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Examining Barriers to Receiving Home Care in a MediCal Program

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Examining Barriers to receiving care in a Medical Program

BH 646: Master of Science in Behavioral Health Capstone

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Abstract

Introduction: In Home Supportive Services is a Medi-Cal program serving low-income seniors and adults with disabilities. IHSS clients, or “consumers” are responsible for finding, hiring and supervising their IHSS home care worker. IHSS workers provide services such as feeding, bathing, bowel and bladder care, meal preparation and clean-up, laundry, and paramedical care. This project was created to identify why a high number of IHSS clients have not been able to hire and retain an IHSS care worker. The aim of the study was to understand the consumers interactions with IHSS and identify points at which consumers experience challenges in navigating this system.

Methods: In Partnership with San Francisco’s IHSS program and San Francisco’s IHSS Public Authority (PA), data was collected through 1) a focus group with IHSS staff; 2) semi-structured interviews with IHSS consumers; 3) observations of home visits to IHSS consumers; and 4) survey calls to IHSS consumers on the verge of losing their IHSS services.

Results: Common characteristics of IHSS consumers that created challenges in hiring a provider included: no previous experience in hiring personnel; the fear of having a stranger in their house; an absence of motivation to hire someone; and not understanding their role as the employer of the care worker they hire. IHSS consumers also faced challenges utilizing the Registry list of available care maintained by the Public Authority.

Conclusions: Findings suggest that information and tips on hiring a provider created by the Public Authority should be given to IHSS recipients when they are approved for IHSS services. Additionally, conflict resolution trainings should be offered to IHSS consumers to resolve disputes with care workers before firing them and having to find a new care worker, and the PA should provide a mediator to help manage conflicts between case workers and consumers.

Key Words: IHSS, In Home Support Services, adults with disabilities, older adults, Public Authority, home care worker

Executive Summary

In Home Supportive Services (IHSS) is a Medi-Cal funded program established in 1973. Housed in California, the IHSS program provides in-home assistance to eligible individuals as an alternative to out-of-home care and enables this population to remain safely in their homes. To be eligible for IHSS an individual must be blind, disabled or 65 years of age or older; live in a home or apartment; and be Medi-Cal eligible (California Department of Social Services [CDSS], 2018). An individual receiving services from IHSS is referred to as an IHSS consumer or recipient, and IHSS currently serves over 550,000 consumers (CDSS, 2018). Individuals interested in receiving services from IHSS are assessed by an IHSS social worker and given services based on their limited ability to perform daily living skills on their own.

Once eligible, the IHSS consumer has the choice to either be in the IHSS Plus Program, also known as the Independent Provider (IP) mode, or the Community First Choice Option (CFCO), also known as the County Contact (CC) Mode. The IP mode is a consumer-directed model, meaning consumers are given the responsibility to find, hire, train and supervise an IHSS provider on their own (CDSS, 2018). In the CC mode, the county contracts with an outside agency that trains and employs IHSS providers, which are then assigned to IHSS consumers.

To improve service delivery to those in the IP mode, Public Authorities have been established in 56 of 58 California counties (California Association of Public Authorities For IHSS, 2018). The role of the county Public Authority is to 1) maintain a computerized database listing qualified and screened IHSS providers, referred to as a registry list and 2) serve as the employer of record for IHSS providers. Additionally, the county Public Authority is to provide trainings and additional resources to IHSS consumers and providers (California Association of Public Authorities [CAPA], 2018).

While IHSS consumers prefer to be in the IP mode as it gives them the flexibility to employ someone of their choosing (Benjamin & Matthias, 2000; Mahoney, Sciegaj, & Mahoney, 2014), many consumers face challenges in finding a provider, putting them at greater risk of losing their independence (Mason, 2017). The San Francisco IHSS program and the San Francisco Public Authority observed that a high number of IHSS consumers in San Francisco each month who had not hired a provider within 60 days of receiving approval for IHSS services, meaning they were at risk for being terminated from the IHSS system and losing their IHSS services.

The Pending Consumers project was created to identify why a high number of consumers have not been able to hire an IHSS provider, despite receiving eligibility for IHSS. The goals of this study were to 1) map the current IHSS system which connects IHSS consumers with IHSS care workers; 2) identify challenges faced by recipients of San Francisco's IHSS program when employing an IHSS home care worker; 3) re-engage IHSS consumers who are at risk of losing their IHSS eligibility and 4) provide recommendations and solutions to the San Francisco IHSS program and the San Francisco IHSS Public Authority.

Multiple methods were used to uncover barriers within the IHSS system. A focus group with staff members from the Independent Provider Assistance Center (IPAC) and IHSS social workers who work directly with IHSS consumers. In addition to a focus group, semi-structured interviews were done with consumers to identify challenges and successes individuals have had within the IHSS system. To understand the interactions between IHSS social workers and IHSS Public Authority mentors, the Project Manager shadowed three different visits to consumer's homes with a Public Authority mentor, a carrying case worker and an intake case worker. Lastly, survey calls were made to IHSS consumers who did not have provider activity for 30 days in an effort to reengage them into the IHSS system.

Results from consumer interviews indicated that consumers faced challenges such as feeling unprepared to hire an IHSS worker; experiencing challenges with the registry list given to them by the Public Authority; and a history of problems with previous IHSS providers that caused them to find another provider to meet their needs. Results from consumer interviews also indicated that consumers valued being able to build relationships with their provider and relied on their provider for social connections. Results from the focus group indicated that consumers faced challenges in hiring a provider because of issues with the IHSS Public Authority Registry, flaws in the IHSS system, misinterpretation of IHSS services, issues with required paperwork, communication challenges and conflicts with providers, and a lack of motivation to hire.

Recommendations for the agency include improving client access to resources offered by the Public Authority. The PA mentorship program has created clear and concise materials that are easy for the consumer to follow. Consumers expressed feeling unprepared to hire a provider during interviews and this can be addressed if they were to receive a packet of these materials during their intake assessment with an IHSS social worker. Additionally, both IHSS staff and consumers expressed communication issues between consumers and providers that often lead to unnecessary firing of the provider or a hostile work environment. It is recommended that a mediator position is created at the Public Authority to assist consumers and providers in conflict resolution. Lastly, it is recommended that to sustain outreach calls to consumers on the verge of being terminated from the IHSS system, Public Authority staff and mentors are asked to make calls. The Public Authority staff is a diverse group who speak different languages. However, to decrease language barriers experienced in the first three months of calling these consumers, outside help may need to be recruited.

Literature Review

Introduction

In Home Supportive Services (IHSS) is a MediCal program in California which was founded in 1973 to “enable elderly, blind, and disabled individuals to live independently in the community” (California Department of Social Services [CDSS], 2015). IHSS initially started as a program to pay relatives for providing care to their family members a few hours a week (California Association of Public Authorities For IHSS, 2018). The program quickly grew to focus its services on preventing institutionalization of older adults and adults with disabilities (California Association of Public Authorities for IHSS, 2018). The current aim of IHSS is to provide low income seniors and adults with disabilities home care workers to assist with personal care services to keep them in their communities and out of long term care facilities, saving the state money (Mason, 2017). Personal care services include feeding, bathing, bowel and bladder care, meal preparation and clean-up, laundry, and paramedical care. With a projected increase in the aging population, home care agencies like IHSS will be needed more than ever to meet the needs of this growing population (United States Census Bureau, 2018).

IHSS currently serves over 550,000 individuals (CDSS, 2018) and, in San Francisco alone, there are 22,000 consumers enrolled in IHSS (San Francisco In Home Supportive Services Public Authority [SFIHSSPA], 2018). Individuals who apply for IHSS services are assessed by an IHSS social worker and are assigned a certain number of monthly hours depending on their need. IHSS is split into two different models, the consumer directed model (Independent Provider) and the Professional Agency model (County Contract) (Doty, Benjamin, Matthias, & Franke, 1999). The Independent Provider (IP) mode is less costly than the County Contract

mode, and because of this a majority of IHSS consumers are placed in the IP mode (Doty et al., 1999).

In the IP mode, the consumer is responsible for hiring, training and supervising a home care provider to work the hours they have been assigned by the social worker. While consumer-directed programs strive to maximize consumer autonomy and empower this population to live independently (Kietzman & Benjamin, 2016), they place the burden on the consumer to find and hire a person to meet their needs. In an effort to supportive IHSS consumers and advocate for IHSS workers, Public Authorities have been established in 56 of 58 California counties (California Association of Public Authorities For IHSS, 2018). Public Authorities are non-profit agencies that have been set up to establish a registry which investigates the background and qualifications of individuals wanting to work as care providers and helps consumers. To empower the consumer, Public Authorities are mandated to have a consumer-majority governing or advisory board. Public Authorities work with county governments to improve health benefits, offer training and other support services to consumers of IHSS and their workers (California Association of Public Authorities For IHSS, 2018).

