

Management Audit of the County of Santa Clara

In-Home Supportive Services

Prepared for the Board of Supervisors of the
County of Santa Clara

August 13, 2020



IHSS

IN-HOME
SUPPORTIVE SERVICE

Prepared by the
Board of Supervisors Management Audit Division
County Administration Building, East Wing, 10th Floor
70 West Hedding Street
San Jose, CA 95110

(408) 829-3344

THIS PAGE LEFT BLANK

County of Santa Clara

Board of Supervisors

County Government Center, East Wing
70 West Hedding Street
San Jose, California 95110-1770
(408) 829-3344

Contract Auditor: Harvey M. Rose Associates, LLC
E-mail: cheryl.solov@bos.sccgov.org

August 13, 2020

Supervisor Dave Cortese, Chair
Supervisor Cindy Chavez, Vice Chair
Board of Supervisors' Finance and Government Operations Committee
70 West Hedding Street San Jose, CA 95110

Dear Supervisors Cortese and Chavez:

We have completed the Management Audit of the In-Home Supportive Services (IHSS) program of the Department of Aging and Adult Services (DAAS). This audit was added to the Management Audit Division's FY 2019-20 work plan by the Board of Supervisors of the County of Santa Clara, pursuant to the Board's power of inquiry specified in Article III, Section 302(c) of the Santa Clara County Charter. This audit was conducted in conformity with generally accepted government auditing standards as set forth in the 2018 revision of the "Yellow Book" of the U.S. Government Accountability Office.

The Covid-19 pandemic has affected program staff, caregivers and recipients, and also changed the economic and resulting budget considerations for the coming years. While the State's FY 2020-21 budget preserves most of the current funding for IHSS, future years are less certain. The State has a history of changing funding structures to local governments to address its own budget considerations. If the economic impact of Covid-19 results in material and long-term revenue loss at the State level, then it is likely that IHSS funding would be at risk for reduction. Many of our recommendations are formulated to draw down additional State and federal funds, but, because the pandemic and associated recession is unprecedented since the inception of the IHSS program, we do not yet know if those dollars will continue to be available. As discussed in the audit, we recommend that some recommendations with long-term costs be implemented only after there is more clarity on the long-term impact of the pandemic.

The report includes five findings and 16 recommendations. The recommendations relate to IHSS clerical staff levels needed to improve and maintain the quality and accessibility of phone support, IHSS social worker staff levels need to meet and maintain state and federal

Board of Supervisors:

Mike Wasserman
District 1

Cindy Chavez
District 2

Dave Cortese
District 3

Susan Ellenberg
District 4

S. Joseph Simitian
District 5

County Executive: Jeffrey V. Smith

requirements, social worker training, the Social Services Agency's recognition and management of one-time funds for IHSS and other programs, and improvements to the physical facilities to ensure they accessible to IHSS visitors and staff.

In the attached response to this audit, DAAS agrees with five of the ten recommendations directed towards it and the IHSS Program, partially agrees with four, and disagrees with one. The Social Services Agency's central services (finance and facilities) partially agrees with the three of the four recommendations directed there, and disagrees with one. The Technology Services and Solutions department agrees with the one recommendation directed to it.

If implemented, the recommendations would:

- Add clerical staff and phone system upgrades that would improve the County's ability to provide support and assistance to IHSS program participants with no added cost to the County;
- Add social worker staff and assignment changes that would bring IHSS into compliance with the State requirements, save staff time, and decrease wait time for IHSS applicants;
- Provide access to specified training that will help Social Workers fulfill their legal responsibility as mandatory reporters and harbor constructive, cooperative, and respectful communication between Social Workers and recipients, and improve the accuracy of assessments overall;
- Change the Social Service Agency's financial practices to prevent future funding opportunities from being missed or wasted; and,
- Make physical modification to IHSS facilities that would improve accessibility for visitors and staff.

We would sincerely like to thank the Department of Aging and Adult Services and its In-Home Supportive Services program and its staff, the In-Home Supportive Services Public Authority, and the In-Home Supportive Services Advisory Board for their thoughtful, patient, and professional cooperation and assistance throughout this audit.

Respectfully submitted,



Cheryl Solov
Management Audit Manager

CC: Supervisor Mike Wasserman
Supervisor Susan Ellenberg
Supervisor S. Joseph Simitian
James R. Williams, County Counsel



Table of Contents

This document is linked. [Click on a section to view.](#)

Executive Summary	1
Introduction	3
Section 1: Excessive Call Wait Times and Abandoned Calls	13
Section 2: Case Management Social Worker Staffing	23
Section 3: Case Management Team Social Worker Training	41
Section 4: Use of One-Time Funds	55
Section 5: Accessibility at 353 West Julian Street	59
Attachments A-I	67
Attachment A: Department Accomplishments	69
Attachment B: Side Letter Agreement SEIU 521, 4.11.19	73
Attachment C: Side Letter Agreement Assessment Reductions	77
Attachment D: Types of Assessments Performed by Social Workers	79
Attachment E: State Plan Under Title XIX of the Social Security Act	81
Attachment F: Hourly Task Guidelines from the California Department of Social Services	83
Attachment G: IHSS Recipient Demographics	85
Attachment H: SSA Audit Response	89
Attachment I: TSS Audit Response	97

THIS PAGE LEFT BLANK

Executive Summary

Section 1. Excessive Call Wait Times and Abandoned Calls

IHSS provides phone-based customer service and technical assistance to recipients, providers, and program applicants. The call center simply lacks enough staff to handle the volume of calls. Based on analysis of calls from September 2019 to February 2020, IHSS answers only 26.9 percent of its incoming telephone calls. Of the 26.9 percent of calls that IHSS staff answer, wait times vary seasonally, but as of December 2019, averaged 35.7 minutes for the month. We recommend the addition of at least three Client Services Technician positions. The positions we recommend are considered administrative and thus reimbursable at up to 100 percent by State and federal funds. The addition of the staff would enable IHSS to answer most if not all the calls to its call center timely.

Section 2. Case Management Social Worker Staffing

The State requires that IHSS recipients are reassessed in person annually. Counties that fail to reassess at least 80 percent of recipients annually are out of compliance. Insufficient staffing has caused the IHSS program to fall below the 80 percent State minimum levels of annual reassessments. As of December 2019, Santa Clara County was 75.38 percent compliant. Staffing has not kept pace with growth of IHSS recipients. The number of IHSS recipients over a five-year period ending in December 2019 increased by nearly 22 percent (4,633 recipients); filled authorized Social Worker positions increased by 12 percent or nine workers over this same period. To complete the workload necessitated by the growing IHSS recipient population, State requirements, and the applicable labor agreement side letter, the IHSS program needs at least 48 additional Social Workers within three years. Costs for the needed staff – estimated at \$11,461,720.78 over three years – are theoretically 100 percent reimbursable from State and federal funds. However, given the severe economic effects of the 2020 pandemic, it is not clear to what degree funding will be available.

Section 3. Case Management Team Social Worker Training

Social Workers are responsible for assessing the assistance recipients and applicants need to remain safely in their homes. IHSS recipients are diverse on measures such as ethnicity, language, and physical and cognitive abilities. Social Workers can approve or deny IHSS services. Monthly IHSS all-staff meetings are the only ongoing training requirements for Social Workers. IHSS should ensure access to, and bi-annual completion of, trainings on: identification of elder and child abuse or neglect; blindness or visual impairment; hearing loss or deafness; protective supervision; Alzheimer's; autism; dementias; intellectual disability; psychiatric disabilities; non-English speaker/English learner communication strategies; inter-ethnic communication skills; cultural sensitivity; and diversity and implicit bias. These bi-annual trainings would improve assessment accuracy, prevent abuse, prevent harassment, and harbor constructive, cooperative and respectfully communication with recipients.

Section 4. Use of One-Time Funds

The state provided one-time administrative funds available to reimburse counties specifically for a required conversion to an electronic system. The new system was thought to require additional customer support to setup and implement. The Social Service Agency reports that its practice is to use one-time state allocations to reimburse ongoing operating expenditures. In this instance, \$141,141 were claimed for salary and benefits of existing employees rather than hire temporary staff to support the implementation of the new system. This left “money on the table,” as the one-time funds provided by the State replaced available ongoing revenue from the State. Had the Social Services Agency instead treated the one-time allocation as additive, the IHSS program could have used the funds to hire temporary staff to offset the burden of the electronic system implementation. We recommend that the Social Services Agency implement a policy of managing one-time funds for a specific purpose as additive rather than supplanting ongoing sources, thereby maximizing the external funding resources available to the County. This will ensure future one-time funds will contribute to additional revenue and resources available to the County rather than simply replacing one external revenue source for another.

Section 5. Accessibility at 353 West Julian Street

The office of IHSS located at the 353 West Julian Street campus meets State and Federal requirements for accessibility but neglects the disproportionately large population of visitors to the building who have physical or mental impairments. This includes accessible parking, furniture in the lobby being too low for elderly and physically impaired users to safely sit and stand, noisy lobby customer service windows that lack partitions, a lack of wheelchair accessible tables in a staff training room, and one instance where a wheelchair-bound IHSS Advisory Board member almost tipped over on a sidewalk ramp due to a lack of barriers. Some of these problems were addressed by the Social Services Agency during the course of the audit but we recommend they address all outstanding issues. This includes the installation of courtesy signs, creating an accessible passenger loading zone, installing acoustic panels inside the office area, and conduct a walkthrough of the building and campus with to identify any other unknown problems.

Introduction

INTRODUCTION

This Management Audit of the In-Home Supportive Services (IHSS) program of the Department of Aging and Adult Services (DAAS) was added to Management Audit Division's FY 2019-20 work plan by the Board of Supervisors, pursuant to the Board's power of inquiry specified in Article III, Section 302(c) of the County of Santa Clara Charter. The Board added this audit after considering the annual County-wide audit risk assessment conducted by the Management Audit Division in accordance with Board Policy.

PURPOSE, SCOPE, AND OBJECTIVES

The purpose of the audit was to examine the operations, staffing, management practices, and finances of the County's IHSS program and to identify opportunities to increase the program's efficiency, effectiveness, and economy. The main objectives of the audit were to answer the following questions. Is the County's IHSS program administered effectively? This includes finances, budget, staffing, management, policies, procedures, compliance, programmatic functions, and programmatic outcomes. Are there deficiencies or areas for improvement that the County can address that improve programmatic outcomes or better utilize resources?

Work on this audit began with an entrance conference on August 21, 2019, and a draft report was issued to the department on May 12, 2020. We also sent the draft audit report to the County's Office of the County Counsel, and relevant sections of the draft audit to Social Service Agency's (SSA), the Technology Services and Solutions (TSS) Department, the Office of Budget Analysis, and the IHSS Public Authority.

An exit conference was held with DAAS, IHSS, SSA financial staff, and the IHSS Public Authority on May 21, 2020 and a revised draft incorporating feedback from the exit conference was provided to DAAS, IHSS, the Social Service Agency's fiscal officer, the Office of Budget Analysis, and the IHSS Public Authority for written response. This final report includes those written responses as attachments.

