the IHSS program comes primarily from federal, State and county monies. The federal government provides a 50% share for most recipients receiving personal care services (PCSP program), about 70-75% of all recipients, with the State and counties sharing the remaining 50% in a 65%/35% split. For the 25-30% of recipients who are not PCSP eligible, the split between the State and counties is 65%/35%.

BACKGROUND AND FUNDING OF THE PUBLIC AUTHORITY

The first and only year that the State of California ran out of funds to pay provider salaries was 1992. As a result, recipients suffered a 12%, across-the-board reduction in their IHSS service hours. The State of California applied for and was granted federal Title XIX Personal Care Option funds for IHSS (PCSP), which increased federal participation for IHSS funding for 60-70% of IHSS recipients across the state. Budget trailer bill SB 485 passed, authorizing counties to create public authorities as a way to improve IHSS services to its recipients. It was anticipated that the State would put the cost savings generated by the PCSP program back into the IHSS program, maybe by funding counties that wished to develop public authorities. This did not happen, and the State savings were instead given to other State general fund programs, such as child welfare. A situation was created in which there was legislative authorization for a public authority but no financial resources to pay for it, except by county general funds.

Despite issues about funding, six counties have authorized public authorities. San Mateo, San Francisco and Alameda counties have had functioning authorities for several years. Santa Clara, Los Angeles and Contra Costa counties are in varying stages of development. San Francisco has and Los Angeles opted for free-standing public authorities with their own board of governors, while the rest are governed under the auspices of the county Board of Supervisors. The Board of Supervisors for Monterey County has approved the third free standing Public Authority for In-Home Supportive Services in the State.

COMMON PROCESS OF IMPLEMENTATION

Community action groups with representatives from local and out of county venues, and Service Employees International Union (SEIU) or the United Domestic Workers Union (UDW), usually approach a county Board of Supervisors directly to present the case for a public authority in that county.

When in support, the Board passes an ordinance to establish the public authority. A critical decision the Board must make at this juncture is whether to administer the public authority itself, (Board governed), or to ordain the public authority as free standing, with its own board of governors.

An interagency agreement is developed for the purpose of administering the provider components of the IHSS program, including: the duties and responsibilities of the County and Authority with regard to the appraisal and success of the program; County responsibilities to authorize and reassess recipients' needs for IHSS; the fiscal provisions for funding; termination of the Authority; monitoring/audit provisions; the process for wage and benefit negotiations; general provisions; insurance; and the responsibilities of the Public Authority and Social Services. Collective bargaining can take place once the interagency agreement is approved by the State Department of Social Services (SDSS).

Upon approval of the interagency agreement by the Board of Supervisors and the SDSS, the process of hiring the Director and staff can begin.

SURVEY OF PUBLIC AUTHORITY COUNTIES

The next section of the paper reflects information gathered from the six counties that have, or are in the process of implementing, public authorities. In some counties, staff from the public authority provided the information; in others, the information was provided by Department of Social Services staff. The material obtained reflects the current status of the public authority, where it is in its development.

ALAMEDA COUNTY

Date of ordinance: 8/93

Type of authority: Board governed

Current status: Public Authority has been in place for a year

Budget/Funding: \$950,000.

The IHSS registry was originally funded by Title III funds. When the public authority became effective, funding streams were switched to fund the registry with county funds, which in turn leveraged State and Federal monies.

Staffing:

- The director is an employee of the public authority. She reports to the Assistant Director of Adult/Aging Services for day to day operations. She also staffs the Public Authority Advisory Committee, which meets monthly.
- There is 10 other staff.

Program Information:

- Public authority staff meets monthly with IHSS personnel regarding payroll and other issues.
- Payrolling is contracted to an outside entity, not IHSS or the Public Authority.
- Adult Protective Services, a State mandated program housed within the Department of Social Services, contracts with the public authority to provide a rapid response to IHSS recipients who need emergency assistance after regular business hours.
- Even with the registry in place, it is still difficult to find providers to work in certain areas of the county.

Provider Wages and Benefits:

- All providers, including family members, must join the union if they work 25 hours a month or more.
- Union dues started at \$7.25 per month and within a year were raised twice, to \$12 per month.
- The union recently negotiated a three-year contract for providers which provides a 25 cents per hour wage increase.
- Providers are currently being surveyed regarding their health benefit needs. Any health care benefits approved would be provided by the County hospital.

SAN MATEO COUNTY

Date of Ordinance: September 1993

Type of Public Authority: Board governed

Budget: \$460,7

Staffing:

- The director of the public authority is a management-level employee of San Mateo County Aging and Adult Services. Other staff are employees of the Public Authority.