Despite the additional support provided by the PAs, many consumers face difficulties finding and hiring adequate providers. Unfortunately, if a consumer does not hire a provider within 30 days of receiving eligibility for IHSS, they are terminated from the system. IHSS is a cost-effective alternative to nursing home services (SFIHSSPA, 2018), and consumers who are terminated from the system face unmet needs and are at greater risk of a decreased quality of life and being removed from their home through hospitalization and/or institutionalization (Kietzman, Durazo, Torres, Choi & Wallace, 2011). Consumers often face challenges when

hiring a provider due to: limited knowledge of and difficulties navigating the IHSS system, a shortage in qualified providers, and their vulnerability as a population.

Knowledge/Navigation of the IHSS system

While consumers in consumer-directed programs on average tend to prefer this mode as it gives them more flexibility in how their needs are met (Benjamin & Matthias, 2000; Mahoney, Sciegaj, & Mahoney, 2014), critics of this model state that client-directed programs can be burdensome, problem ridden (particularly for the elderly) and place the administrative burden on the consumer (Doty, et al., 1999). When a consumer has problems recruiting a provider, it can delay the start of their services decreasing the quality of life of the individual with a disability (Doty et al., 1999). Additionally, since consumers are taking on the role of the employer, they take on the screening process of potential providers and it is their responsibility to conduct reference checks. These administrative tasks take time and resources that are difficult even for individuals who are professional employers (Doty et. al., 1999). These potential delays in the process can put the consumer at risk for termination from the system if they do not find and hire a provider within 30 days. Critics of the Independent Provider model also point out that when there is a dispute between a provider and a consumer, there is no one else immediately responsible for mediation and the consumer may not be adequately prepared to resolve the conflict (Doty et al., 1999).

Historically, limited training has been offered by IHSS to consumers who have less confidence to take on this role (Kietzman & Benjamin, 2016). In 2005, California State University, Sacramento conducted an assessment on training needs among IHSS consumers and providers. Results from this needs assessment outlined the limited knowledge consumers have about their role in IHSS (Barnes et al., 2005). Interviews with consumers revealed this

population is often unclear about the kinds of services IHSS can provide for them, unaware of the number of hours they have been assigned, do not know where to look for a provider, and have not heard of the Public Authority and how it could support them (Barnes et al., 2005). A consumer's limited knowledge of the IHSS system can cause difficulties and setbacks in hiring a provider to meet their needs and decrease their ability to age in place.

Vulnerability as a Population

Consumers who seek services from publicly funded programs like IHSS are a vulnerable population, and this can affect their ability to hire a provider in a consumer-directed model. There is a common concern regarding the motivation and capacity of older, frail and often cognitively impaired consumers to make appropriate decisions regarding their services (Kietzman & Benjamin, 2016). While some argue this is based on ageism, studies that have analyzed older adult recipients of IHSS programs (Kietzman, Durazo, et al., 2011; Kietzman, Wallace, Durazo, Torres, Choi, Benjamin, & Mendez-Luck, 2011) have provided evidence that cognitive difficulties are a very real barrier. One article noted that older adults with chronic illness have a hard time getting their needs met through IHSS as the effort needed in a consumer directed program is tiring (Kietzman, Wallace, et al., 2011). Additionally, this population tends to struggle with serious physical, psychological (Kietzman, Durazo, et al., 2011), and social needs and are highly dependent on others for support (Kietzman, Wallace, et al., 2011). This high dependency on others can make a consumer-directed model difficult to navigate.

Supporters of the consumer-directed model state that, if needed, consumers can turn to others for help and advice regarding worker selection and supervision (Doty et al., 1999). However, older adults who receive IHSS services are often socially isolated (Kietzman, Wallace, et al., 2011), they are less likely to have someone to turn to for advice and less able to rely on

assistance from family and friends (Benjamin & Matthias, 2001). Moreover, IHSS consumers who do not have a family/friend support system must rely on hiring a stranger. Hiring a stranger can cause the most difficulties for individuals (Benjamin & Matthias, 2000) in the consumer-directed model. Research has indicated that up to two thirds of consumers who have hired a stranger have had to fire and replace their providers multiple times (Matthias & Benjamin, 2008), increasing the consumer's risk of being terminated from the system and losing benefits if they go without a provider for thirty days.

Additionally, many older adult IHSS consumers have a tendency to underestimate their needs due to denial and a perceived resilience to age in place (Kietzman, Wallace, et al., 2011). Many older adults have been coping for a long time with chronic conditions and have become tolerant of their symptoms, which make it difficult to retain the help that they need (Kietzman, Wallace, et al., 2011). Because of their perceived lack of needed assistance, older IHSS consumers may not proceed with finding a provider to work their hours as they do not believe they are in need of help. Understanding the challenges and barriers faced by older adults 65 and older is essential as this population makes up half of individuals who need long term care such as IHSS (Thomason & Bernhardt, 2017).

Lastly, one study conducted interviews with IHSS consumers and home care workers in Alameda County and found that consumers lack adequate resources and equipment to provide a safe work environment for home care workers. Because this population is low income, disabled and/or elderly, they lack adequate financial and informational resources to improve their home environment (Gong, Baron, Ayala, Stock, McDevitt, & Heaney, 2008). Making it appear unsafe and unappealing to a potential in home provider.

Shortage of Providers

Unfortunately, there is a shortage of qualified home care workers, creating a gap between the need for care and the supply of caregivers (Howes, 2009), and this situation is not improving (Thomason & Bernhardt, 2017). There is a growing demand for homecare, especially in California, and it is anticipated that an additional 200,000 homecare workers will be needed by 2024 just to maintain the current level of coverage, because not all those who need and are qualified for paid homecare are receiving it (Thomason & Bernhardt, 2017).

Homecare work is physically and emotionally challenging with low pay and few benefits (Howes, 2009; Thomason & Bernhardt, 2017) that make being a home health care worker an unappealing job. Not only is there a shortage in home care workers, but there is also a high turnover rate. The California Legislative Analyst's Office estimates that annual turnover of IHSS workers is about 33 percent (Thomason & Bernhardt, 2017). A high turnover rate puts the burden on a consumer to find, hire and train a provider more than one time throughout their course of enrollment in the IHSS system. This means consumers are put at risk numerous times of having their eligibility terminated if they do not find a provider in a timely manner. A shortage in home care providers and high turnover rates means not all consumers have access to the full care they need. A lack of sufficient care can result in negative health effects and put this population at a higher risk of being admitted to a nursing home (Thomason & Bernhardt, 2017).

Recommendations for filling gaps in service

A community-based participatory research (CBPR) study was done in Alameda County with the aim to increase safety and health for in-home care workers and consumers (Gong et al., 2008). The researchers conducted focus groups and interviews with consumers and in-home care providers who were enrolled in the county's IHSS system. Data collected from these stakeholder interviews revealed common issues around work safety in this setting. IHSS consumers and in

home workers identified the following issues: lack of worker capacity and accountability, inadequate availability of resources and equipment, and limited advocacy for workers' rights within the IHSS program.

To address these issues, a partnership committee was formed between the Public Authority and its advisory board, the Service Employees International Union United Long-Term Care Workers Union, The Labor Occupational Health Program at the University of California, Berkeley and the National Institute for Occupational Safety and Health. Suggested recommendations from the Partnership committee included (a) contract job agreement between the consumer and the worker with clear guidelines; (b) minimal or mandatory training for providers; (c) career ladders for in home workers where workers with greater training could receive pay increases; (d) the creation of an IHSS ombudsman to serve as a liaison between in home care workers and consumers; and (e) a reduced caseload and expansion of official duties for IHSS social workers so they can play a larger role in identifying problems during required annual visits (Gong et al., 2008).

The partnership committee proposed practice and policy changes based on these recommendations, and revisions were made to the *Public Authority In-home Supportive Services Handbook-Alameda County* to include information to increase consumer and worker awareness of safety and health within their professional relationships. Additionally, an informational kiosk that includes safety and health information was approved to be put in the lobby at the Alameda County IHSS office. This kiosk includes model contracts that can be used by consumers and in-home workers to define job tasks of the workers and the responsibilities of the consumer. The partnership committee and stakeholders also discussed creating a "lending library" that would provide low-cost equipment, assistive devices and other resources for consumers and their

workers to improve access to health and safety resources. Lastly, the researchers of the project were able to get a written agreement by the Alameda County IHSS system to distribute the education materials created through this project to IHSS staff during trainings and to consumers during one-on-one interactions.

This Community Based Participatory Research project demonstrates the importance of including all stakeholders within the IHSS system to evaluate the needs of consumers and workers to increase utilization of services. By increasing both consumer and worker satisfaction with IHSS services, is more likely to have better health outcomes.