AUDIT METHODOLOGY

We interviewed executive management personnel, including the Social Services Program Manager overseeing the IHSS program. We also interviewed management and line staff such as Program Managers, Administrative Support Officers, and Social Work Supervisors, Social Workers, Data Office Specialists, Client Service Technicians, and Senior Account Clerks. Additional interviews included meetings with the financial staff of the Social Services Agency, Office of Budget Analysis staff, staff from the Social Services Agencies Central Services division who manage and plan facilities, staff and management from the IHSS Public Authority, members of the IHSS Advisor Board, project managers with the Technology Services and Solutions Department, and the Office of the County Counsel. Management Audit staff conducted site visits at IHSS facilities and shadowed social workers during home assessments of active IHSS clients. We also observed lobby and phone operations of IHSS staff who provide assistance to IHSS applicants, recipients and providers. We spoke with IHSS recipients and providers whenever possible during field visits.¹

¹ To ensure privacy of recipients, we obtained their prior consent through their IHSS Social Worker.

We reviewed the IHSS's FY 2015-16 to 2018-19 budgets and actual costs, as well as state budgets and funding formulas. We reviewed County financial system records, payroll records, vacancy reports, organization charts, and other records to evaluate staffing levels and trends.

The Management Audit Division examined the IHSS program's policies and procedures, which are primarily contained on the program's intranet page, as well as Board policies, the California Welfare and Institutions Code and relevant "All County Letters" from the California Department of Social Services, which provide policy updates and legal direction to IHSS programs. We reviewed the most recent five years of training records for the IHSS program staff. We examined language access materials and demographic records provided by the state to evaluate language needs of IHSS program participants. We reviewed facility and building planning records provided by the Social Service Agency's Central Service division and the Facilities and Fleet Department.

We sampled detailed data from the state managed Case Management, Information and Payrolling System (CMIPS II or simply CMIPS) to evaluate case timelines, when IHSS staff worked on a case and the type of work staff performed.

Lastly, we issued a survey to 23 county IHSS programs in California. The counties were selected based on size of the county population, size of the IHSS program, and those with similar urban and rural compositions to Santa Clara County. We received six responses from the survey and conducted additional phone interviews when possible. Some of the six responses were only partially complete. We also used county survey information gathered separately by the County of Santa Clara Technology Services and Solutions Department.

COMPLIANCE WITH GENERALLY ACCEPTED GOVERNMENT AUDITING STANDARDS

This management audit was conducted under the requirements of the Board of Supervisors Policy Number 3.35 as amended on May 25, 2010. That policy states that management audits are to be conducted under Generally Accepted Government Auditing Standards (GAGAS) issued by the U.S. Government Accountability Office. We conducted this performance audit in accordance with GAGAS as set forth in the 2018 revision of the "Yellow Book" of the U.S. Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. In accordance with these auditing standards, we performed the following procedures:

Audit Planning – This management audit was selected by the Board of Supervisors using a risk assessment tool and estimate of audit work hours developed at the Board's direction by the Management Audit Division. After audit selection by the Board, a detailed management audit work plan was developed and provided to the Department.

Entrance Conference - An entrance conference was held with the DAAS Director, IHSS management, and the Public Authority Director to introduce the audit team, describe the audit program and scope of review, and to respond to questions. A letter of introduction from the Board and the audit work plan were also provided at the entrance conference.

Pre-Audit Survey - Audit staff reviewed documentation and other materials to obtain an overall understanding of the Department's operations, and to isolate audit areas that warranted more detailed assessments.

Field Work - Field work activities were conducted after completion of the pre-audit survey, and included interviews with IHSS management and line staff; analysis of financial, payroll, training, and case management records, peer surveys; and staff observations among others.

Draft Report - May 12, 2020 a draft report was provided to the DAAS Director and IHSS program manager to describe the audit progress, and to share general information on our preliminary findings and conclusions. We also provided the draft report to the IHSS Public Authority, the County's Office of the County Counsel, the Office of Budget Analysis, the Technology Services and Solutions Department, and financial management staff from the Social Services Agency.

Exit Conference - An Exit Conference was held with the DAAS Director, IHSS management, and the IHSS Public Authority on May 21, 2020 to obtain views on the report findings, conclusions, and recommendations, and to make fact-based corrections and clarifications as appropriate. Following this meeting, a Revised Draft was provided to the Division and other stakeholder departments on June 10, 2020 for use in preparing their formal written responses.

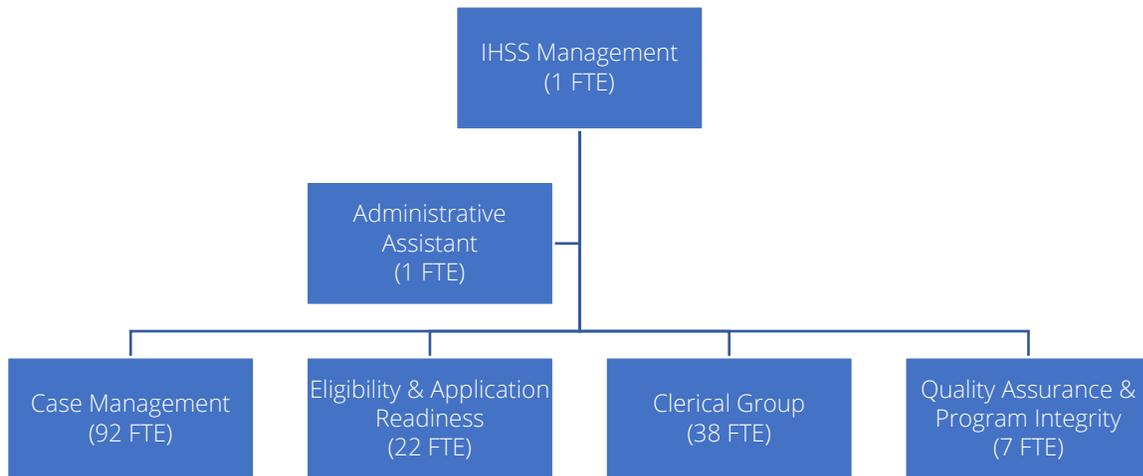
Final Report - A final report was prepared and issued on August 13, 2020. Written responses are attached to this report.

BACKGROUND

IHSS is a mandated and regulated program by the State of California operated at the county level in accordance with the California Welfare Institutions Code.² Santa Clara County's IHSS program is managed as a division of the Department of Aging and Adult Services (DAAS) within the County's Social Services Agency (SSA). IHSS is a federally, State, and County funded program designed to provide assistance to those eligible aged, blind, and disabled individuals who, without this care, would be unable to remain safely in their own homes. IHSS authorizes, facilitates, and funds services according to the IHSS recipient's ability to perform daily activities, and can include feeding, bathing, dressing, housekeeping, laundry, shopping, meal preparation and clean up, respiration, bowel & bladder care, moving in and out of bed, rubbing the skin (to prevent skin breakdown), accompaniment to medical appointments, paramedical services, and protective supervision. These services are provided by independent providers who are hired and supervised by each individual IHSS recipient.

As of December 2019, Santa Clara's IHSS program had 25,925 authorized recipients and 26,634 providers - 52,559 people combined. To manage the program, the County employed 161 budgeted full-time equivalents (FTE) in FY 2019-20. The program divides its staff into four main groups as illustrated in Figure I.1 on page 6. Case Management manages all active cases and performs annually required home visits. Eligibility & Application Readiness provides support, assistance, and processing of applicants to IHSS. The Clerical Group provides administrative support to the two social workers within Case Management and Eligibility & Application Readiness and provides phone and lobby customer service to recipients and providers.

² California Welfare and Institutions Code Sections 12300-12330.

Figure I.1: Budgeted FTE and Organizational Chart

Source: Management Audit Division simplification of Department of Aging and Adult Services' organization charts and Santa Clara County's financial system.

Public Authority

County Ordinance establishes a Public Authority, which is responsible for managing an IHSS provider registry, acting as the employer of record for collective bargaining with providers, maintaining benefits administration for qualified providers, providing access to training for consumers and providers of IHSS, and providing enrollment processes for all new providers. The governing board of the Authority is the Board of Supervisors, which contracts the operations to a non-profit vendor, Sourcewise Community Resource Solutions (Sourcewise). Pursuant to state law³, an 11-member advisory board is appointed by the Board of Supervisors. The cost of the Public Authority and the County's contract with Sourcewise are reimbursed approximately 85 percent by state and federal monies.

The advisory board consists of at least 50 percent individuals who are current or past users of personal assistance services paid for through public or private funds or recipients of similar services. State law directs the Board of Supervisors to solicit recommendations from the advisory board and other parties regarding the County's operation of its IHSS program. As of April 2020, the advisory board had eight serving members and three vacancies

California Department of Social Services (CDSS)

CDSS and the County share administrative responsibilities for the IHSS program, with the CDSS coordinating the program at the state level and each county administering the program for recipients and providers within its jurisdiction. CDSS oversees the IHSS data and payroll system, serves as the payroll agent for the IHSS providers, and writes the IHSS regulations.

³ California Welfare and Institutions Code Section 12300-12318.

Primary Information Systems: CMIPS, Timesheets, and EVV

CDSS manages the Case Management, Information and Payrolling System (CMIPS II or simply CMIPS), which is a web-based system that is used by the state and counties to manage the IHSS program and calculate payments for providers, and manages case records among other tasks. CMIPS receives and processes provider timesheets at a single statewide location and forwards timesheets with exceptions, such as those missing signatures or containing unreadable entries, to the applicable county office. However in 2019, the state began replacing these paper-based timesheets with an electronic system known as Electronic Visit Verification (EVV).⁴ Once fully implemented, all recipients and care providers will enter, approve and manage time in either a web-based or telephone-based time entry system. Starting in May 2020, the state will require Santa Clara County to begin enrolling and move all program participants over to the new system. As of March 9, 2020, CDSS reported that 54 percent of Santa Clara County's participants had enrolled in EVV. As of April 2020, the state intends to keep the current implementation timeline despite the pandemic.

Administrative Expenses

To evaluate the financial operations of IHSS in the County we must separate expenses into two buckets. First, the administrative costs, those used to administer the program, and second, the program costs, the payments and benefits to providers who provide care to recipients. As discussed further below, at this time, the administrative costs are reimbursed fully by the state and federal government. Figure I.2 below shows these costs in the most recent completed FY and the current budget year.

Figure I.2: IHSS Actual and Budgeted Revenues and Expenditures

	FY 2018-19 Actual	FY 2019-20 Budget
State and Federal Reimbursement Received	\$25,543,197	\$27,271,085
County Contribution	\$2,686,609	none, eliminated for FY 2019-20 and on
<i>Total Funding</i>	\$28,253,554	\$27,271,085
IHSS Salaries and Benefits	\$(19,565,123)	\$(22,197,456)
IHSS Other Expenses	\$(124,793)	\$(174,141)
Countywide Overhead Expenses	\$(8,563,638)*	\$(5,584,976) *
<i>Total Expenditures</i>	\$(28,253,554)	\$(27,956,573)

Source: Management Audit Division analysis of Department of Aging and Adult Services' claims forms and SAP financial information and the FY 2019-20 adopted budget.