Provider Training:

- Training is voluntary.

- A staff person works on community outreach and training as a means of developing relationships with the providers and agencies in the community in order to encourage attendance.
- Types of training include: personal care: how to take care of someone on bed-rest: infection control; safe mobility and patient transfer; universal precautions; elder abuse; how to work with consumers with AIDS or HIV: Alzheimer's: how to prevent injuries to yourself when helping someone who uses a wheelchair; how to prevent being a victim on the street.
- Provider Wages and Benefits: Current wages are \$6.05 an hour. Union dues are approximately \$8.00 per month.

Comments and Recommendations:

The Public Authority and the county IHSS are part of one IHSS system and cannot be seen as separate systems. A strong relationship, with good collaboration and communication between the Public Authority and the County is critical to the effectiveness and success of the Public Authority.

SAN FRANCISCO COUNTY

Date of Ordinance: 5/95

Type of Authority: free standing.

Current Status: Management staff was hired from February through April, 1996. Registry services became available late September, 1996. On-Call services began October, 1997.

Budget: The budget for fiscal year 98-99 was about \$476, 000, excluding the provider health care contract and a time-sheet processing contract, under a contract with San Francisco Department of Human Services.

Staffing: executive director, deputy director, 3 FTE placement coordinators, office manager, and administrative assistant for the health benefits. The hiring of additional part-time staff to expand support to consumers is under consideration.

Membership of Governing Body:

The governing body has the following membership: six representing consumers; one worker representative; representatives from City commissions on Human Services, Public Health, and Aging; and one from the Mayor's Disability Council.

Program Information:

- The authority provides Department of Human Services statistical information regarding registry services, health plan enrollment, and other pertinent information.
- Public authority staff does limited mediation between recipients and providers.
- They also do follow up calls to recipients after provider/recipient matches are made.

- The Registry has an on-call service evenings and weekends to provide urgent replacement of workers to consumers requiring critical personal care services.
- San Francisco County assigns the contract mode

to 1400 to 1500 recipients who have difficulty hiring and managing their workers or are authorized for small number of hours.

Provider Training:

- The public authority provides a free manual and two hours of orientation and training to new registry providers.
- A local community college developed and provides a free, 25 hour training program first offered in October, 1998 and now scheduled several times each year. It is designed to increase providers' skills in working with their clients. The training has been well received, but now the authority is looking at ways to ensure sufficient attendance at these classes.

Provider Wages and Benefits:

- Provider wages are \$7.00 per hour.
- Union dues are \$16 per month, payable if the provider works 25 hours or more during the month.
- Medical coverage became available March 1, 1999. No dental coverage yet.
- Eligibility for medical benefits begins no sooner than after two months of employment, during one of which the provider must have been employed for 25 hours or more.
- Working 25 hours or more in a month entitles the provider to medical coverage for the next three months without regard to the hours worked during those months.
- Medical benefits are optional and cost \$3 per month as a contribution to the premium This amount is a deducted with the union dues. If providers opt for the coverage, they retain their eligibility for Medicare and Medi-Cal. which will then be secondary coverage.
- The City provides funding from the indigent health care program. The City's funding draws down Federal and State matching funds.

Comments/Recommendationsr

- Do not rely on one consultant or experience when planning to implement a public authority. Acquire a broad perspective by consulting directly with several authorities.

- Determine early in the planning stages (with representation by the broadest base of consumers and workers), those variables that affect the functioning of the public authority, such as the degree of ongoing operational input from governing body and committees, the degree of restrictiveness (or protectiveness) regarding providers enrolled in the registry, decisions regarding how and what data are to be collected on services provided, how complaints are handled and what actions may result from complaints.
- Develop staff positions as generalists rather than specialists. The abilities to work together as a team, to "own" the work, and respect others are as important as knowledge of aging, disability and home care services.
- Work closely with the County IHSS staff (managers, social workers and payment unit) to maximize understanding by IHSS staff to come to agreement over the referral process and outreach and how IHSS eligibility is verified, to agree on how names and terms are translated and to ensure consistency.
- Acquire good translators for all the languages required and keep documents on disk to ease revision. Develop a list of most common terms and how they are to be translated. As soon as possible, acquire computer software that allow your own staff to generate or revise non-English translations.
- When working with community groups and constituencies, focus on the identification of common interests. Don't try to do it all yourself. For example, have the community college provide skill training.

SANTA CLARA COUNTY

Date of Ordinance: written in 1996.