Agency Profile

History

In Home Supportive Services Public Authority [IHSSPA] was founded in 1995 to assist low income older adults and adults with disabilities in utilizing home care services, increasing the potential for this population to remain safe and independent in their own homes and to participate in their communities. In 2009, the San Francisco IHSSPA partnered with Laguna Honda Hospital to offer its services to hospital patients transitioning back to their homes (SFIHSPA, n.d.). This partnership aimed to reduce the instances of rehospitalization and accidents in the home.

IHSSPA is affiliated with In Home Supportive Services [IHSS], a program housed under the Department of Aging and Adult Services [DAAS]. IHSS is a MediCal funded, consumer-directed program that is an alternative to out of home care in institutionalized settings.

Californian residents who receive MediCal benefits and live in their own homes are eligible to become consumers of IHSS services. IHSS consumers can hire a caregiver (provider) to assist them with certain tasks as determined by IHSS social workers. The San Francisco IHSS has a

partnership with Homebridge, an agency that oversees and manages paid home care providers, for IHSS consumers who do not have the capacity to hire and supervise a provider on their own.

Mission Statement

The mission of the SFIHSSPA is “to provide and promote a service delivery model of consumer directed, in-home support that maximizes the potential of older adults and people with disabilities to live independently and participate in their communities” (SFIHSS Public Authority, 2018).

Purpose

The Public Authority provides various services to IHSS consumers who are required to find, hire and supervise IHSS providers. In addition to assisting IHSS consumers, the Public Authority strives to make the job of a provider more desirable by offering trainings to better prepare providers for the job, completing background checks to become eligible to become an IHSS provider, providing medical and dental benefits, negotiating wages and advocating for their job rights at the state, federal and national level (SFIHSSPA, n.d.).

Funding

The Public Authority receives Federal, State and County funding. In fiscal year 2015-2016 56% of the budget was funded through Federal dollars, 42% was funded through County dollars and 2% was funded through State dollars (SFIHSS Public Authority, 2016).

Services Provided

The Public Authority providers the following services:

Registry Department. The Registry Department keeps a list of providers who are trained by the Public Authority and matches IHSS consumers to providers on the registry according to location, language and job-related preferences. A list with five names of providers on the registry

is sent to IHSS consumers to interview to be their provider. In addition to matching consumers with providers, the registry department is staffed by registry counselors who can assist consumers in answering IHSS-related questions, address communication issues with providers and provide other information and referrals.

On Call Program. The Public Authority offers an On Call program that provides short-term immediate services to IHSS consumers who are in need of urgent personal care and do not have access to an available provider.

Mentorship Program. The mentorship program is unique to the San Francisco Public Authority and offers one-on-one support to IHSS consumers in finding and hiring a provider. A consumer is matched with a trained mentor, an individual who had experience with the IHSS system, and the mentor helps the consumer navigate the IHSS system, prepares them to interview providers, and supports the consumer in communicating and working with their provider for six months.

One Stop Resource Center. The Public Authority recently opened their One Stop Resource Center (OSRC), which provide a space for providers and consumers to have their IHSS related questions answered, learn more about what the Public Authority has to offer and/or to hangout and talk with Public Authority staff. The OSRC also offers trainings for IHSS consumers such as “How to Hire a Provider” and “Effective Caregiver Communication”.

Agency Staffing

The SFIHSSPA is made up of a paid Board of Directors and 20 paid staff members. The governing board is made up of consumers, public agency representatives, as well as worker and union representatives. The positions with which this the project partnered were: Executive Director, Deputy Director, Registry and On-Call Program Manager, Mentorship Program

Manager, Service Coordinator, and the Executive Assistant. The SFIHSSPA is also staffed by various paid mentors who are part of the Mentorship Program (SFIHSS Public Authority, 2018).

Target Population

SFIHSSPA's target population is low income seniors and persons with disabilities, who qualify for Medi-Cal or who are receiving social security payments. The majority of SFIHSSPA consumers make around 800 dollars a month or less and are over the age of 60(Gutierrez, 2018). Currently, about 38% of SFIHSSPA live in the Tenderloin neighborhood. (Gutierrez, 2018; SFDPH, 2012). The current SFIHSSPA consumers come from a diverse set of backgrounds, with many who do not speak English. SFIHSSPA has attempted to adapt their outreach to their target audience by offering information about the organization in multiple languages and reaching out to underserved populations.

Statement of Problem/Purpose

Monthly, about 200 San Francisco IHSS consumers have not hired a provider within 30 days of becoming eligible for IHSS services; these consumers will be terminated from the system if they do not hire a provider within 90 days. The purpose of this study was to 1) identify factors experienced by IHSS consumers that served as barriers or facilitators to finding and hiring an IHSS provider; 2) reengage consumers who were at risk of being terminated from the IHSS system for not having a provider on record; and 3) provide recommendations to IHSS and the SFIHSSPA to reduce the number of consumers who are terminated from IHSS for not employing a provider.

Methods

Multiple forms of qualitative data were collected during this project, all done in effort to understand the complexity of the IHSS system and the needs of IHSS consumers.

Pending Consumer Outreach calls

Methods. The In Home Supportive Services Public Authority identified that a high number of consumers were not hiring providers within 90 days of receiving eligibility from IHSS and, consequently, were at risk for losing their IHSS services. To address this problem, department heads at IHSS pulled a report of IHSS consumers who had not hired an IHSS provider or had a provider enrolled in the IHSS system in the last 30 days. Reports included the consumers case number, the consumers name, the gender, date of birth, their primary spoken language, their address, their phone number and their IHSS social workers name and phone number. The report was sent to the Public Authority through a secure email on the 10th of the month. The Public Authority then had two weeks to speak with consumers on the list and contact social workers to hold the termination of consumers who could be successfully engaged in services offered by the Public Authority.

Mentors in the mentorship program were recruited to conduct the outreach calls because of their experience communicating with consumers. The project manager worked with the mentorship program to create a survey and script for the outreach calls. An Excel spreadsheet was created to record to data collected. Prior to conducting calls, mentors were trained by the project manager on the outreach calls protocol and the use of the Excel sheet for data collection. Mentors conducted a brief phone survey with consumers who gave their verbal consent, and were asked questions intended to gauge the consumers understanding of their current status and their IHSS services. See Appendix A for the script and questions.

Mentors were assigned one 3-hour shift per week to make calls, with one shift in the morning and a shift in the evening to increase chances of reaching consumers. All shifts were overseen by the program manager to ensure data collection was accurate. For mentors with

visual disabilities, the JAWS system was installed on the computer to allow navigation of the Excel spreadsheet, and the protocol was translated into brail. Mentors only had access to the Excel spreadsheet on the computer at the Public Authority to ensure confidentiality of consumers information, and mentors gained verbal consent form consumers to move forward with survey during their initial greeting. Consumers were informed they could stop at any time and anything they said would not affect their IHSS services.

Results

Background characteristics

Table 1

Spoken Language	Number of Consumers	Percentage
American Sign Language (ASL)	1	0.60%
Cantonese	42	25.15%
English	41	24.55%
Korean	4	2.40%
Mandarin	5	2.90%
Other Chinese	2	1.19%
Other Non-English	1	0.59%
Russian	8	4.79%
Spanish	12	7.18%
Tagalog	3	1.79%
Total	167	100%

Primary language spoken by consumers contacted

The Public Authority received the names and contact information for 167 consumers who had not hired a provider. While there was a range of languages spoken by the consumers contacted, Cantonese (25.15%) and English (24.55%) made up about half of the languages spoken. Mentors conducting calls spoke English and Spanish only.

Key Findings.