Note: *Overhead expenses estimated by subtracting IHSS specific expenditures from total amount of administrative claims submitted to the state.

4 Federal law, Subsection I of Section 1903 of the Social Security Act (42 U.S.C. 1396b), requires all states to implement electronic visit verification. The State is targeting full adoption by January 1, 2021, with phased rollouts among counties throughout 2020. California's Department of Social Services (CDSS), manages the payroll and time tracking systems used by all counties for their IHSS programs.

Current Funding Model

IHSS is a benefit of the state-federal Medicaid health services program (Medi-Cal in California) for low-income populations. The IHSS program is subject to federal Medicaid rules, including the federal medical assistance percentage reimbursement rate for California of 50 percent of costs for most Medi-Cal recipients, while some qualify for a slightly larger share of federal funds. Previously, the County paid a share of the administrative costs, but starting in FY 2019-20, the state budget eliminated the county's share and set a maximum portion of the administrative costs it would reimburse. Administrative costs that do not exceed this maximum amount can be fully reimbursed from state and federal funding with no County contribution required. Administrative costs that exceed this maximum amount would be reimbursed by federal sources only, leaving approximately 50 percent of the amount above the maximum amount to be paid by the County.

Additional Funds Were Available

At the start of this audit, and prior to the current pandemic, additional ongoing funds appeared available to the County. Due to the above-mentioned funding formula changes, FY 2019-20 reimbursement claims by the County are projected to be approximately \$1.1 million below the state maximum. If combined with the federal funds available for reimbursement at the same time, then approximately \$2.1 million additional dollars were available for reimbursement but not projected to be claimed by the County based on the budget and projected spending.⁵ See Figure I.3 below.

Figure I.3: Funding for IHSS Administrative Costs

	Actual Federal Claims Rec.	Actual State Claims Rec.	Max State Funding Available	County Portion of MOE Exp.	Total Admin. Costs
FY17 Total⁶	\$13,676,012	\$14,059,664	n/a	\$2,414,795	\$30,150,471
FY18 Total⁷	\$14,081,837	\$9,872,672	\$9,872,672	\$4,444,973	\$28,399,482
FY19 Total⁸	\$13,831,394	\$11,580,668	\$11,661,622	\$2,686,609	\$28,098,671
FY20 Q1- Q2⁹	\$7,375,611	\$7,625,298	\$15,251,592 ¹⁰	-	\$15,000,909
FY20 Proj. Total	\$14,095,643	\$14,271,345	\$15,410,199	-	\$28,366,988

Source: Santa Clara County Social Services Agency and California Department of Social Services.

- 5 Based on the state's maximum \$15,251,592 of reimbursement available, the federal portion would have matched the same amount totaling \$30,503,184. Since \$28,366,988 is projected to be spent in FY2019-20 it leaves \$2,136,196 available that could have been reimbursed from state and federal sources.
- 6 No cap in state funding. County share from mandatory IHSS Admin MOE (\$2,414,824) payment to state.
- 7 State funding was changed to a capped allocation. In addition to the county IHSS MOE, the County was responsible for costs exceeding the state allocation and the IHSS MOE. MOE is no longer a separate payment but instead a county share of program expenses.
- 8 Funding was the same as FY18 with an increase in state allocation. The county MOE was increased to \$2,686,609.
- 9 Funding was changed to 50% state reimbursement up to the state allocation. Costs exceeding the allocation is the county responsibility. Admin MOE was eliminated.
- 10 \$158,607 of additional one-time funds were made available to the County for the implementation of an electronic time sheet system. These additional one-time revenues are discussed in the Electronic Time Sheet finding and not shown in the table.

Given the pandemic of 2020, the future availability of these funds seems less certain depending on the magnitude and length of the economic impact of the crisis. This directly impacts all the audit's recommendations, which would have otherwise relied on the \$2.1 million of untapped reimbursement funds available. Due to the crisis, our recommendations call for waiting for these funds to become both certain and available. Based on the state's budget cycle and timing of revenue collections we do not anticipate that the FY 2019-20 funds are at risk. As of June 2020, it seems likely that funding for FY 2020-21 will remain the same, meaning that approximately \$2.1 million additional dollars would be available for administrative use and could fund at least a portion of our recommendations. That said, the economic and fiscal outlook of the state remains uncertain and changes could occur in coming fiscal years.

Program Expenses

The cost of providers' wages and benefits are shared by the County, State, and federal government. Historically, counties have paid 29 percent of the wage and benefit costs, but in the state's FY 2019-20 budget, these costs for counties were lowered to 26 percent in 2019-20 and 24 percent in 2020-21. The County's share totaled \$93.0 million for FY 2018-19. However, the County also allocated \$80.7 million in 1991 Realignment revenue from the state for IHSS use. Meaning that the total cost to the County for IHSS program wages was \$12.3 million that year.

Valley Health Plan Costs

In addition to paying a portion of providers' wages, the County of Santa Clara is the only county in the state that offers providers a low-cost healthcare plan. Providers become eligible after they work a minimum of 35 hours per month for two consecutive months. The providers pay a monthly \$25 premium and receive healthcare coverage under the County's Valley Health Plan, and vision and dental insurance from a third party. The County's revenue from premiums paid by IHSS providers totaled \$3.4 million in FY 2018-19. The total premium cost County of premiums was \$113.3 million in the same year; however, according to the Social Service Agency, the County's total costs less providers share of cost are reimbursed by state and federal sources. Given the relatively low wages of providers, \$14.62 per hour as of February 2020, and the high cost of living in the County, this benefit may be a helpful recruitment tool to attract providers to the job.

VTA Smart Pass

Providers are also given a Valley Transportation Smart Pass. This pass allows travel on buses and light rail trains operated by the Valley Transit Authority in Santa Clara County. In FY 2018-19, the County spent \$452,963 providing this benefit to IHSS providers. As with the health insurance, this benefit may be a helpful recruitment tool to attract providers. Unlike the health benefit though, only 50 percent is reimbursed from federal funding.

The true cost to the County to run IHSS includes the VTA benefit, the County's portion of the salary and benefit funding, and some other minor expenses, which totaled \$13.3 million in FY 2018-19. These costs are the net costs that the County paid for the IHSS program and its administration in that fiscal year. The pandemic cast uncertainty on state revenue. As of June 2020, the state's proposed 2020-21 Budget Act does not change the funding model for IHSS. However, given that the economic and fiscal outlook of the state remains uncertain, changes could occur in coming fiscal years for the state to balance its budget.

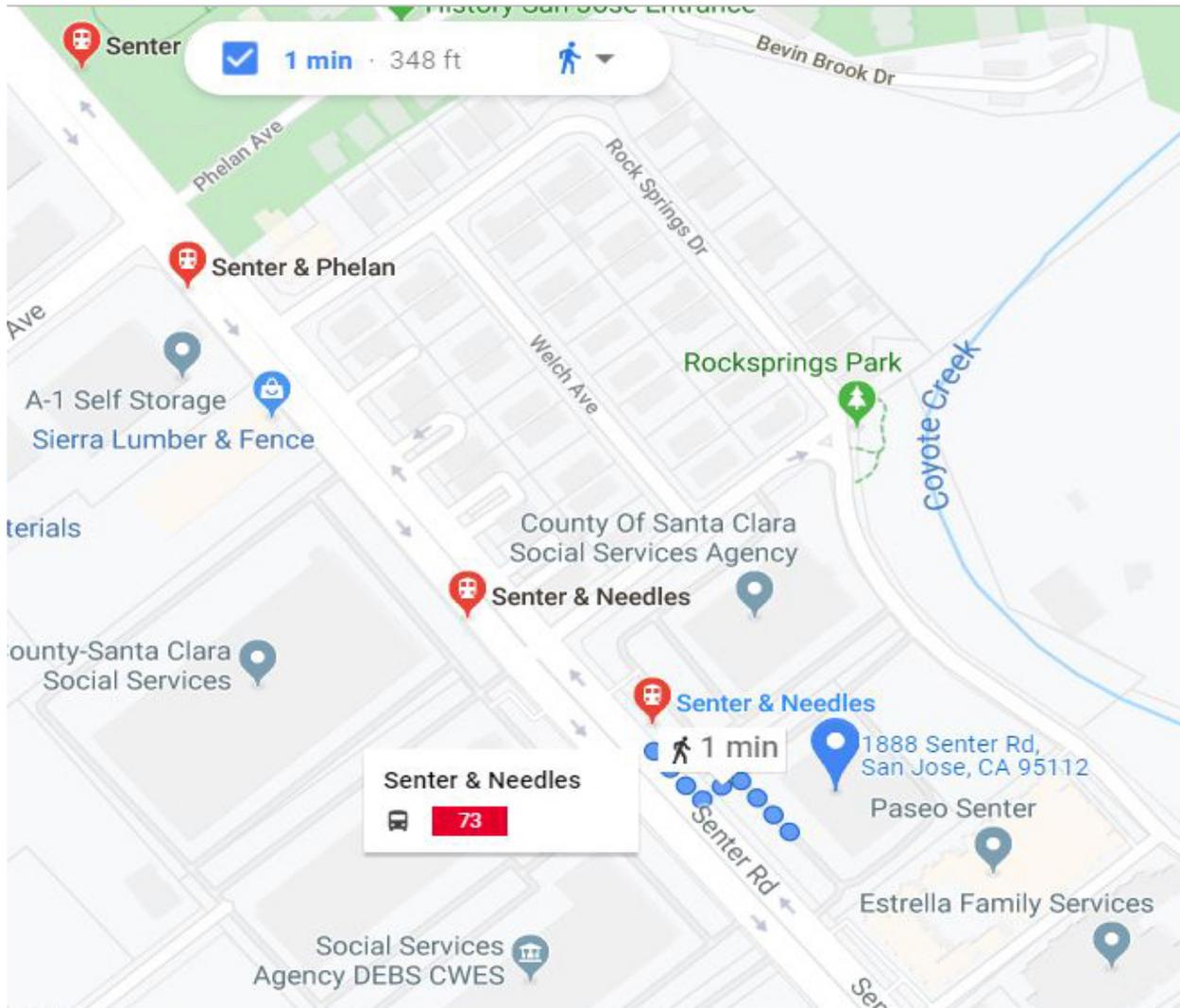
TOPICS REQUIRING ADDITION REVIEW

During the course of a management audit, certain issues may be identified and brought to the attention of the agency being audited and the Board of Supervisors, even though a specific finding is not included in the report due to insufficient time to complete the analysis, or other factors. One such matter is described below.

Limited Public Transportation at IHSS Offices

Until October 7, 2019, IHSS's offices were located at 1888 Senter Road in San Jose, where there was a bus stop less than a block away (route 73), as shown in Figure I.4 below.

Figure I.4: Nearest Bus Stop Relative to the Previous IHSS Location at 1888 Senter Road



Source: Google Maps.

On October 7, 2019 IHSS's offices relocated to 353 West Julian Street in San Jose. The nearest bus stop to this new location is now a half mile away on East Santa Clara Street (bus routes 22 and 68) as shown in Figure I.5 on page 11.

Figure I.5: Nearest Bus Stop Relative to the New IHSS Location at 353 West Julian Street



Source: Google Maps.

