



# County of Santa Cruz

## IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

18 W. Beach Street, Watsonville, CA; P.O. Box 1300, Santa Cruz, CA 95061

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### IHSS Advisory Commission

#### Meeting Minutes

Date: Friday, March 22, 2024  
Time: 1:00PM to 3:00PM  
Location: 1400 Emeline AVE, Building K, Room 206. Santa Cruz, CA  
Present: Michael Molesky (Consumer, Chair), Lois Sones (Seniors Commission, Vice-Chair), Christine Keibert-Boss (Consumer), Maria Arreola (Provider), Patricia Fohrman (Provider), Foster Andersen (Consumer), Becky Taylor (Commission on Disability), Linda Campbell (Consumer), Jozette Irgang (Consumer)  
Guests: Julie Gabriel (Division Secretary, ALTC), Stephanie Auld (Public)  
Staff: Juan Magaña (Public Authority Manager)

#### Agenda

1. Call to Order
  - a. Meeting was called to order at 1:09PM; a quorum was present.
2. Roll Call
3. Agenda Review
  - a. Agenda reviewed; Removed item 6, guest speaker cancelled.
4. Consent Agenda
  - a. Approval of Meeting Minutes
    - i. February 23, 2024 Meeting
  - b. Commission Vacancies
    - i. One (1) – Consumer Representative
    - ii. One (1) – Representative of Advocate Organization
  - c. Motion to Approve consent agenda with amended minutes, called by:
    - i. First/Second: Sones/Keibert-Boss
    - ii. Ayes: Molesky, Sones, Taylor, Campbell, Irgang, Keibert-Boss, Fohrman, Arreola, Andersen
    - iii. Nays: None
    - iv. Abstentions: None
    - v. Absent: None
  - d. Motion carried unanimously.
5. Oral Communications and Announcements:

- a. Kiebert-Boss reported that Monterey Bay Horsemanship and Therapeutic Center will be having its Spring Fling on 4/21. There will be food, activities, music, from 2-4pm.
  - b. Andersen reported that Shared Adventures will be celebrating its 30th anniversary on April 13 at San Lorenzo Park, with live music, resource tables and food to celebrate.
  - c. Stephanie Auld, (member of public), provided a copy of a letter that was written to Governor Newsom regarding some of the challenges recipients of IHSS are having.
6. ~~Guest Speaker: Alicia Morales, Division Director, Adult and Long Term Care~~
7. Regular Agenda – Action Items
- a. No Scheduled Action Items this Meeting
8. Regular Agenda – Information Items
- a. Updates/Housekeeping
    - i. Reminders from the Chair
    - ii. Topics & Speakers
      - 1. Elizabeth Bird speaker about Master Plan on Aging
      - 2. Alicia Morales speaker in April on ALTC
  - b. AT&T Land Line
    - i. Staff reported that a request was received to discuss the impact of AT&T's application to be relieved of its carrier of last resort and eligible telecommunications carrier designation. Staff reported that the Board of Supervisors had recently taken action by a resolution requesting the California Public Utilities Commission deny their application. A copy of the resolution was included in the meeting packet.
  - c. April Commission Activities
    - i. Election of Officers – Call for Nominations
      - 1. Staff reported due to the recent changes to chapter 2.38 of County Code, elected commission officers can't serve more than 2 consecutive terms. As a result, the commission will need new chair and vice-chair. Staff informed the commission that a call for nominees will be sent via email as the commission will need to elect new officers at the April Commission meeting.
    - ii. Meeting Schedule
      - 1. Staff reported that based on the new guidance under chapter 2.38 of County Code, the commission will need to publish its meeting schedule for May – April, at the April commission meeting.
  - d. IHSS Providers
    - i. Fohrman reported that Salud Para La Gente received a grant for dental services, but she is not aware how will it be used and cannot get any info on it.

- e. IHSS Program and Public Authority Updates (add both to next agenda)
  - i. PA has limited staffing, down 2 Social Workers.
  - ii. IHSS Registry has 233 providers, 86 available for more work up to 23 hrs/wk. On average, the PA receives 95 requests per month for providers.
  - iii. New supervisor hires for PA SW's and IHSS SW's.

## 9. Report Outs

- a. Legislative
  - i. Molesky reported that he is waiting for the Governor's May revise and the outcome of AB 817 (allowing for remote participation for advisory bodies)
- b. CICA Conference Calls
  - i. Kiebert-Boss reported she was not able to call in to this month's COCA call, she advised that she would be submitting summary of the meeting to staff.
- c. Website/Technology
  - i. No updates.
- d. Commission on Disabilities
  - i. Taylor reported the Commission on Disabilities has not been able to meet as they do not have enough members to form a quorum.
- e. Seniors Commission
  - i. Sones reported that a for-profit company, Golden PACE, that is operating in Monterrey and Santa Cruz Counties, all-inclusive program, could undermine Elder Day.