Figure 1

Reasons IHSS consumers contacted were unable to be surveyed

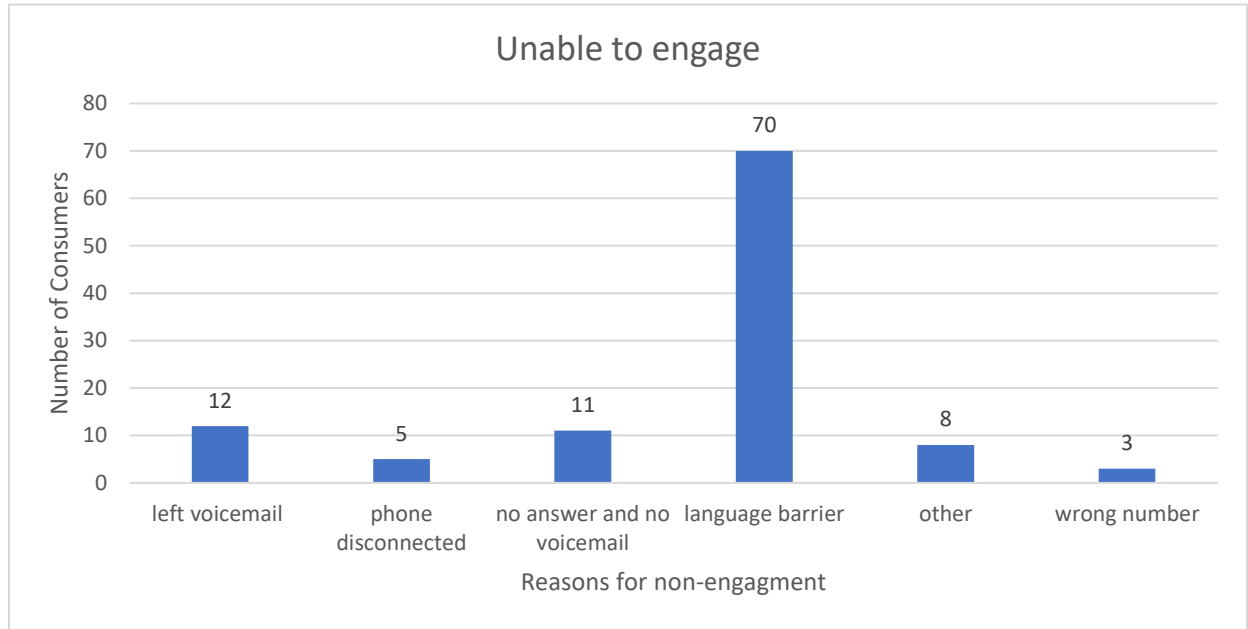


Figure 1 shows that 109 of the consumers contacted were unable to be reached, and therefore could not be surveyed or engaged with services from the Public Authority. These consumers could not be reached for the following reasons: no answer and a voicemail was left-; the consumer’s phone was disconnected-; there was a language barrier-; it was the wrong number-; or other. Other consisted of speaking with someone who knew the consumer and asking them to pass along a message.

Figure 2

Reasons why IHSS consumers refused to engage in PA services through outreach calls

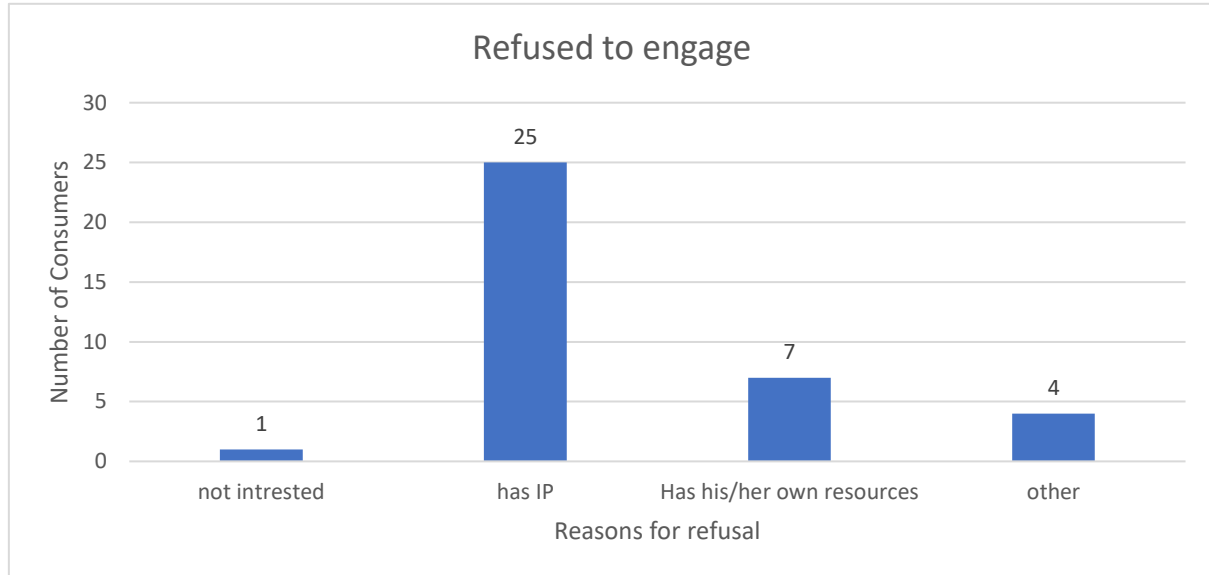


Figure 2 shows that 37 of the consumers we were able to contact, refused services from the Public Authority. This meant they were not interested in the Public Authority; they already had a provider; they had their own resources to find a provider; or other. Other consisted of consumers who had already been referred to the mentorship program prior to our call. It is important to note that more than half of the consumers already had a provider despite being on a list that indicated they had not hired a provider.

Figure 3

Ways in which IHSS consumers were engaged with PA services through outreach calls

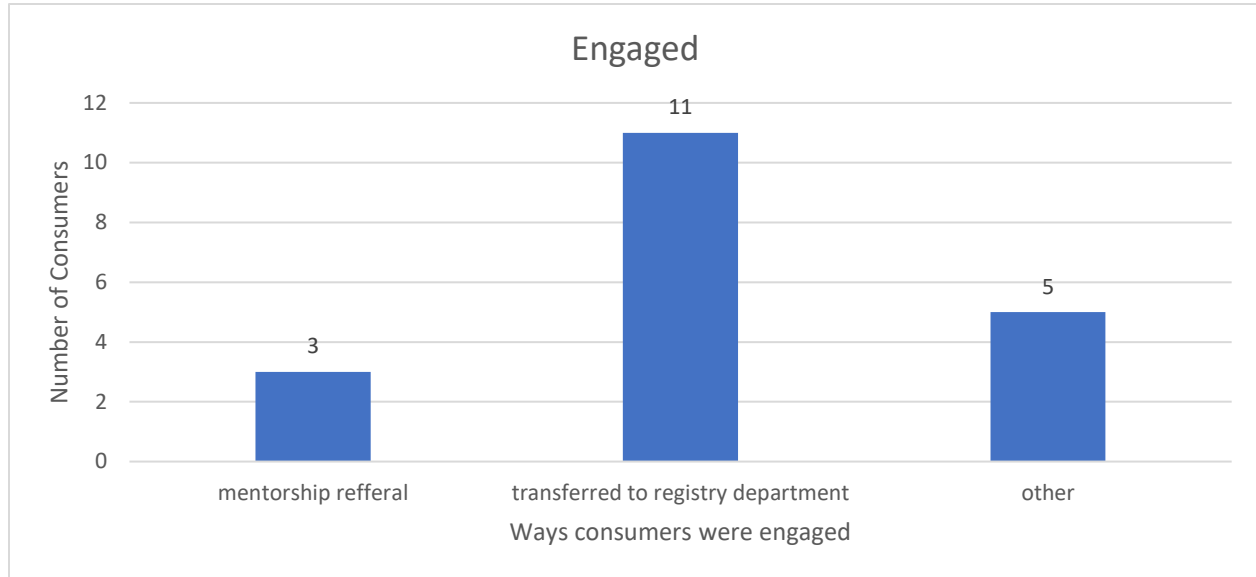


Figure 3 shows that 19 of the consumers contacted were engaged with Public Authority services. These consumers were either referred to the mentorship program, transferred to the registry department to request a registry list or other. Other consisted of providing knowledge about PA services and informing them about the “How to Hire Provider” training offered by the Public Authority. IHSS social workers were then contacted to hold the termination for these consumers.