Providers and recipients come to the IHSS office to pick up or drop off paperwork and ask questions about services or payment errors. Individuals also come to IHSS to get information about applying for services. For those dependent on public transportation, and especially those who also face mobility challenges, the lack of public transportation within easy access of IHSS's offices is therefore a physical barrier to accessing County services.

In-Home Supportive Services helps roughly 25,000 Medi-Cal recipients within the County who are aged, blind, or otherwise disabled and would be unable to remain safely in their own homes without this care. Roughly 75 percent of IHSS providers who are delivering care to recipients are family members, and potentially also low-income. This is one of the reasons that IHSS provides Equal Pass, a VTA travel card, as one of the provider benefits available upon enrollment in the IHSS system.

On January 21, 2020, the Management Audit Division attended the Public Authority Advisory Board (Advisory Board) Meeting, which was being held at the IHSS offices. One of the Advisory Board members took a bus to the meeting, and commented that using an electric wheelchair it takes 20 minutes from the Santa Clara bus stop to get to the IHSS building, and that he/she did not feel safe using the Guadalupe Trail because of the encampments along the trail. Other Advisory Board members agreed that taking the bus to IHSS was now much more difficult than it had been at its previous Senter Road location.

DEPARTMENT ACCOMPLISHMENTS

Audits typically focus on opportunities for improvements within an organization, program or function. To provide additional insight into the In-Home Supportive Services program, we requested that it provide some of its noteworthy achievements. These are highlighted in Attachment A on page 69.

RECOMMENDATION PRIORITIES

The priority rankings shown for each recommendation in the audit report are consistent with the audit recommendation priority structure adopted by the Finance and Government Operations Committee of the Board of Supervisors, as follows:

Priority 1: Recommendations that address issues of non-compliance with federal, State and local laws, regulations, ordinances and the County Charter; would result in increases or decreases in expenditures or revenues of \$250,000 or more; or, suggest significant changes in federal, State or local policy through amendments to existing laws, regulations and policies.

Priority 2: Recommendations that would result in increases or decreases in expenditures or revenues of less than \$250,000; advocate changes in local policy through amendments to existing County ordinances and policies and procedures; or, would revise existing departmental or program policies and procedures for improved service delivery, increased operational efficiency, or greater program effectiveness.

Priority 3: Recommendations that address program-related policies and procedures that would not have a significant impact on revenues and expenditures but would result in modest improvements in service delivery and operating efficiency.

ACKNOWLEDGMENTS

We would like to thank the In-Home Supportive Services program staff and management for their assistance with this analysis, including providing data and feedback for this report. We would also like to thank the management and staff of the In-Home Supportive Services Public Authority, the In-Home Supportive Services Advisory Board, the Department of Aging and Adult Services, the Social Services Agency, Technology Services and Solutions department, the Office of Budget and Analysis, and the Employee Services Agency for their assistance as well.

Section 1: Excessive Call Wait Times and Abandoned Calls

Background

The State requires counties to manage customer service and technical assistance to In-Home Supportive Services (IHSS) recipients, providers, and program applicants. As of April 2020, IHSS generally assigned three staff per day to provide phone support Monday through Friday from 9 a.m. to 5 p.m. During FY 2018-19, the IHSS call center received almost 203,000 calls. Answered calls required more than seven minutes of talk time on average. The talk time of calls includes collecting and entering callers' information to look up records, listening to the caller's question, looking up information in IHSS's records related to the question, and discussing the information, statutes, and other aspects related to the callers' inquiries. Callers may have multiple inquiries or complicated situations that require extensive research and discussion to resolve.

Problem, Cause, and Adverse Effect

Based on analysis of calls from September 2019 to February 2020, IHSS answers only 26.9 percent of its incoming telephone calls. Of the 26.9 percent of calls that IHSS staff answer, wait times vary seasonally, but as of December 2019, averaged 35.7 minutes for the month. The average wait time for the 73.1 percent of abandoned calls is unknown.

The call center simply lacks enough staff to handle the volume of calls. In FY 2018-19, IHSS received 202,984 incoming calls, with an average wait time for answered calls of 23.1 minutes. In addition to most calls going unanswered and wait times approaching 36 minutes in some months, staff reported to us that as of December 2019 there was a backlog of over 700 unreturned voicemails. Callers who abandon calls and do not call again may miss important information or make mistakes that impact their access to IHSS's services or affect the pay of providers. Our analysis shows that the call center needs at least an estimated 6.6 full-time staff to handle the volume of calls received over a fiscal year. This analysis assumes that half of unanswered calls are duplicates; to the extent that these calls are not in fact duplicated, the staffing need is higher.

Recommendations

We recommend the addition of at least three Client Services Technician positions. Further, we recommend implementing telephone system enhancements that would improve call agents' efficiency and better inform program participants.

Savings, Benefits, and Costs

The positions we recommend are considered administrative and thus reimbursable at up to 100 percent by state and federal funds. However, this reimbursement is contingent on funding availability, which may be impacted by the 2020 pandemic. The addition of the staff would enable IHSS to answer most if not all the calls to its call center timely. Telephone system enhancements would cost an estimated one-time \$50,000 to setup and implement and an ongoing \$1,600 a month, or \$19,200 per year, to provide text message capability. These changes could help reduce call times, and better inform program participants, which would reduce overall call volume.

FINDING

The State's Welfare and Institutions Code requires counties to manage and support most operational aspects of the In-Home Supportive Services (IHSS) program.¹¹ This includes providing most aspects of support and technical assistance to the program's recipients, providers¹², and program applicants.¹³ As of December 2019, the County's IHSS program 25,925 recipients and 26,634 service providers. Combined, these individuals represent 52,559 program participants. The state code does not dictate any minimum measures or requirements for this support and assistance from counties.

Program participants have support and technical assistance needs such as inquiries about eligibility, their application status, and various payroll issues like timesheet entry, approval and overtime pay regulations. The payroll issues in particular apply to both recipients (the legal employer) and providers (their legal employee), as both parties may be confused about various payroll issues. The subject of calls, lobby visits and other inquiries from program participants is not systematically recorded, but IHSS staff report that most support and assistance needs relate to payroll issues.

Incoming Calls Exceeded Call Agent Capacity

In FY 2018-19, IHSS received 202,984 incoming calls, or a monthly average of 16,915 calls. During the time of our audit fieldwork, IHSS staff also reported a backlog of over 700 voicemails that they respond to in the order received. The call volume and voicemail backlog may include duplicate callers. Callers experienced wait times of 23.1 minutes on average in FY 2018-19. This delay has grown since then. The average caller in December 2019 waited 35.7 minutes.¹⁴ Given these wait times, it is not surprising that most callers abandon calls or leave voicemails, causing some duplication and growth of call volume. For callers who abandon calls but do not call again due to the inability to speak to IHSS staff, they risk missing important information such as how to correct payroll mistakes or critical paperwork they must file for various circumstances, or making mistakes that impact their access to IHSS's service or pay due to them.

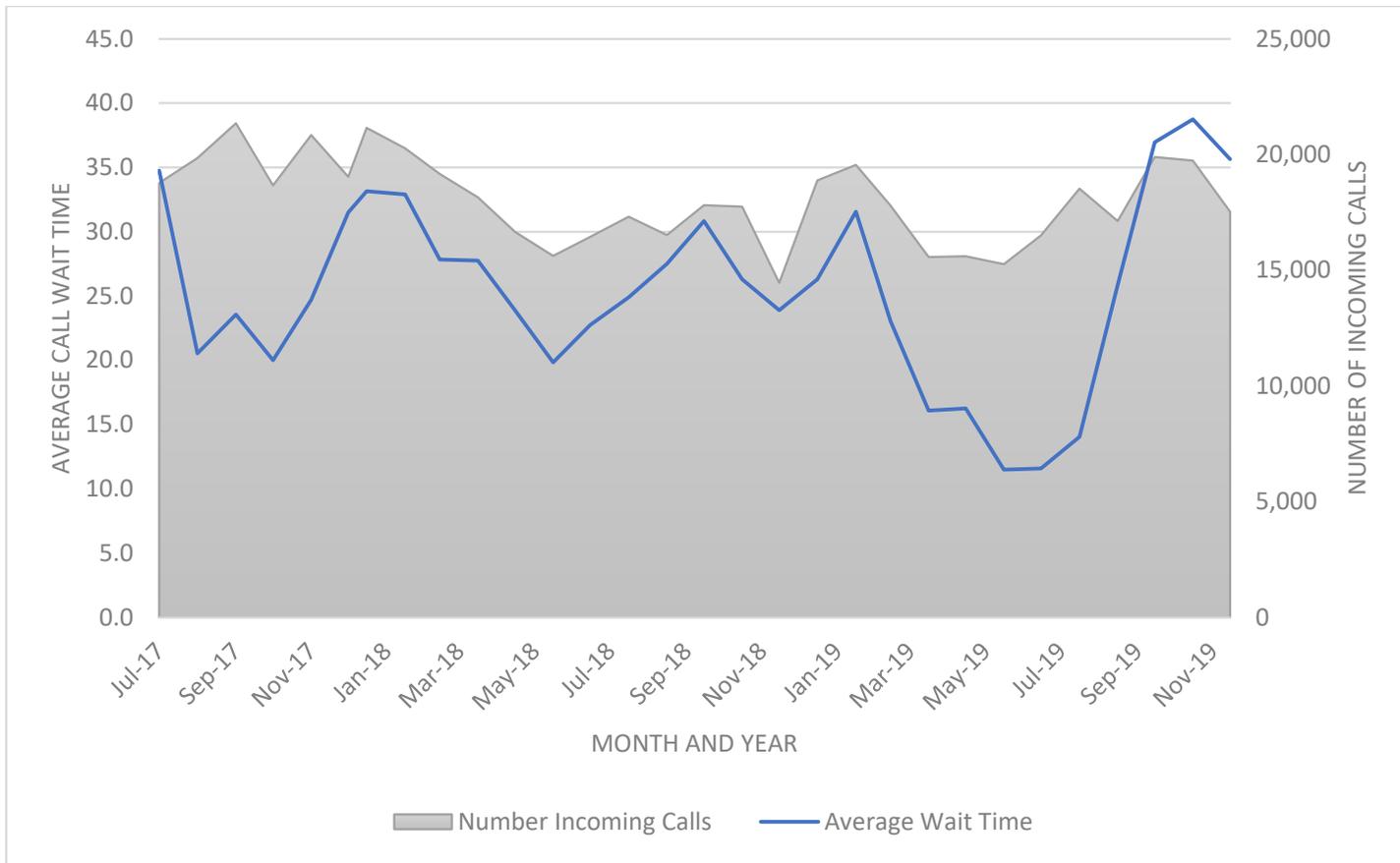
11 California State Welfare and Institutions Code, Division 9, Part 3, Chapter 3, Article 7. In-Home Supportive Services [12300 - 12318]

12 In Santa Clara County, the Public Authority provides support and assistance with provider training on topics such as the IHSS system, payroll and regulation but not on how to perform their job such as cleaning techniques. It also assists providers with benefits, and on-boarding, and manages an independent provider list, where recipients may seek assistance finding providers who have identified as interested in providing services. Callers may call IHSS about these topics directly and be referred to call to the Public Authority, or callers may call the Public Authority about other topics and be referred to call IHSS. Staff from both parties report informally assisting callers with topics related to the other party's primary area of responsibility.