## 10. Adjournment

- a. Meeting adjourned at 2:41PM.

**Next Regular Meeting:** April 26, 2024, 1:00PM – 3:00PM @ 1400 Emeline AVE, Building K, Room 206, Santa Cruz, CA

**Minutes approved by Commission on 04/26/2024; submitted to Board of Supervisors on 04/26/2024**

Dear Governor Newsom:

We are writing to request your assistance with the ongoing problem of acquiring a care provider to access the benefits of the In Home Supportive Services (IHSS) program. This program facilitates independent living by the elderly and disabled who require some assistance to maintain a safe and healthy lifestyle. It saves the State the much more costly care expenses of the full time care facilities that would otherwise be incurred to ensure the well-being of community members requiring some level of support.

However, the way the IHSS program is structured so that only individuals able to obtain and retain care providers benefit from the program limits its effectiveness and promotes disparate access to social support. The "recipients" of IHSS hours to hire care providers experience difficulties locating care providers, managing hired providers, and retaining care providers. The only assistance provided by the program is the provision of a limited, poorly maintained, list of approved providers, a pay system, and access to a limited background check reporting system. The program provides no support in the management or retention of providers.

The 2020-109 IHSS report by California State Auditor Elaine Howle's office clarified the noncompetitive and incommensurate with cost-of-living nature of the IHSS pay rate and its impact on the ability of prospective service recipients to find, manage and retain care providers. The low pay rate means that the growing number of recipients is drawing from less qualified, less reliable, and noncompetitive labor. The program's allowance to supplement its pay rate means that more affluent recipients are better able to secure providers and thus receive IHSS benefits. Why are people with trust funds allowed to access IHSS funds when they could use their own funds to pay care providers?

When disabled IHSS recipient Rosa (Recipient names are fictitious to protect their confidentiality.) expressed frustration finding care providers, she was told by 2 different Santa Cruz County IHSS social workers during 2 separate annual reevaluations that the supply of providers is limited because the only workers able to work for the IHSS low pay rate live in the less costly Watsonville area. Furthermore, they explained, many refuse to incur the transportation costs associated with working in the cities of Santa Cruz, Capitola, etc.

The types of providers are also limited by the pay scale. In Nevada, IHSS provides different pay rates for providers with different skill sets facilitate the hiring of providers with higher skill levels of nursing care. California recipients' choices are limited to lesser qualified providers.

Discrimination by IHSS approved providers included on Public Authority lists provided to IHSS service hours recipients results in disparate access to program benefits. After not being able to find a care provider for five months, Kim told her IHSS social worker in 2022 that she surmised, based on her own experience, that it is more difficult for Black people to find nonfamilial providers than other ethnic groups. She said her social worker responded, "I don't know if that is true. There haven't been any studies to assess that." Kim said that she now believes, "If they don't know, it's because they don't want to know. They have all of the statistics regarding the ethnicities of the recipients and providers. It's a simple spreadsheet analysis of who is being served by whom, how long it takes different groups to hire providers, and how long different groups have providers."

When Lynn told providers that she lived with her wife, she received lectures on three separate occasions from IHSS approved care provider candidates that had agreed to become her provider. These providers rescinded their agreement to work for Lynn and told her that she was a sinner that "would go to hell." Lynn said that she told prospective providers that she is a lesbian to avoid conflict after her sexuality became obvious in her home.

The County of Santa Cruz Human Services Department's 2021-22 Annual Report does not delineate African-Americans or LGBTQ in its service statistics for IHSS, despite its assertion that it assesses disaggregated data to promote equity for historically marginalized groups. Yet the continued discrimination experienced by these groups results in IHSS's failure to provide the support it says it provides. "The Undeclared 2020 Survey on Race and Health" by the KFF, found that one in five Black adults report being treated unfairly due to their race or ethnicity while getting health care for themselves or a family member in the past year.

"The Washington Post Trans Survey" by the KFF in 2023 found that trans adults were more likely to report having difficulty finding a health care provider who treated them with dignity and respect compared to cisgender adults.

How can the needs of marginalized groups be determined or addressed if their experiences are not tracked? This does not align with the federal Centers for Medicare and Medicaid Services' plan to advance health equity by:

Expanding the collecting, reporting, and analysis of standardized data on demographics and social determinants of health;

Assessing the causes of disparities within CMS programs and addressing inequities in policies and operations;

Building capacity of health care organizations and the workforce to reduce disparities;

Advancing language access, health literacy, and the provision of culturally tailored services; and

Increasing all forms of accessibility to health services and coverage.