Figure 4

Consumers responses to survey conducted during outreach calls

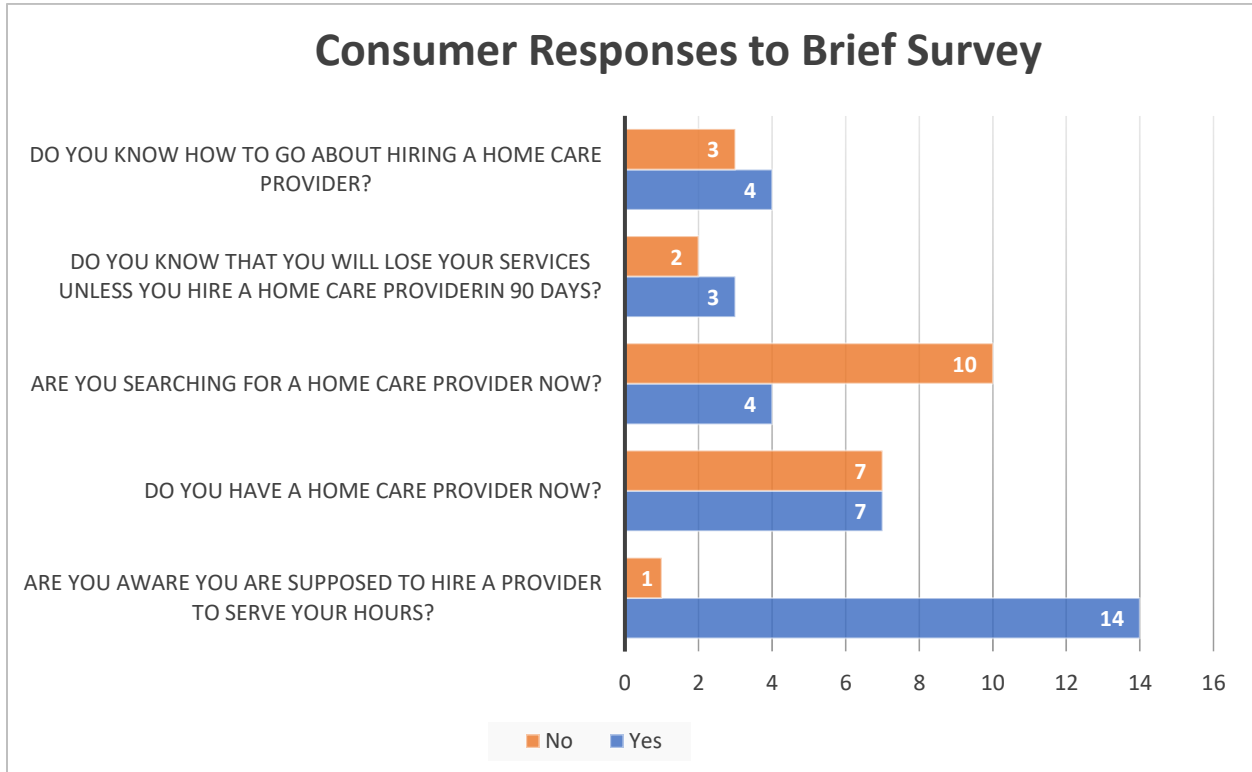


Figure 4 shows the responses to the survey conducted over the phone. The survey was not given to all 167 consumers contacted. Some of the consumers did not get through the entire survey and stopped after the first few questions. Conclusions cannot be drawn from the questions as not all consumers who started the survey finished it, but it is important to note that a majority of those who did answer the question “Are you aware you are supposed to hire a provider to serve your hours?” did know they are required to take on this role. Additionally, a majority of the consumers answered “yes” to the question “are you searching for a provider now?”.

Focus Group

Methods. To understand the perspective of social workers and other staff who work with In Home Supportive Services, a focus group was held. The IHSS Program Manager emailed social workers and Independent Provider Assistance Center (IPAC) staff a week before the scheduled focus group, explaining the purpose of the focus group, informing them of the location, and noting that lunch would be provided. The focus group was held at the IHSS main building because invited participants work in this building and a total of three IHSS social workers and three IPAC staff agreed to participate. The focus group protocol and questions were written by the Project Manager and reviewed and approved by the IHSS Program Manager and IHSS Director (see Appendix B).

The focus group was facilitated by the project manager and a note taker was present. The facilitator passed out name tags as participants walked in and began the focus group with introductions including name, their role at IHSS and how long they have been at IHSS. The participants, note taker, and facilitator sat in a circle around a large table. The facilitator then read aloud the introduction to the focus group stating why they were there and then reviewed the informed consent. The facilitator checked in to see if there were any questions and then directed the groups attention to the flow chart of the consumer's interactions with the IHSS system that was laid out using sticky notes on a piece of poster paper and taped on the wall. The facilitator walked the group through the process that she had identified and asked them to verify where this was accurate and point out what parts were missing or wrong. After this first part was completed, the facilitator asked a series of four questions about the consumers experience in the IHSS system. After the conclusion of the focus group, the participants were given lunch.

There was no audio recording of this session. The notes taken by the note taker were used for data analysis. The facilitator and note taker met within a week of the focus group to discuss themes and add detail to the notes.

Results

Sample. The focus group was comprised of three social workers, two carrying case workers and one intake worker. One carrying worker works with both English and Spanish-speaking consumers and the intake worker works with Vietnamese-speaking consumers. The remaining participants were 3 staff members from the Independent Provider Assistance Center (IPAC), a department within IHSS.

Key Findings.

Issues with the IHSS Public Authority registry list. Social workers noted that consumers experience issues with the registry list. Consumers often experience unnecessary wait time between requesting the registry list and receiving it. Social workers identified this as an issue because a consumer may lose motivation the longer they have to wait for a list and providers on the list may no longer be available to work hours once they receive the list. Social workers stated that the Registry department at the Public Authority likes to contact consumers to identify their preferences before they send them a list. This can delay the process of sending out the list because many times they cannot get into contact with consumers for various reasons. Social workers reported that their clients face issues when contacting providers on the registry because there are providers on the list that have reached the maximum number of hours they can work and cannot take on any new clients. Social workers report that many of their clients have also been turned down by a provider when they have a small number of hours to offer.

Issues in the IHSS system. Social workers and IPAC staff reported that flaws in the IHSS system often prove to be a challenge in consumers finding a provider. It was noted that social workers do not have enough time to pay special attention to consumers who are struggling with finding a provider. The limited time is due to a heavy case load of clients. Additionally, IPAC staff mentioned that there are various incidences where a consumer does not have an active case but has a provider working for them. The consumer may not know that their case is not active, or they chose not to tell the provider. Due to HIPPA concerns, IPAC staff cannot share with the provider if the consumer they are working for has an inactive case or not. IPAC staff noted this as an issue because this means a provider will not get paid if they are working for a consumer with an inactive case. IPAC staff also noted that there is limited space available for providers to schedule their enrollment appointments to become an IHSS provider. They can only have so many appointments scheduled in one day as there is limited staff available, which can delay the start date of the provider. A delayed start for the provider leaves a consumer without provider activity risking termination from the system.

Misinterpretation of IHSS services. It was noted in the focus group that there is misinterpretation of the services and information provided by IHSS. Both IPAC staff and social workers agreed that consumers and providers need to be educated about the hiring process. However, social workers stated they do not have a lot of time during home visit to educate consumers and hardly have interactions with providers. Social Workers noted that their consumers often do not read the information they are given, or they do not take it seriously. Social workers check in to make sure that consumers understand their role and consumers confirm that they do, but act in opposite ways.

Communication challenges between provider and consumer. Both IPAC staff and social workers noted that there is no current position for mediating disputes between consumer and providers. Consumers often fire a provider for reasons that could easily be prevented before escalation if there were a third party involved. Many of these disputes stem from unclear defined roles of the provider and the consumer, and there is a document titled SOC 332 that serves as a contract between the provider and consumer. The SOC 332 is currently not required but it was noted by participants that it should be to make roles and responsibilities of each party clearer to avoid unnecessary firing. IHSS staff also brought up how consumers often create a hostile work environment for the consumer, but the provider does not know who to contact for help in resolving this issue. IPAC often deals with the challenges providers encounter and noted the social worker is often not available for provider to contact. Lastly, it was noted by the group that many consumers are experiencing mental health issues, and providers are not trained to work with individuals with mental disorders.

Consumer attitudes. Focus group participants noted consumers often lack the motivation to hire a provider despite having a mentor or registry list. Social workers do not want to push their clients to hire and have run out of options on how to motivate clients to take action. Social workers feel consumers need to take more initiative in the hiring process. It was also noted that cultural perspectives of consumers may not align with IHSS provider's job title. For example, one social worker noted that a client from a different cultural background perceived their provider to be their maid, when that is not the job title. When there is a difference in word usage, it can cause disagreements between consumers and providers. Participants noted that in many cases, hiring the provider is not the issue, but keeping a provider is. As mentioned in an earlier theme, consumers often fire providers for reasons that could be avoided. Many consumers have

this reoccurring issue and are a problem within the system. Participants suggested flagging consumers who have been problematic in the past or setting a cap on the number of providers one can hire to discourage this behavior.

Semi-structured consumer interviews

Methods. In order to understand the consumers experience, both negative and positive, informal interviews were conducted with consumers who are currently enrolled in IHSS. Consumers were recruited by: (a) Mentorship Outreach Coordinator referring names to Project Manager, (b) Registry Coordinator referring names to Project Manager, and (c) Project Manager recruiting consumers after a “How to Hire a Provider” training at the IHSS Public Authority. After receiving a total of 15 names and phone numbers of consumer, the Project Manager reached out a via phone call to schedule a time to interview interested consumers. The interview questions and protocol were written by the Project Manager and reviewed and approved by the Executive Director and Deputy Director at the Public Authority (see Appendix C).