13 The provision of assistance to recipients and providers by County IHSS programs is implicit throughout much of the state Welfare and Institutions Code, but subdivision [12300.4] does explicitly state "Each county shall provide technical assistance to providers and recipients, as necessary, to implement this subdivision." The subdivision primarily addresses provider payroll and time reporting requirements. This is the most explicit section of code that requires Counties to perform these duties.

14 The recent increase is likely due to the mandatory adoptions and implementation of the Electronic Visit Verification, electronic timesheets, discussed in the Electronic Timesheet finding.

Figure 1.1: Average Call Wait Times Vary Monthly with Incoming Call Volume



Source: Monthly Measures Recorded and Reported by Santa Clara County's IHSS Program.

As seen above in Figure 1.1, the average call wait time and monthly call volume fluctuates seasonally. The more recent spike in wait times and call volume is likely due to an increase in calls related to the mandatory implementation of an electronic time sheet system known as Electronic Visit Verification. Average call wait-times have generally remained above 20 minutes since July 2017.

The average length of an answered call is seven minutes and twelve seconds of time speaking with an agent.¹⁵ Based on call volume from September 2019 to February 2020, an average of 550 calls were received per day and 148 of them were answered and completed. While 73.1 percent of the calls received were unanswered and eventually abandoned, we assume that half of these are duplicated calls. The callers who never call back risk not getting the information they need and making mistakes in their paperwork or other processes related to IHSS. For those who do call back, their continued calls add to the total volume. If all calls could be handled immediately, total call volume would decline. Unique versus duplicated calls are not recorded by IHSS.

¹⁵ Analysis of phone system for September 2019-February 2020.

We assume that half of abandoned calls were duplicates. That means there would be an estimated average 349 unique calls per day.¹⁶ Based on our analysis of when calls were received, variations by time of day and day of week are not extreme. For purposes of our analysis, we assumed 349 unduplicated calls that occur consistently throughout the 8-hour day and throughout the days of the week. Answering these calls timely would require an estimated 42 hours or 5.2 productive full-time positions on average per day. Factoring in employee leave and break times, this equates to an estimated need to employ an average of 6.6 FTEs¹⁷ per day to yield the average of 42 hours. IHSS assigns three call agents per day to receive these calls. The estimated 6.6 FTE is thus, 3.6 FTE more than the assigned level.¹⁸

We surveyed 23 California counties regarding their call staffing and wait times. Relevant results are shown in Figure 1.2 below. The responses we received suggest that counties serving tens of thousands of program participants tend to have long wait times. The only exception appears to be Alameda County, which reports a somewhat lower wait time than other large-sized counties including Santa Clara County, but has nearly three times the call agents on the phone as Santa Clara County does.

Figure 1.2: Wait Times and Staffing in Selected Counties

County	Recipients and Providers as of Dec. 2019	Estimated Average Wait Time for Calls	Number of Active Agents Answering Calls	Total FTE Budgeted in IHSS Program
Alameda	48,273	"10-20 minutes"	"Operates 3 call centers, one for payroll, one for Public Authority which is separate from IHSS, and one for intake. Each call center has up to 10 staff answering phones"	221 IHSS and 17 Public Authority
Orange	61,888	"1 hour"	Not provided	Not provided
Riverside	70,101	Unknown/not measured	Two call centers with approximately 40 clerical staff, but number of active phone agents not provided	160 IHSS only
Santa Clara	56,471	23.1 minutes on average in FY 2018-19 and 35.7 minutes in December 2019	One call center with three active agents on phones at a time	161 IHSS only

Source: Management Audit Division survey of California Counties, recipient, and providers totals from December 2019 California Department of Social Services Monthly IHSS program data report.

¹⁶ 148 Calls answered and completed plus 201 abandoned callers who did not call back (estimated as half of the abandoned calls).

¹⁷ Assumes 1,650 productive hours per year based on SCC Controller's FY2018-19 analysis, or an additional 26.06% FTE of staff to yield 1 FTE. (1,650 *1+ 26.06% =2080.) 5.2*1+26.06% = 6.55.

¹⁸ (349 calls average per day in FY2018-19 * 07:12 minutes per call on average)/8 hours of work per staff.

Staff Budget and Assignments

The County's IHSS program had 37 full-time equivalent positions (FTE) in FY 2019-20 that were budgeted and assigned to its Clerical group. This group is divided into two units. The first is the Office Professionals unit, which primarily perform front-line customer service duties by answering the main phone line, providing in-person assistance in the IHSS lobby and supporting Social Workers by running the mailroom (IHSS prints and mails several different types of forms and notices to program participants) and performing administrative tasks in the Case Management Information and Payrolling System (CMIPS) on behalf of the Social Workers. During business hours, three staff are assigned to be the primary phone agents. The three staff assigned as phone agents are usually Office Professional III or Client Services Technicians.

The second unit is the Payroll unit, which primarily perform advanced modifications and support tasks within the program's state-run computer system known as CMIPS. Both units heavily use CMIPS, but the Payroll unit is trained and authorized to perform more advanced functions within the system. As such, the Office Professional unit will often escalate calls and cases to the Payroll unit when a caller or visitor needs its advanced assistance.

The budgeted staffing for the Clerical group has grown by 1.5 FTE since FY 2015-16, or by 4.2 percent. In the same period, the number of IHSS program recipients grew by 15.3 percent.¹⁹

Another factor in the Clerical group's performance and staffing is staff turnover, which is high. As shown in Figure 1.3 below, the rate of staff turnover has been above 35 percent in the prior three fiscal years. Turnover at these rates can impede efficiency since new staff must be recruited, hired, and then trained. During this recruitment and hiring time the Clerical group carries a vacancy and during training time new staff are not fully able to assist with calls.

Figure 1.3: Turnover Within the Clerical Group

	FY2015-16	FY2016-17	FY2017-18	FY2018-19	FY2019-20
Budgeted FTE	35.5	36.5	35.5	36.0	37.0
FTE Who Left During Year	8.0	5.0	18.0	13.0	15.0
Turnover Rate	22.5%	13.7%	50.7%	36.1%	40.5%

Source: Management Audit Divisions Analysis of County Financial System. Excludes extra help staff and staff who were promoted or hired into different job codes but remained within the Clerical group.

Related to the turnover rate is the vacancy rate, which results from staff transitions. As shown in Figure 1.4 on page 18, the Clerical group experienced a vacancy rate usually above 8 percent during late April and early May, when our office conducts an annual Countywide vacancy analysis. However, as the turnover rate suggests, vacancies can occur throughout the year, and have a short or long duration, so the vacancy rate at any given point in time is less telling than the more pertinent turnover rate discussed above.

¹⁹ IHSS served 20,684 recipients in July 2015 and grew to 25,321 in June 2019 according IHSS records.

Figure 1.4: Point in Time Vacancy Rates within the Clerical Group

	FY2015-16	FY2016-17	FY2017-18	FY2018-19
Point in Time Measure Date	4/25/2016	4/24/2017	5/7/2018	4/22/2019
Budgeted and Assigned FTE	35.5	36.5	35.5	36
Vacant Positions at Time	3.0	1.0	4.0	3.0
Vacancy Rate	8.5%	2.7%	11.3%	8.3%

Source: Management Audit Division's Analysis from Annual Budget Reviews, excluded any unfunded vacancies and extra help temporary staff.

Call Center Improvements

In March 2020, the Technology Services and Solutions department began working with IHSS to plan and implement several improvements and additional features. There are two types of upgrades being considered. Both could help reduce call volume and wait-time and improve callers' access to important information.

Call Tree Enhancements

The current phone system could be augmented with different options that could improve routing. For example, a caller would enter their identification or case number and the system would automatically provide this information to the call agent. This could save time that is otherwise spent with the agent asking the caller for this information and the agent entering it manually into their computer systems. Based on feedback that Technology Services and Solutions received from the Los Angeles County IHSS program that implemented a similar solution, this would have little impact on overall call volume or wait-time, but it would reduce the time it takes for answered calls to be completed. That could increase the number of calls an agent could complete per hour. How much more time this could free up could vary. Some callers may be able to provide the agent their information quickly over voice, whereas others may take longer. If this enhancement could save 30 seconds on average from every answered call, then the average call time would go from 7:12 minutes to 6:42 minutes, meaning agents could increase their average answered calls per hour from 8.3 to 9.0. This would reduce the estimated required number of call agents from 6.6 FTE to 6.1 FTE. Technology Services and Solutions estimates this would cost up to \$50,000 to develop and implement.

Push Notifications

One approach to reducing call volume is eliminating the need for callers to call in the first place. Technology Services and Solutions proposed a solution using push notifications, where IHSS providers would be notified over text message or email about errors, anomalies, or other potential problems with their timesheets. Technology Services and Solutions implemented a similar solution for the Department of Employment and Benefits Services to remind clients of deadlines and appointments. Currently, providers may not detect these errors until several weeks later when they do not receive a paycheck as expected. Notifying them of issues early could eliminate that time delay, and possibly allow providers or recipients to correct the problem on their own. Technology Services and Solutions estimates this would cost up to \$1,600 per month if every provider were sent a message once per month.²⁰ It is not known how many providers have cell phones or email addresses.

Changes Since COVID-19 Crisis

In May 2020, the Technology Services and Solutions department assisted IHSS with establishing a virtual call center that allowed call agents to work remotely. The lobby of the IHSS was closed and four staff who were previously assigned to the lobby were temporarily assigned as call agents. With seven assigned call agents total, IHSS reports that it has been able to eliminate the voicemail backlog and reduce call wait times, but data from May is not yet available to confirm this report. If the seven call agents are able to maintain reduced wait times and answer most calls as they come in, it may roughly demonstrate our recommend staffing level of six FTE. However, this depends on what happens with call volume and customer service needs in this period. During this current crisis, call volume may fluctuate, and the nature and complexity of caller's needs could change too. This uncertainty related to the pandemic adds support to our recommendation to budget new staff only after EVV is implemented for at least six months and after funding from the state and federal government is certain and available.

CONCLUSION

As of April 2020, IHSS has only three call agents budgeted and assigned to provide phone assistance to 56,471 program participants. In FY 2018-19, IHSS received 202,984 incoming calls, or a monthly average of 16,915 calls. The three agents did not have enough capacity to respond to all calls. As a result, call waits have often been 20 minutes or more, and as of December 2019 wait times have grown too. Given these wait times, it is probable that callers often abandon calls or leave voicemails, causing some duplication and growth of call volume. For callers who abandon calls but do not call again due to a perceived impossibility of getting through, they risk missing important information, or making mistakes that impact their access to IHSS's service or pay due to them.