Type of Public Authority: Board governed

Current Status: Implementation pending SDSS approval of interagency agreement

Staffing: Director hired May 1999

Provider Wages and Benefits:

- Union negotiated a 50 cents per hour increase immediately after the Ordinance was adopted. Implementation will proceed when the Interagency agreement has been approved.
- Ordinance stipulates that the ordinance will take effect only when the following events have occurred: 1) approval of a transition plan by the Board of Supervisors; 2) approval of the necessary approvals by CDSS; 3) termination of the current contract for the provision of IHSS with the Council on Aging.

LOS ANGELES

Date of Ordinance: October 1991

Type of Public Authority: Free standing

Current Status: The governing body is in the process of hiring its first executive director
Staffing: The Executive Director has not yet been hired. After the executive director is hired, he/or she will hire support staff.

Development of the Ordinance and Governing Board:

- Ordinance. The ordinance was developed by a 15 member steering committee and a 60 member Advisory Committee which met six times over a five week period. The steering committee included representatives from IHSS consumers, IHSS providers, the Home Care Workers' Union, Commission on Disabilities, Commission on Aging and the Los Angeles County Area Agency on Aging Advisory Council. With recommendations from the Steering Committee, a larger 60 member Advisory Committee was established to expand stakeholder input.
- Governing Body. State law requires that the Board of Supervisors appoint the governing board of the public authority. In Los Angeles County, the Department of Public Social Services (DPSS) solicited and mailed application forms to interested persons, and received completed applications. DPSS verified the status of any individual stating he (she) was a past or current recipient of IHSS. The applications were then forwarded to the Board of Supervisors to review. Each Supervisor then nominated two persons to serve on the governing board, after which the DPSS Director nominated five additional persons. The Board of Supervisors made their final selection from these 15 applicants. The governing board was appointed a year after the ordinance was signed.
- The governing board is in the process of hiring its first executive director.

Comments:

- The State gave Los Angeles County \$2,000,000 for start-up, of which the County used approximately \$230,000 to pay for a study of the County's IHSS program. (These start-up funds are no longer available.)
- The ordinance stipulated that at least 51% of the members of the governing were to be present or former IHSS recipients. This is more restrictive than the law requires.
- Los Angeles County developed three operational models for the public authority registry, ranging from a very simple model meeting the minimum legal requirements of a public authority to models that provide enhanced services which is the intent of establishing a public authority.
- It also developed a list of public authority governing board activities and DPSS activities relative to the public authority.

CONTRA COSTA COUNTY

Date of Ordinance: 3/98

Type of Public Authority: Board governed

Current Status: The Interagency agreement has been developed

Staffing: The Human Resources Department for the county is preparing the announcement for the Executive Director position. An executive search firm will screen the candidates.

Provider Wages and Benefits:

- Union is currently negotiating increased provider wages.

Recommendation:

- The consumers on the advisory committee to the Board of Supervisors should be represented by the same percentage they represent in the community. In Contra Costa County, 60% of the consumers would be frail elders and 40% young adult disabled.

FINAL THOUGHTS AND CONCLUSIONS

I greatly appreciated the opportunity to talk with so many knowledgeable people with a variety of perspectives during the course of this paper, from both the public authority and Departments of Social Services, and from counties that have public authorities and those that don't yet have them. It was recognized everywhere that IHSS providers often assume great responsibility in the care of the recipients for whom they work, and they deserve higher wages than the State currently pays, as well as benefits.

The debate continues to be whether the State or the counties are responsible setting a higher wage scale and providing benefits to IHSS providers. SB 710, currently working its way through the legislature, would allow the State to share the cost of increased wages with public authority counties for one year only, with the State paying 80% of the increase and the counties paying 20% of the increase, up to a 50 cents per hour increase. The counties would continue to receive the federal participation of 50% reimbursement for the cost of the increase for PCSP recipients. However, this bill, limited in scope as it is, is by no means assured of passage.

A common concern I have heard from many counties, whether or not they have public authorities, is who the public authority benefits. It is anticipated that increasing provider wages to a "living wage" and providing medical benefits will encourage more qualified individuals to become providers, although what this means in terms of real dollars has not been determined. Although a 50 cents an hour wage increase is a positive step, it may well be that a much higher wage is needed for recipients overall to receive a better service. Providing medical benefits may be more beneficial to providers, and given the expense of medical care this certainly seems reasonable. I have heard it said that public authorities walk a fine line to satisfy their major proponents, including labor organizations, and their constituents, the IHSS recipients.

Certainly, more time is needed to determine the effectiveness of public authorities.

How this issue will work itself out through the legislature and in what time frame will be interesting to follow. In the mean time, Boards of Supervisors will be faced with ongoing

pressure from their constituents to be more proactive and responsive to the issue of establishing a public authority in their counties.