Results

Table 2

Themes from Semi-Structured Interviews

Primary Themes	Sub themes with participant quotes
Feeling unprepared to hire a provider	<p><u>Expectations about hiring a provider</u></p> <p>“In the beginning, I thought it was going to be easy. It turned out to be so different.” - Participant A</p> <p>“I really didn’t know, I didn’t know what to expect.” - Participant D</p> <p>“I thought it would be horrible. I didn’t think I would get one, because I don’t really trust people”- male IHSS recipient - Participant E</p> <p><u>Incompetency</u></p> <p>“It was at that point where I knew I was in trouble. I wasn’t figuring things out, I was getting frustrated.”-Participant A</p>

	<p>“As for finding somebody, that has been extremely difficult and disappointing” -Participant D</p> <p>“I just played it by ear, I kind of went along with the flow, I felt very uncomfortable. I’m not used to hiring anybody and didn’t know what questions to ask.” -Participant B</p> <p>“And they were all strangers that came off the street. I didn’t know how to hire or fire people”-Participant E</p>
<p>Misinformation about IHSS tasks</p>	<p><u>Unaware of what a provider is authorized to do</u></p> <p>“I need someone strong because I can’t carry the bulk items. He (provider interviewed) said he is only supposed to carry 25 pounds, and that is not enough.” - Participant C</p> <p>“There was one lady who left because I have a cat and I didn’t find out till the second provider that they do not have to help me take care of my cat.” - Participant A</p> <p>“I think it would be helpful to provide a short list of what to expect from a caregiver, what to expect a caregiver to do in house.”- Participant D</p> <p><u>Miscommunication about what a provider is willing to do</u></p> <p>“Specify their qualifications. What will they do and what will they not do. Will they mop the floor? Will they clean the bathrooms? Will the cook? Will they do laundry? Will they iron? Will they clean windows? To prevent miscommunication.” -Participant D</p> <p>“..because I have had a couple more since then tell me “”no I’m not here to do house cleaning, I’m not here to clean your dirty place”” and I’m like actually yes you are.”- Participant A</p>
<p>Relationship with Provider</p>	<p><u>Relying on Provider for social support</u></p> <p>“I was a shut in, and I liked the company too. With (my caregiver), I have the company.”- Participant C</p> <p>“It was just helpful to get someone to talk to, that I would talk about my problems.”-Participant E</p> <p>“It’s reciprocal and its fun. This is actually very fun, she is more than just an aide worker, its playful, it’s like we are buddies.” - Participant C</p> <p><u>Utilizing Provider for Skill Building</u></p> <p>“Well right now I have a provider and I asked for one that only speaks Spanish and that’s good for me because I practice my Spanish.”- Participant B</p>

<p>Problems with providers</p>	<p><u>Misconduct by Providers</u> “One lady literally told me to my face “I’m not here to clean your filthy ass”- Participant A</p> <p>“But the next person after her even got violent and literally hit me”- Participant A</p> <p>“She got angry with me and she flicked me on the shoulder, not once but three times during the interview. When I said something she didn’t like, she would flick me”- Participant A</p> <p>“I had one provider and I caught her stealing from me”- Participant A</p> <p><u>Physical abilities of provider</u> “Two of the people were physically sicker than I was... the third one quit because she had a problem with one of her legs and she had difficulty climbing up 3 flights of stairs”- Participant D</p> <p><u>Dissatisfaction with provider’s performance</u> “She was an hour late. The second time she was an hour late, and then she was a half hour early. And then even when I tried nicely to talk to her and show her my calendar that I have a lot of doctors’ appointments and just at random, she can’t just come over.”-Participant B</p> <p>“I feel that in my three previous experiences the caregivers just simply weren’t prepared for the task at hand.” -Participant D</p> <p>“Getting her to come to work on time has been a challenge.”- Participant F</p> <p>“All three of my providers did not know how to follow instructions”- Participant D</p>
<p>Challenges taking on role of employer</p>	<p><u>Provider not treating consumer as employer</u> “Someone even told me ““I’m a nurse, not a house keeper”” and I’m like ““and you work for IHSS?”” and she said yes. I ““asked are you certificated?”” and she goes ““well who are you? I don’t have to prove anything to you.””-Participant A</p> <p>“I was not getting the feeling that she(provider) was taking me seriously enough.” -Participant F</p> <p><u>Difficulty acting as employer</u> “It’s been tough, in the beginning, I didn’t act like a supervisor.”- Participant A</p>

<p>Challenges with the Provider Registry</p>	<p>“I was intimidated by having to be in charge of someone.”- Participant E</p> <p><u>Inadequate screening done by Registry</u></p> <p>“They sent me a Registry list and the first name off the list was the lady who hit me”- Participant A</p> <p>“I think the initial IHSS interviewing process in your offices lacks thoroughness in interviewing the prospective employees as to their qualifications or what they are willing to do or not do.”- Participant D</p> <p>“More could be done like to make sure the people are qualified.”- Participant F</p> <p><u>Providers on registry list not returning calls or missing interviews</u></p> <p>“Another problem that I have encountered is no shows. I had 4 appointments set up, with 3 no shows.” - Participant D</p> <p>“I had no idea it was hard to find other people. But there were people on the registry, that I left word with and they just never returned my call.”- Participant F</p> <p>“They can’t really want a job if they will make an appointment and just not show up, not bother to call or make an excuse or anything but anyway that was the big challenge it was kind of weird to deal with.”- Participant F</p>
<p>Positive experiences with Mentorship Program</p>	<p>“The Mentorship program kept me in the game.”- Participant A</p> <p>“That’s why this job is so good for people like me who still have our minds and want to use it and still have our hearts and want to use them.”- Participant A</p> <p>“I have to use the phone and I have to call this stranger and you know I eventually got enough to do it and someone that he (mentor) knew, he kind of took me by the hand, it was really cool.”- Participant E</p> <p>“The Mentoring people were very helpful and I wound up hiring two caregivers”- Participant F</p> <p>“The mentorship program does want to help, they have made various suggestions”- Participant F</p>
<p>Suggestions for improvement</p>	<p><u>Increasing Regulations</u></p> <p>“That’s when they should have an inspector job. Somebody from the outside come in who doesn’t know the people, can look for signs and check things out.”- Participant A</p>

	<p>“There is no difference made between someone who is a nursing student or even an RN...and someone who just doesn’t have a job and told their aren’t many qualifications for this and you know, I think people would have more confidence if there was more screening done.” Participant F</p> <p>“Like you do with products you buy sometimes, you get 30 days trial period. Why not IHSS? We should have a 30 days IHSS trial period.”- Participant A</p> <p><u>Increasing publicity for Public Authority</u></p> <p>“Work with the social worker to let them (consumers) know that they offer trainings.”- Participant B</p> <p><u>Increasing consumers trust</u></p> <p>“The fact that my mentor at least knew a little bit about my provider meant the world to me because I trusted my mentor. If you take the time to you know “I know this guy and he’s trying to do this and he would be a good fit for you” at least you would be able to say you would be able to validate that you met the person and that’s one more serial killer I don’t have to worry about”-Participant E</p>
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Table 2 demonstrates the 8 primary themes and their corresponding sub-themes that came out of the consumer interviews. These themes were identified as primary themes because of the number of times they were mentioned by interview participants. “Feeling unprepared to hire” and “Problems with providers” were both mentioned by five out of six participants. “Misinformation about IHSS” and “Challenges taking on the role of employer” were both mentioned by four out of six participants. Challenges with the registry list; Positive experiences with the Mentorship program; and suggestions for improvement were all mentioned by three out of six participants.

Shadowing of home visits

Part of the aim of this project is to understand the consumers interaction with the IHSS system.

Methods. To understand the IHSS consumers interactions with IHSS social workers and IHSS Public Authority mentors, the Project Manager shadowed three different visits to consumer homes with these professionals:

- 1) Public Authority Mentor
- 2) IHSS intake worker
- 3) IHSS carrying case worker

The Project Manager worked with the IHSS program manager to set up a day and time to shadow home visits with the IHSS intake worker and the IHSS carrying worker and worked with the Public Authority's Mentorship Coordinator to shadow a home visit with the Public Authority mentor. The Project Manager communicated through email with the IHSS carrying and intake workers and in person with the Public Authority mentor prior to the home visits about the address of the client's home and when to meet. All consumers gave consent to the project manager shadowing before the day of the visit. At each visit, the project manager asked for permission to take notes before continuing. Each visit had a different purpose and the questions and conversations held at each session reflected this. At the conclusion of the home visits, the project manager had brief conversations with the professionals to deepen the understanding of each consumer's situation.

Key Findings: Home Visit with Public Authority mentor

Consumer information needs.