Our analysis of call volume and staff's capacity suggests that three FTE could be hired and assigned to make a total of six call agents. The addition of these three agents would lower the call volume overall, reduce wait times, and reduce the errors made by recipients and providers. If the call center enhancement were made, then the sixth agent may not be needed all the time but would ideally assist during peak call days

²⁰ "Sending texts will cost \$0.03 per 160-character text. If one text is sent to each provider for the two pay periods each month, the costs will total \$1,600 per month," according to the Technology Services and Solution department.

and hours and can provide assistance to other clerical assignments such as providing assistance in the lobby, printing, or mailing duties. The implementation of EVV may eventually reduce demand for support from IHSS and reduce call volume overall. We recommend waiting six months after EVV has been fully implemented on January 2021 to evaluate call volume and determine if having a sixth call agent is necessary.

Despite the need for these positions, as discussed in the Introduction of the audit, the current funding situation following the pandemic is unclear. We expect that state revenues will be impacted at least in the short-term by the crisis. This calls into question the certainty of state funds we had previously identified as available. As such, we recommend the addition of staff only after funding is certain and available. The call center enhancements on the other hand are a small one-time and even smaller ongoing cost. We recommend those be implemented as soon as possible to immediately gain the efficiency benefits they offer.

RECOMMENDATIONS

The Department of Aging and Adult Services and the In-Home Social Services program should:

- 1.1 Submit a budget request for three additional Client Service Technician positions dedicated to answering the approximately 74 percent of calls that are not being answered. The submission should identify the extent to which these positions are expected to be funded by County, State, or federal funds. (Priority 1)
- 1.2 If the positions are approved through the budget process, provide an update to the Board of Supervisors six months after the County has transitioned to electronic visit verification on the changes to call volume and call wait time. (Priority 3)

The Technology Services and Solutions department should:

- 1.3 Implement the call center enhancements including the Call Tree Enhancements and Push Notification System. These enhancements may reduce call routing times and better inform program participants, which may reduce call volume. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

Each recommended Client Service Technician position in Recommendation 1.1 would cost an ongoing \$106,724 as of FY 2019-20, or \$320,172 for all three positions. Some or all of this may be reimbursable by state and federal funds. The details of this funding structure are discussed in the Introduction of the audit. If the positions were added when these funding sources are available and certain, then they would have no cost to the County under the current funding formula. However, due to the 2020 pandemic, the long-term availability of state and federal funds is uncertain. The addition of the staff would improve the County's ability to provide support and assistance to IHSS program participants with no added cost to the County.

The call center enhancements for Recommendation 1.3 are estimated by the Technology Services Solutions department to cost a one-time \$50,000 to setup and implement and an ongoing \$1,600 a month or \$19,200 per year for the maximum cost of providing text message notifications. The relatively small costs could help reduce call times, meaning call agents could complete more calls per hour, and better inform program participants, which in-turn would reduce overall call volume and need for assistance.

THIS PAGE LEFT BLANK

Section 2: Case Management Social Worker Staffing

Background

Case Management Social Workers (“Social Workers”) perform four different duties: assessing initial and continuing eligibility, determining the number of authorized work hours for an IHSS provider, and reviewing the needs of current recipients. The State requires that IHSS recipients are reassessed in person annually. To be eligible for IHSS funding under the federal Social Security Act, the State requires that IHSS recipients are reassessed in person annually. Counties that fail to reassess at least 80 percent of recipients annually are out of compliance with this requirement.

Problem, Cause, and Adverse Effect

Insufficient staffing has caused the IHSS program to fall below the 80 percent State minimum levels of annual reassessments. As of December 2019, Santa Clara County was 75.38 percent compliant. There were approximately 6,402 recipients whose needs had not been evaluated in more than a year; as a result, IHSS was required to submit a Quality Assurance Improvement Plan to the State. The County of Santa Clara’s reassessment rate falls well below both the Statewide rate of 93 percent and the 90 percent rate of other large counties. The number of IHSS recipients over a five-year period ending in December 2019 increased by nearly 22 percent (4,633 recipients); filled authorized Social Worker positions increased by 12 percent or nine workers over this same period. The applicable labor agreement caps the number of assessments per worker. This fact and the failure of position growth to keep pace with the growth in the number of people served are the primary cause of inadequate reassessments.

Parts of the intake process are also inefficiently structured, such as assigning intake cases to workers just once per month rather than more frequently, and assigning cases without taking location into consideration, which means some Social Workers drive all over the County. In the absence of more staff and improved efficiency, we project that the timeliness of assessments will become significantly worse by the end of 2020. Based on the growing number of recipients, assessment needs, and the capacity of IHSS Social Workers, we estimate 10,398 reassessments will be overdue by the end of 2020 and the reassessment compliance rate will be at 60 percent.

Recommendations

To complete the workload necessitated by the growing IHSS recipient population, State requirements, and the applicable labor agreement side letter, the IHSS program needs at least 48 additional Social Workers within three years. We recommend increasing staffing by up to the needed number of staff to the extent financially feasible. We also recommend implementation of an improved case assignment schedule and process to reduce inefficiencies, and consider lobbying the State to make changes to State IHSS requirements to provide flexibility to manage increasing numbers of service recipients, such as allowing virtual assessments.

Savings, Benefits, and Costs Costs for the needed staff – estimated at \$11,461,720.78 over three years – are theoretically 100 percent reimbursable from State and federal funds. However, given the severe economic effects of the 2020 pandemic, it is not clear to what degree funding will be available. Assigning cases to Social Workers bi-weekly, using the new automated process, will not cost the County additional funds, but it will decrease lag time, save time assigning cases, improve service levels, and save Social Worker drive time.

FINDING

When a referral for services is received by In-Home Supportive Services (IHSS) staff it is recorded in the State’s Caseload Management, Information and Payrolling System (CMIPS). IHSS’ Eligibility and Application Readiness Group will then confirm that the applicant is eligible for full Medi-Cal, that they reside in their own home in Santa Clara County, and that they want to receive services.²¹ The applicant is then given/ sent a form to be completed and signed by a licensed healthcare provider. Once the applicant returns the form the Eligibility and Application Readiness Group will check it for completeness and accuracy and then compile it with information from the State Medi-Cal System. A Client Services Technician will then create an intake folder to be distributed to Social Workers within the Case Management Team.

Cases Assigned to Social Workers Within the Case Management Team

The Case Management Team consists of nine units and includes 90 Full Time Equivalent (FTE) positions. Each unit consists of ten FTEs: one Social Work Supervisor, one Social Worker II Lead, and eight Social Workers (I or II). As of November 14, 2019, seven of the Social Worker II positions were vacant (see Figure 2.1 below for the structure of these units and breakdown of FTEs by classification).

Figure 2.1: Number of FTEs in Case Management Team and Structure of Each Case Management Team Unit

Number of FTEs in Entire Case Management Team as of November 14, 2019

Classification	Number of FTEs
Social Work Supervisor	9
Social Worker Lead	9
Social Worker I	7
Social Worker II	58 + 7 vacancies
Total FTEs (including vacancies):	90

Structure of Each Unit



Source: Management Audit Division summary of IHSS records.

²¹ Sometimes with third-party referrals (family members for example) the individual thinks that they are capable, and they decline services.

Intake folders are distributed to Case Management Social Workers once a month at the beginning of the month. So, if an intake folder is created for a potential recipient on March 4, that intake folder will get assigned to a Social Worker on April 1, after sitting for 27 days. This assignment schedule creates a potential lag between the date of the initial request for services, and the earliest date a Social Worker will contact a potential recipient to schedule an intake assessment. Assigning cases to Social Workers on a bi-weekly basis would decrease this lag time and help to ensure that potential recipients are assessed by Social Workers in a timely manner.

Assigning Cases to Support Efficiency

As of early 2020, IHSS was working with Technology Services and Solutions (TSS) to automate the process of assigning cases to Social Workers. The automated program would determine the total number of new cases, the availability of Social Workers (including leave and vacation time), and equally distribute new cases to Social Workers based on the needed language of the case and language certification of the Social Worker. It would also assign cases within the same household (companion cases) together to a single Social Worker. IHSS has discussed using this automated process to distribute cases by zip code, or other geographical means. Assigning cases to Social Workers by geographic proximity would decrease drive times for Social Workers, and improve their ability to meet the needs of their assigned recipients more efficiently. A Social Worker living in Mountain View who needs to assess a recipient in South San Jose, for example, would have to drive roughly 24 miles (30 minutes without any traffic) each way. However, if that case were assigned to a Social Worker living closer to the recipient, the drive time and mileage expense would be significantly less. From Willow Glen, for example, the drive would be roughly nine miles (20 minutes without traffic) each way. IHSS should continue to pursue automating case assignments by working with TSS to develop a program that will assign cases based on needed language and zip code, and that keeps companion cases together with a single Social Worker.

Services Delivered by Social Workers

The Side Letter Agreement Between SEIU Local 521 Department of Aging and Adult Services, In-Home Supportive Services and County of Santa Clara, dated April 11, 2019, lists the following types of assessments performed by Social Workers as a part of their job description: intake, reassessment, courtesy, and expedited visit.²²

The side letter agreement also dictates how work can be assigned to Social Workers within IHSS, including the maximum number of assessments (by classification) that can be required of Social Workers per year. Reductions to that maximum are calculated within the side letter agreement based on consecutive days of paid leave or Worked Out of Class in a month, bilingual Social Workers exclusively serving cases in their certified language, and assignment of cases with mismatched language needs (see Attachment B on page 73 for full side letter agreement and Attachment C on page 77 for a summary of reductions).

²² See Attachment B on page 73 of this report for the full Side Letter Agreement, and Attachment D on page 79 of this report for a full description of these assessment types.

Service Delivery Expectations

Timeliness of Assessments

Being eligible to receive services through IHSS, by definition, means that recipients are dependent on the services they receive from their provider to safely remain in their homes. The timeliness of assessments, which determine the need level of a recipient and approve the number of hours for which they can employ a provider, is therefore extremely important. While providers can be retroactively compensated for work they performed for a recipient back to the recipient's referral date (the date the recipient first contacted IHSS requesting services), recipients will likely struggle to find a provider who is willing to work without pay until the IHSS intake process is complete. Additionally, if the recipient's need for support increases, due to additional injury or the degenerative nature of their medical state, a provider cannot be compensated for supportive tasks they perform which were not approved during the Social Worker's most recent assessment. Timely reassessments are therefore crucial in ensuring that recipients are receiving the level of support they need to remain safely in their home, and that providers are being compensated for the services they are performing.

80 Percent Reassessment Rate (State Requirement)

In 2013, California set a new requirement that every IHSS recipient have a face-to-face assessment visit with their Social Worker at least once every twelve months (see Attachment E on page 82). Compliance with this performance measure is confirmed during the annual review of the County's IHSS program by the State's Quality Assurance Team, from the California Department of Social Services. Any county that drops below a minimum 80 percent compliance level is required to "submit a Quality Assurance Improvement Plan detailing how they will improve to at least 80 percent compliance with timely reassessments".²³ One Bay Area county that had struggled to meet this performance measure was told that its IHSS program might be taken over by the State and that its funding might be cut. That Bay Area county was able to improve its reassessment rate to meet the requirement before either of these consequences took place. However, there are no formal penalties for not meeting this 80 percent requirement, and we were unable to find an historical situation in which a non-compliant county was faced with more than submitting a Quality Assurance Improvement Plan to the State. According to program data, Santa Clara County was only 75.38 percent compliant with annual reassessment requirements as of December 2019. This means that of the 26,001 IHSS recipients in Santa Clara County at the end of December 2019, 6,402 had not received a reassessment home visit from their Social Worker within the past 12 months.