Instead the hiring process implicit in the IHSS program allows for the proliferation of health care and social support disparity.

It is difficult to find care providers by means other than the Public Authority's list of approved providers. Craigslist charges \$75 to post job announcements. It is not clear if or how IHSS recipients can solicit providers on Craigslist's site without paying fees.

The requirement to become an IHSS approved provider before payment deters many college students from supporting IHSS recipients. The IHSS orientation and background check process can delay hiring and payment by months. Additionally, prospective employees are asked to pay \$50 for the background check. That cost alone blocks poorer applicants, further limiting the provider supply.

The management of care providers is completely left to needy recipients. Recipients are required to provide the encouragement to noncompetitive employees to honor their commitments to maintain a schedule, do the tasks included in the job description, and to give a timely departure notice. Unreliable providers compromise the health and well being of recipients, distress recipients and breach continuity of care. They also add stress to the job for other providers working for a recipient as the other providers are put into the position of picking up the slack.

IHSS recipient Sara pointed out, "The disparity between the demanding nature of the job and the compensation provided creates an unfavorable environment for both caregivers and recipients alike." She said that she has had providers refuse to do tasks that they agreed to do during the hiring process.

Additionally, many IHSS recipients experience theft by IHSS providers. Kim said, "I've been stolen from by three IHSS providers. One Social worker told me to report the incident to the police. The police told me that there was nothing that they could do without a video or other evidence that the provider was the culprit. The other two social workers simply offered to give me names of prospective replacement providers. Two of the providers that stole from me went to work for other IHSS recipients. One of the thieves told me that she was surprised that she passed the IHSS background check since she was on probation for welfare fraud in California. She said that Ross Dress for Less stores would not hire her after its background check discovered her history of welfare fraud."

Sara said, "The lack of effective communication between IHSS and its providers has been a recurring issue. Important information and updates often fail to reach the caregivers, leading to misunderstandings and disruptions in the caregiving process. This lack of communication not only hampers the quality of care but also adds unnecessary stress to an already challenging situation."

The IHSS program does nothing to help recipients retain providers. The low pay rate makes less difficult and less responsible jobs more attractive. Kim lost a care provider to a stocking job at Costco because it paid more hourly, included benefits (medical insurance), and had more growth opportunities. She also lost a care provider to a sales clerk position for a marijuana retail store because it paid more and was simple.

Unplanned departures by providers strain existing caregivers and compromises the quality of care provided to recipients. Dee described the impact to her remaining provider when a provider stopped coming without giving any notice. Her remaining provider cared enough for Dee to take on additional hours and change her schedule to provide the minimal needed support until Dee could find another care provider.

Kim said that she lost a care provider after the provider saw in the pay card system that Kim was not giving all of her approved hours to the provider. The provider submitted a time card claiming all of Kim's hours showing in the timecard system as available, including more than the provider worked. When Kim rejected the time card, the provider protested, "It doesn't make a difference to you."

Why are providers able to see in the online timecard system the amount of IHSS hours approved for the recipient? At the least, that violates confidentiality.

A possible solution to the noncompetitive pay problem as well as the burden on IHSS recipients to hire and manage noncompetitive providers is a service card similar to the food stamps card. A service card would allow recipients to pay for services from professional organizations like "Molly Maids" for house keeping, or a nursing company for low level nursing care, etc. IHSS resources could be better utilized to focus social workers' attention on the care of recipients and to pay for real service support of recipients instead of paying for provider hiring and payment systems. The market suppliers would screen, train, manage, bond/insure their own employees.

Quality levels could be maintained by contracting with suppliers for whom IHSS recipients were a small percentage of their customer base and revenue stream, thus ensuring that their viability remain dependant on competitiveness in their market.

Other IHSS program improvement ideas include:

- Weeding bigots out of the provider pool;
- Making the pay rate for care providers competitive in the market for respective skill sets;
- Establishing a more efficient and transparent communication system between IHSS and its providers; Streamlining the provider enrollment process to minimize delays in payment and alleviate financial burdens on caregivers;
- Implementing stricter screening and monitoring procedures to ensure the integrity and reliability of caregivers;
- Providing comprehensive training and support to care providers, emphasizing the importance of adhering to their job responsibilities.
- The support care providers give to the elderly and disabled is essential. Assistance with tasks ranging from dressing and transportation to meal preparation is vital for individuals requiring a low level of support to maintain a sense of independence and to lead fulfilling lives.
- Thank you for your assistance to improve the efficacy of the IHSS program and its contribution to the maximization of health and equity in our community.