- Consumer wished she would have had this information during her first attempt at hiring a provider

- Mentor reviewed each sheet of paper he brought, which the consumer found to be extremely helpful
- Consumer was not aware of things she should nor ask her potential providers and thus found the materials given to her by the mentor helpful
- Consumer was not aware of what the notice of action (NOA) was and was not aware of her case number
- The mentor asked consumer how many hours she was assigned monthly and they worked together to decide to set a weekly schedule to offer to providers. They broke down what days she needs people the most and during what hours.

Problems having needs met by providers.

- Consumer had poor experiences with Home-bridge providers, believes they had inadequate training
- Consumer was originally in IP mode, switched to county contract mode when she had trouble finding an IP, moved back to IP mode when she had a bad experience with Homebridge providers
- Consumer expressed she has the most difficulty setting boundaries with providers, which often led to her firing many people for doing things she didn't like
- Consumer was hesitant to use registry list because she has requested in the past and providers were not able to work because they had all their hours filled
- Mentor shared that providers will ask how many hours you have and if it is not enough for them they will refuse to work for you

Key findings: Home Visit with Carrying Case Worker

Observations about relationship between consumer and provider.

- Consumer was extremely reliant on provider for his health
- Consumer stated his provider does way more than she is compensated for
- Consumer did not express any issues with provider
- Provider is a close friend of the consumer
- Provider was invested in the consumers health and living situation

Observations about relationship between consumer and case worker.

- Carrying case worker stated he did not have much part in helping consumer find his provider and she was a friend who was willing to become registered with IHSS
- Carrying case worker informed project manager that it takes about 2-3 months for intake worker to stabilize a case and pass it on to a carrying case worker
- Consumer has only needed annual visits since being on carrying case workers load, no emergency visits
- Carrying case worker made sure he connected consumer with any additional community resources he needed ie food pantries
- Consumer valued relationship with carrying case worker

Key findings: Home Visit with Intake Worker

Observations of family taking on role of provider.

- The father of the applicant became the provider by default without input from the applicant
- The father had opinions of the son's abilities that were based off the applicant's willingness to do certain tasks rather than his actual limited physical ability to do so
- There was a clear disagreement between the father and applicant on the needs of the applicant

Role of intake worker.

- The question's that the intake worker was required to ask had a lot of jargon and had to be explained to the applicant
- Intake worker provided a non-judgmental space which allowed for the applicant to answer honestly about tasks he struggles with
- The process of hiring a provider was not explained at all as the father became the default provider and the intake worker did not think the applicant would need this information
- Intake worker shared that she is the sole decider of the amount of hours applicant will get if he is approved, with the input from applicant's doctor if needed

Discussion

This project was completed to identify why a high number of In Home Supportive Services (IHSS) consumers were being terminated from the IHSS system monthly. When an IHSS consumer has not hired a provider within 90 days of receiving IHSS eligibility, they risk losing their services. IHSS is a complex system and various forms of data collection were used to understand the different ways in which the consumer interacts with the IHSS system when searching for an IHSS provider.

Key issues

Language barriers. The results from the piloted outreach calls intervention indicate that 70 out of 167 consumers could not be engaged in services offered by the Public Authority due to a language barrier. This demonstrates a limitation to reaching all IHSS consumers, leaving a gap in who is offered services from the Public Authority. Additionally, it was noted that there was a more in-depth interaction with consumers whose primary language was Spanish than consumers whose primary language was English. The Mentor who conducted calls to Spanish speaking

consumers experienced longer phone calls and needed to clear up more information regarding IHSS than the mentor who conducted calls to English speaking consumers. There was more confusion on what IHSS was and how they could help them by consumers whose primary language was Spanish. While it is difficult to conclude why this is, a similar issue came up during the focus group with IPAC staff and social workers. Two of the participants in attendance at the focus group work with Spanish speaking consumers and noted in the focus group that certain IHSS terms do not translate into Spanish. When working with their Spanish-speaking clients they use different terminology, and this can create confusion for the consumer when navigating the IHSS system. This might be true for other consumers whose primary language is not English and 75 percent of the consumers on the lists received have a primary language other than English.

Inaccurate information from IHSS. Twenty-five out of 167 consumers on this list claimed to have an IHSS provider. The reason their name and contact information was on the received list was because they did not have any provider activity for at least 30 days. The list was not updated in real time and the consumer could have hired a provider after the Public Authority received the list. This created an inaccurate representation of the number of consumers with no provider activity within the past 30 days, demonstrating the importance of updating this list in real time. However, the consumer and their potential provider may not have filled out all the required paperwork for the hiring process, and the provider may not be listed as the consumer's provider in the IHSS system, indicating why the consumer was on the list received. Mentors conducting the outreach calls were not trained to follow up on asking the consumer if they had taken the steps necessary to register their provider in the system. If consumers are under the

impression that they have hired a provider, but this is not recognized by the IHSS system, they may not be able to pay their provider and are still at risk for losing their IHSS services.

Lack of knowledge about the Public Authority. IHSS consumers who confirmed they did not have a provider and were interested in Public Authority services had never heard of the Public Authority and did not understand what the agency could do for them. After receiving more information about the Public Authority, consumers who did not have a provider requested to be in the mentorship program, receive a list from the registry department or attend trainings offered by the Public Authority. When this project was conducted, the Public Authority was in the process of following up with consumers who expressed interest in services to ensure they were indeed receiving services requested. This pilot project proved to be essential in reconnecting consumers on the verge of termination with additional support as well as identifying the importance of updating and following up with consumers who report to have a provider but have had no provider activity in the IHSS system for at least 30 days.

Challenges with the Public Authority registry and hiring providers. While themes that were presented during by IHSS staff in the focus group differed from themes that were presented in IHSS consumer interviews, both staff and consumers expressed challenges with the registry. While IHSS staff discussed consumers having to wait four to five days after requesting a registry list to receive it, IHSS consumers discussed running into issues with providers on the registry. Issues included providers not interested in taking on more clients, not showing up for interviews, and not returning phone calls from consumers. From these experiences, consumers would like to see more screening done for providers interested in being added to the registry. Both staff and consumers mentioned misinformation about IHSS services. Staff expressed this causes communication issues between consumer and provider and consumers mentioned they

were unaware of what their IHSS provider could do for them. While this is noted in IHSS paperwork, social workers said consumers do not always read through the paperwork given to them.

Many consumers in the Independent provider (IP) mode choose to hire a family member or friend as opposed to a stranger, and do not request a registry list. While family members taking on the role of the provider was not explored in this paper, this relationship is much different if a stranger were to be hired and it should be assessed whether the consumer is getting the care they need in this kind of situation. In this case, the social worker assumed the father would take on this role and the potential consumer was not encouraged to search for someone else to be the provider if that was more comfortable for them.

Lack of consumer skills and preparation to become an employer. IHSS staff also mentioned in the focus group that many consumers lack the motivation to hire despite receiving additional support. It was noted by one consumer that they did not have the motivation to hire despite needing help in the home. IHSS staff also brought up a need for consumers to undergo conflict resolution training and identifying a point person for conflicts that arise between consumers and providers to reduce the number of providers a consumer may fire. A consumer with conflict resolution skills may not need to go through the hiring process multiple times and reduce their risk of losing IHSS services.

Consumers mentioned feeling unprepared to hire a provider and generally wish they had more information in the beginning. One consumer who attended a Public Authority training on how to hire a provider wishes they had the information from the training when they first attempted to hire a provider. The consumer was not aware of what the Public Authority could

offer and wished his social worker had informed him about its existence, so he could have avoided the challenges he faced from the beginning.

Additionally, results from interviews demonstrated that consumers who had some involvement with the Public Authority had a more positive experience when hiring a provider and navigating the IHSS system. Consumers involved in the Mentorship program had very little challenges navigating the system and their biggest challenge was in working with the provider.

Limitations

The study had several limitations. The project was a collaboration between IHSS and various departments at the Public Authority. Project methods had to be approved by all the different stakeholders involved and the qualitative data collection was delayed due this. The delay in approval limited the number of interviews and focus groups that could be conducted. Additionally, five out of the six interviews were done over the phone, which presented communication barriers such as a poor signal, making some of the consumers responses unclear; and consumers not recognizing the phone number calling them, causing them to not answer the phone. Moreover, interviews were conducted with consumers whose primary language is English and themes that emerged are not representative of consumers whose primary language is not English.

Consumers for interviews were also recruited through the Public Authority, meaning consumers has some support through the hiring process. Consumers who have never interacted with the Public Authority were not represented and may have experienced different challenges then the consumers interviewed. Lastly, only one consumer interviewed did not currently have a provider. The interviews were not representative of consumers who were not successful in finding and hiring a provider.

Recommendations

Increase consumer access to resources.

Recommendations include increasing consumer's access to resources offered by the Public Authority. The mentorship program provides consumers enrolled in the mentorship program with clear and easy-to-follow instructions and tips to ease the hiring process. The issue is that only consumers enrolled in the mentorship program have access to this information and there is currently a waitlist for the mentorship program since it is in high demand-, but there are only a limited number of mentors.