23 CA State Plan Amendment 13-007. July 31, 2013.

Figure 2.2: Annual Reassessment Rate of Recipients, as of December 2019

	Santa Clara County	Large Counties*	Statewide
IHSS Recipients	26,001	27,342	616,676
Annual Reassessments	19,599	24,605	573,727
Annual Reassessment Rate	75.38%	90.0%	93.0%

Source: Management Audit Division summary of California Department of Social Services records.

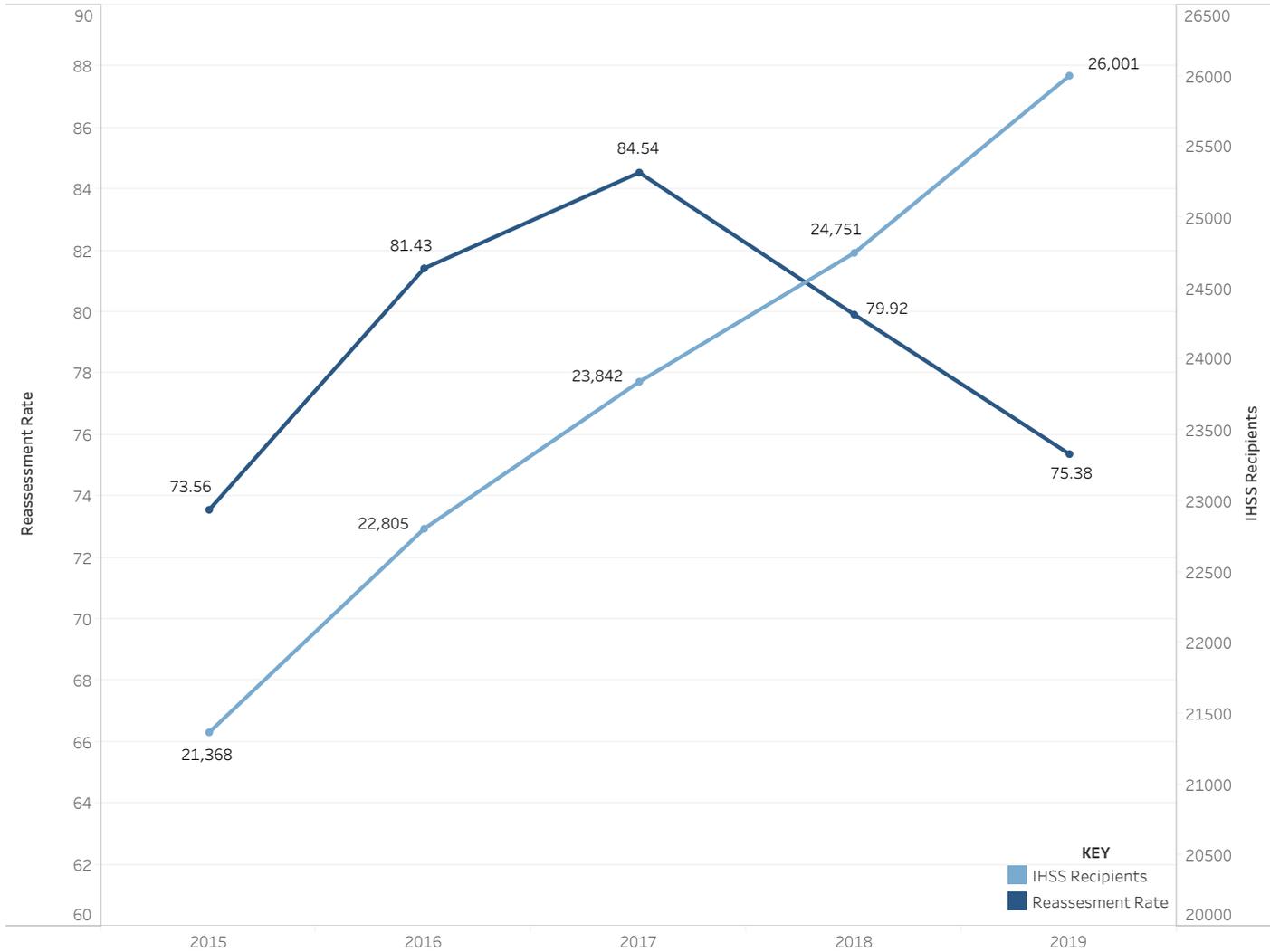
*The California Department of Social Services categorizes Santa Clara County as a Large County, along with Alameda County, Fresno County, Orange County, Riverside County, Sacramento County, San Bernardino County, San Diego County, and San Francisco County.

Santa Clara County's reassessment rate also compares poorly with other counties of similar size, which have an average reassessment rate of 90.0 percent (see Figure 2.2 above).

Between December 2014 and December 2017, IHSS reduced the number of overdue reassessments and brought the County into compliance. However, as the number of recipients grew the reassessment rate declined and the County was once again out of compliance (see Figure 2.3 on page 28).

Improving the County's reassessment rate to comply with the State's requirement is impossible with the current resources and staffing configurations alone because of two factors. First, the existing labor agreement dictates a maximum number of assessments that staff can be expected to perform. Second, even without those contractual limits, staff can only practically perform so many reassessments on top of intake assessments, courtesy visits, and expedited visits without sacrificing the quality and integrity of these assessments.

Figure 2.3: Five-Year Trend of Recipient Numbers and Performance Measure Compliance, Measured Each December 31, 2014-2019

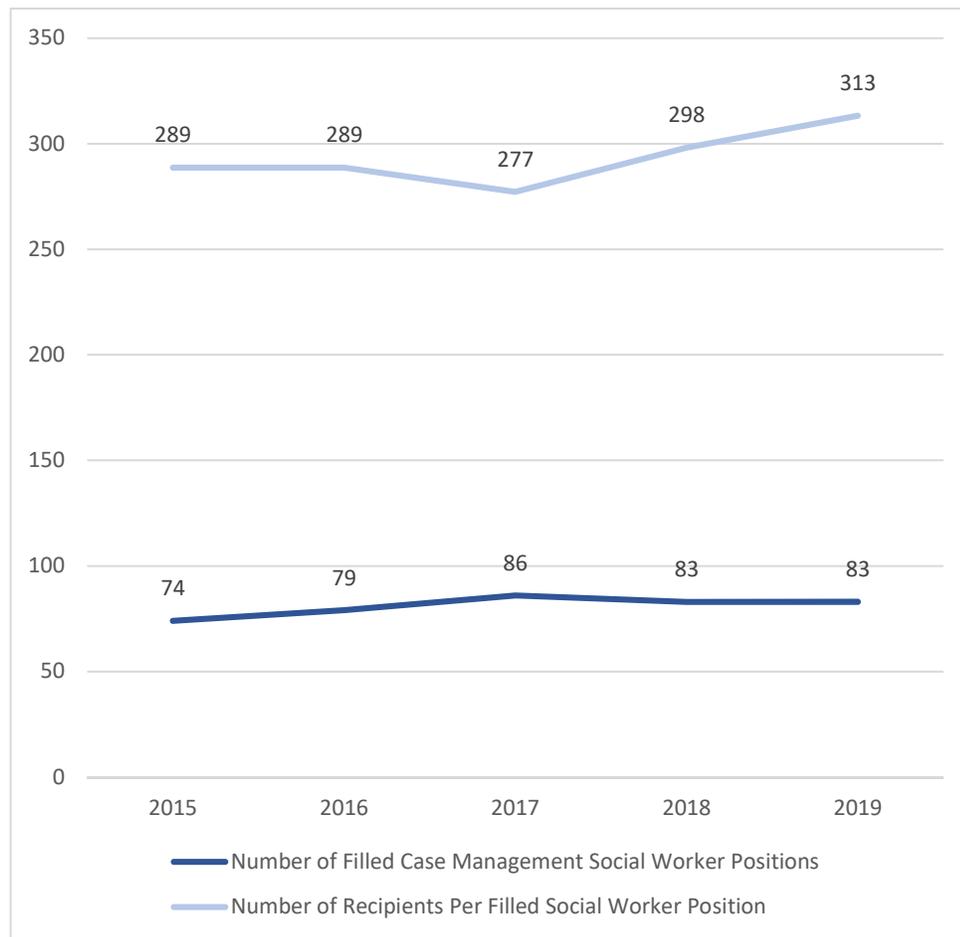


Source: Management Audit Division calculations.

Note: Neither vertical axis (left - Reassessment Rate; right - IHSS Recipients) start at zero.

It is worth noting that the decrease in compliance rate started in 2018, and as of December 2018 Santa Clara County was only borderline compliant with the Performance Measure, at 79.92 percent. Since December 31, 2017 the number of IHSS recipients has grown by 2,159 people, but the number of budgeted Case Management Social Worker positions has only grown by 4.0 FTEs, which means that average caseloads have increased (see Figure 2.4 on page 29).

Figure 2.4: Average Social Worker Caseload
 (Number of IHSS Recipients Per Filled Social Worker Positions as of December 31, 2019)



Source: Management Audit Division calculations.