Alameda County IHSS Public Authority had a similar problem in having their education materials disseminated to consumers and where able to get the Board of Supervisors and Alameda County's IHSS to distribute their materials during social workers regular visits to consumers when time allowed (Gong, Baron, Ayala, Stock, McDevitt, & Heaney, 2009). In order to distribute mentorship materials, IHSS should conclude their intake assessment by handing out a packet of these materials with the Public Authority's contact information and suggest consumers call the Public Authority regarding any questions about the materials or if they are interested in being enrolled in the mentorship program. The Public Authority also has postcards listing upcoming trainings and these should be mailed out to all IHSS consumers, both recently enrolled consumers and those who have active cases with IHSS.

Mediation for consumers and providers.

To decrease the number of conflicts of consumer and provider conflicts that could potentially lead to unnecessary firing of providers and to improve the relationships between consumers and providers, a mediator position should be established at the Public Authority. Social workers do not have the time to take on this role and it would be beneficial if all staff

knew where to refer consumers and providers when conflicts arise. Similarly, Alameda county found through qualitative data collection, that providers in their program did not have someone to talk to regarding work related problems (fear of losing jobs, delayed pay, sexual harassment, and requests to perform tasks beyond those authorized) (Gong et al., 2009). Alameda County proposed an IHSS ombudsperson position to serve as a liaison between consumers and providers. Such a position could benefit San Francisco IHSS consumers and providers as well.

Sustainability of pending consumer outreach calls.

The Public Authority mentorship program is already taking steps to improve this intervention and ensure it continues when the project manager is no longer working on the project. Additional recommendations include utilizing staff other than the mentors at the Public Authority to conduct calls. The Public Authority staff are very diverse and there are various languages spoken. To decrease the language barrier and engage consumers with primary languages other than English and Spanish, supplemental help outside of the mentorship program may be needed. Additionally, it would be valuable to have the individuals who conduct the calls to follow up with consumers who claim to have hired a provider, to ensure they have filled out the proper paperwork and have informed their social worker of their updated status.

Implications and Future Work

All 58 counties in California have an IHSS program, and 56 counties have a Public Authority (California Association for Public Authorities, 2018). It has been identified by San Francisco's IHSS program and IHSS Public Authority that it is important to investigate and understand why consumers are terminated from the IHSS program and do not receive services they were determined to need. While this is the case for San Francisco, it is not the case for counties across California. San Francisco's Public Authority is unique in that it is the only Public

Authority with a mentorship program designed to assist consumers in the hiring process. Despite this extra assistance offered in San Francisco, a high number of IHSS consumers are not receiving the services they need and are at risk for losing their independence. It is likely that other counties are also facing high numbers of IHSS consumers being terminated from the IHSS system for not hiring a provider.

Unfortunately, in recent years IHSS's funding has been subject to budget cuts. In 2017, it was purposed to cut 400 million dollars from Medicaid programs such as IHSS. To reduce the amount of money spent on MediCal, the proposal was to make eligibility requirements for IHSS stricter. Potentially stricter IHSS requirements and less funding for this program, would leave more low-income seniors and adults with disabilities without access to these in-home support services and at a greater risk of being institutionalized.

However, the Governor's budget for 2018-2019 proposes to restore IHSS service hours that were eliminated as a result of a previously passed 7% reduction in service hours (Legislative Analyst's Office, 2017). With a proposed restoration of service hours allotted to IHSS consumers, it is important that IHSS providers are being hired to work these hours. With the uncertainty of where the IHSS program will be in years to come, it is important for California counties to investigate why current consumers may have no provider activity in the IHSS system and are on the verge of having their services terminated. This will be particularly important to ensure a more efficient system for consumers in the face of decreased Medicaid spending.

Lastly, there is a long history behind self-directed, or consumer-directed, programs in the United States, and they are increasing becoming the model of choice for home care service delivery (Medicaid.gov, 2018). With programs striving to empower older adults and adults with disabilities, it is recommended that programs with a consumer-directed model regularly assess

their implementation plan to ensure it is a system working for the client and the home care worker. This includes being open to regular feedback from both parties and implementing quality improvement projects to meet the needs of a vulnerable population.

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Appendices

Appendix A Script and Survey Questions for Pending Consumer outreach

Script for Pending Consumer Outreach

Good morning/afternoon, my name is _____ and I am calling from the In Home Support Services Public Authority to ask you a few questions about your experience with finding and hiring a care provider. It is my understanding that you have not hired a provider. I would like to know what challenges you may have had when you tried to hire a provider even though you were approved for in home support services.

Are you willing to answer a set of questions about your experience? This should take about minutes and we can stop at any time. I will not record your name so everything you say will be anonymous. Your answers will not affect whether or not you get a provider in the future.

If consumer refuses to continue:

I understand and thank you for your time. Enjoy the rest of your day.

If consumer is willing to continue:

Thank you for agreeing to participate. Please let me know if you need me to repeat any questions. Let's begin.

Survey Questions

1. Are you aware you are supposed to hire a Home Care Provider to serve your hours?
2. Do you have a home care provider now?
3. Are you searching for a home care provider now?
4. Do you know that you will lose your service unless you hire a care provider within 90 days?
5. Do you know how to go about hiring a care provider?

Appendix B Focus Group Protocol

Focus Group Agenda**Date: June 6th****Time: 11-1pm****Materials needed:**

- Name tags for all participants
- Lunch!
 - Veggie Sandwiches
 - Meat Sandwiches
- Flow chart
- Sticky notes for problem points
- Recording device

Script:

Hello, My name is Mariah Martinez and I am a student in the Master's in Behavioral Health Program at the University of San Francisco and I am interning with the IHSS Public Authority. I would like to start off by thanking each of you for taking the time to participate today. This is Lilly, who is also a student in the Master's in Behavioral Health Program at USF and she will be taking notes for me today. We will be here for about an hour and then have lunch.

The reason you are here today is share your knowledge and experience so I can get a better understanding of the challenges consumers might face in hiring a provider when navigating the IHSS system.

I'm going to lead our discussion today by using a flow chart demonstrating the process a consumer goes through to hire a provider that I have created to the best of my ability. If something in the process is missing or wrong please let me know as this is just a draft.

I also would like you to know this focus group will be recorded. The identities of all participants will remain confidential. The recordings will allow me to revisit our discussion for the purposes of presenting recommendations to the IHSSPA and IHSS.

Ground Rules:

1. To allow our conversation to flow more freely, I'd like to go over some ground rules.
2. Only one person speaks at a time. This is doubly important as our goal is to make an written transcript of our conversation today. It is difficult to capture everyone's experience and perspective on our audio recording if there are multiple voices at once
3. Please avoid side conversations.
4. This is a confidential discussion in that I will not report your names or who said what to your colleagues or supervisors. Names of participants will not even be included in the

final report about this meeting. It also means, except for the report that will be written, what is said in this room stays in this room.

5. There are no “wrong answers,” just different opinions. Say what is true for you, even if you’re the only one who feels that way. Don’t let the group sway you. But if you do change your mind, let me know.
6. Are there any questions?

Introductions:

Before we start let’s go around and say:

1. Name
2. Role at IHSS

Questions:

briefly walk through the process

Is there anything that I missed or is wrong?

1. Where in the process do you see consumers facing the most confusion/trouble? Why do you think that is?
2. What do you think would help the consumer navigate the process better?
3. What would help you navigate the consumer through the process?
4. If you could change the process right now, how would you change it? What resources would you need?

Thank you for your time. Your answers are very valuable to this project and my learning. Enjoy lunch!

Appendix C Semi Structured interview protocol

Consumers Interview Protocol

Hello, my name is Mariah Martinez and I am a student intern from University of San Francisco. I am working with In Home Support Services Public Authority to learn more about the consumers experience when hiring an IHSS provider. I would like to know what challenges and successes you may have had when hiring a provider or working with a provider.

Are you willing to answer a set of questions about your experience? This should take about 45 minutes and we can stop at any time. I will not record your name so everything you say will be anonymous. Your answers will not affect whether you get a provider in the future.

What did you expect hiring a provider would be like?

Was the process different from what you expected? If so, How?

What are some challenges you faced in hiring a provider?

Who has helped you find a provider? What assistance have they provided?

If you have or have had a provider, what have been some challenges working with providers to have your needs met?

What would better prepare you to hire a provider?

What would make it easier to communicate with a provider?

What has it been supervising your provider?

How could In Home Support Services improve the way it works with new consumers?

Appendix D Map of Pending Consumer Project

Pending Consumer Project
 Present: Krista, Hugh, Eileen, Mariah
 Date: April 2nd, 2018