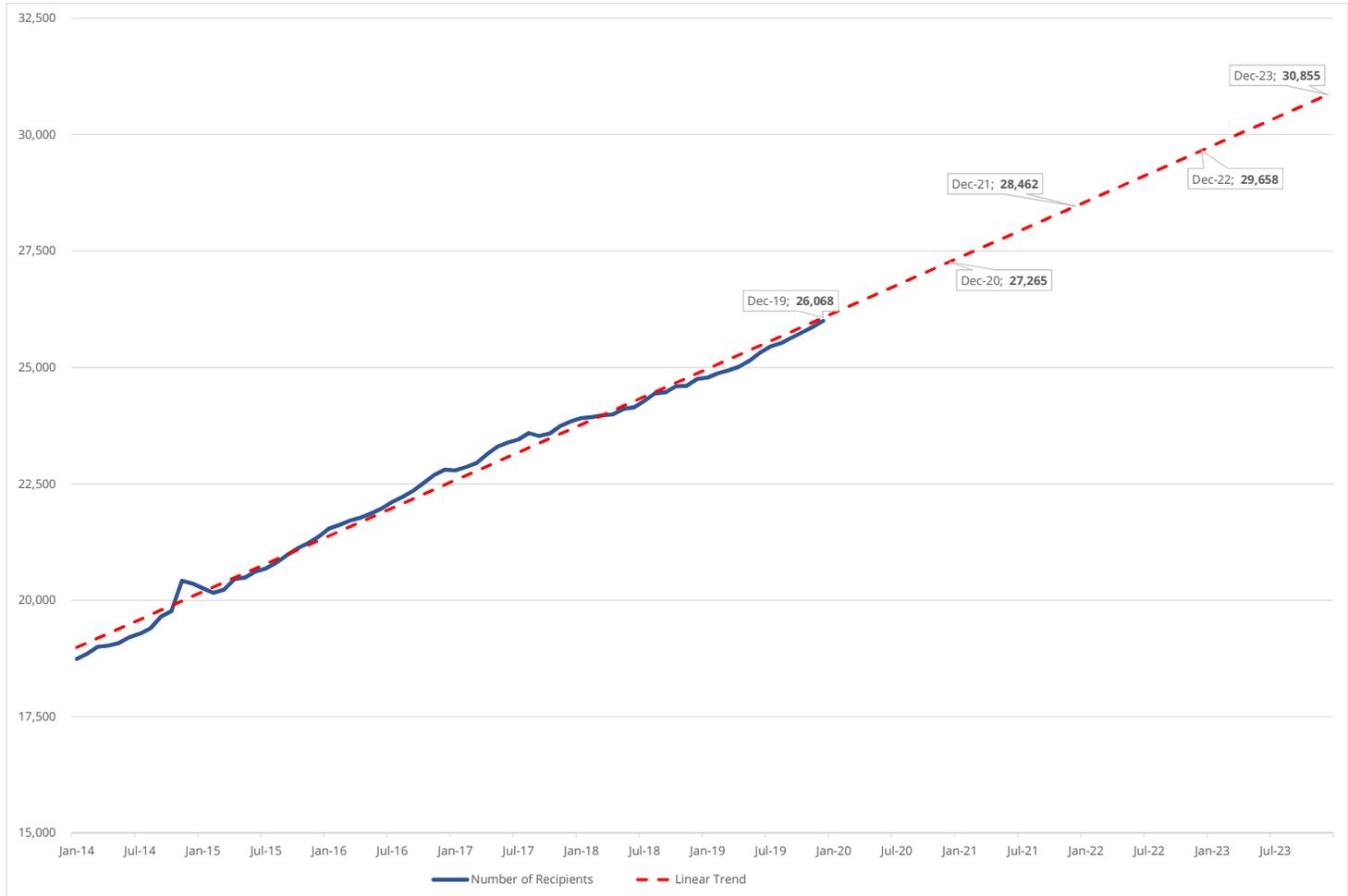
Note: *There are 90 approved Case Management Social Worker Positions, but seven vacancies, so the average Social Worker caseload is calculated based on the 83 filled positions.

**This data is presented by Fiscal Year for clarity because the organizational charts were available for different dates throughout the years: June 5, 2014, April 23, 2015, June 24, 2016, February 02, 2017, September 12, 2017, and November 14, 2019. Recipient number from these same dates were used to calculate the average caseload per Social Worker.

As of November 14, 2019, there were seven vacant Social Worker positions in Case Management, making the number of filled positions the same as it was in September 2017, 83.0 FTEs. The sharp increase in overdue reassessments, and consequently the dip in the annual reassessment rate, coincides with the increase in Social Worker caseloads (Fiscal Year 2018). This implies that the best way to improve the reassessment rate and bring Santa Clara County's IHSS program back into compliance with the State's Performance Measure is to decrease the caseload of existing Social Workers by filling vacant Case Management Social Worker positions and adding more positions when possible.

Based on a 5-year trend analysis of the number of IHSS recipients (from January 2014 through December 2019) the Management Audit Division projects that the number of IHSS recipients will grow to 27,265 by the end of 2020, and by the end of 2023 there will be nearly 31,000 recipients (see Figure 2.5 below).

Figure 2.5: Number of IHSS Recipients, January 2014-December 2019 and Projected Number of Recipients Through December 2023



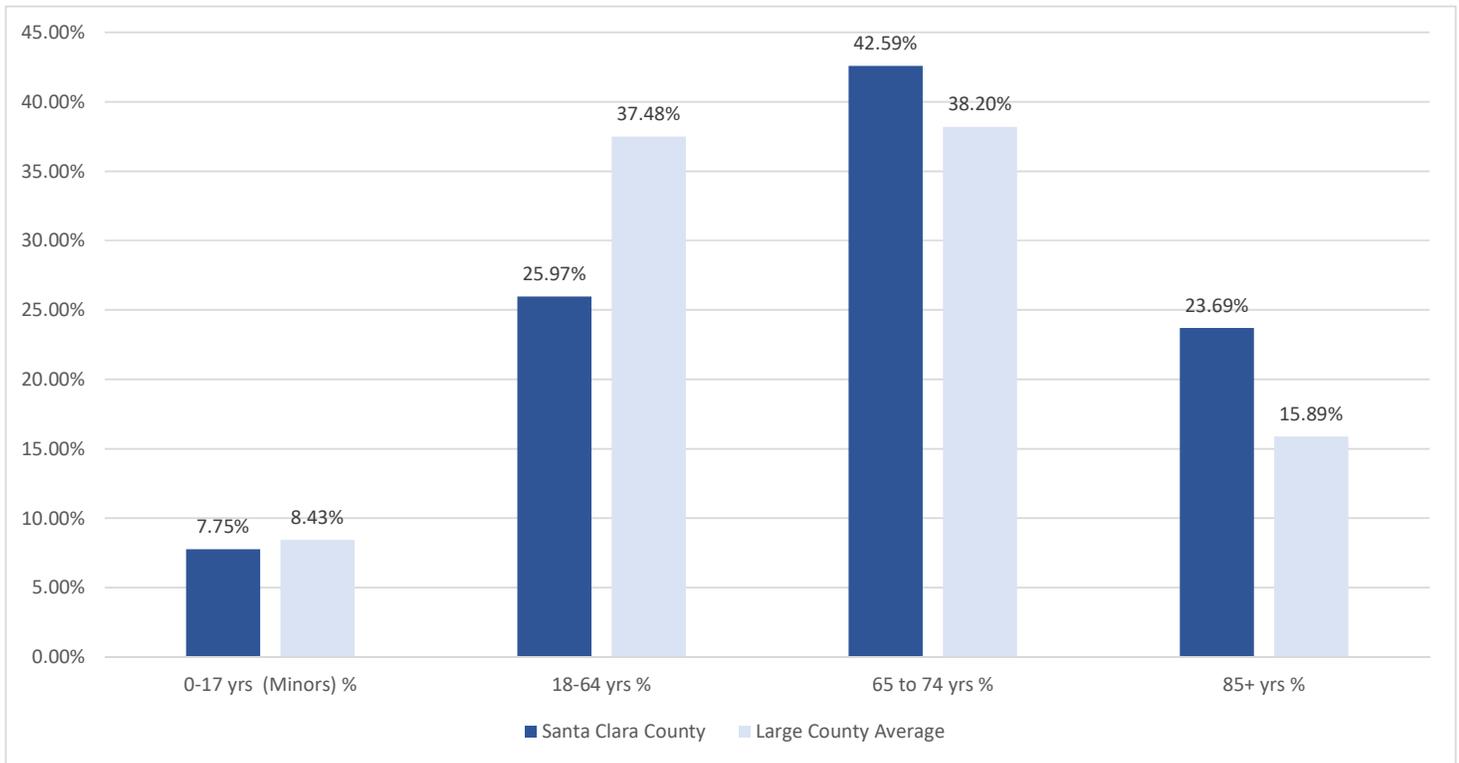
Source: Management Audit Division calculations.

Note: Vertical axis does not start at zero.

This projection may actually be conservative, as not only is California’s age 65-plus population projected to grow by 135 percent between 2016 and 2060, but the 65-plus population with disabilities is expected to grow faster and increase by 160 percent by 2060.²⁴ Though IHSS does not exclusively serve the 65-plus population, 66.28 percent of the County’s IHSS recipients are 65 and over, which is proportionally greater than other large counties in the State (see Figure 2.6 below).

²⁴ Legislative Analyst’s Office. (2016 November). A Long-Term Outlook: Disability Among California’s Seniors. Page 10-11. <https://lao.ca.gov/reports/2016/3509/disability-long-term-outlook-112816.pdf>. Accessed March 25, 2020.

Figure 2.6: Age of IHSS Recipients in Santa Clara County Compared to the Large County* Average in California



Source: The California Department of Social Services IHSS Program Data, December 31, 2019.

*The California Department of Social Services categorizes Santa Clara County as a Large County, along with Alameda County, Fresno County, Orange County, Riverside County, Sacramento County, San Bernardino County, San Diego County, and San Francisco County.

It is unknown how the current Covid-19 pandemic may affect these numbers. Current recipients are more vulnerable depending on their underlying health conditions, but the 66.28 percent of IHSS recipients who are over 65 are most vulnerable to the virus. It is possible that Covid-19 deaths may tragically decrease the number of current recipients, despite the best efforts of the County to shield its most vulnerable citizens. However, it is also possible that the permanent health effects on individuals who recover from the virus, such as decreased lung capacity due to pulmonary fibrosis, might increase the health needs of these individuals as they age and develop related health conditions.^{25; 26} Individuals 25 or older in 2020 will be 65 or older 2060 and will have been a part of the 135 percent growth in the 65-plus population in California. This group of individuals, as they age, may experience a greater need for services than had previously been anticipated, but it is too early to know this for sure or to provide specific numbers to support these conjectures. The economic effects of this pandemic may also mean that more individuals will qualify for IHSS, having lost income due to coronavirus-related changes to the workforce in Santa Clara County.

25 Wang D, Hu B, Hu C, et al. (2020). Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. JAMA. 2020;323(11):1061–1069. <https://jamanetwork.com/journals/jama/fullarticle/2761044>. Accessed April 1, 2020.

26 Pulmonary Fibrosis Overview. Pulmonary Fibrosis Foundation. <https://www.pulmonaryfibrosis.org/life-with-pf/about-pf>. Accessed April 1, 2020.

Side Letter Agreement and Total Number of Assessments Possible Per Year

On April 11, 2019 the Side Letter Agreement Between SEIU Local 521 Department of Aging and Adult Services In-Home Supportive Services and County of Santa Clara was signed.²⁷ The side letter agreement lists four types of duties performed by Social Workers and sets maximum limits on the number of assessments a Social Worker can be required to complete within a month based on their classification (see Figure 2.7 below).

Figure 2.7: Side Letter Agreement Maximum Assessment Expectations for Case Management Social Workers, by Classification

Classification	Max. Assessments Per Month	Max. Assessments Per Year
Social Worker Lead	24	292
Social Worker I	22	259
All Other Social Worker Classifications	27	324

Source: Management Audit Division calculations.

The side letter agreement also lists reductions to these maximum assessment expectations based on consecutive days of paid leave and/or Worked Out of Class in a month, bilingual Social Workers exclusively serving cases in their certified language, and assignment of cases with mismatched language needs (see Attachment C on page 77).

Based on the number of FTEs in each classification (see Figure 2.8 below) the Management Audit Division was able to calculate the maximum number of all assessments (intake, reassessment, courtesy, and expedited visit) that Social Workers could be expected to complete annually.

Figure 2.8: Maximum Number of Assessments a Year by Classification Per Side Letter Agreement Restrictions

Classification	Number of FTEs	Max. Assessments a Year
Social Work Supervisor	9	2,916
Social Worker Lead	9	2,628
Social Worker I	7	1,813
Social Worker II	58*	18,792
Maximum Total Number of Assessments:		26,149

Source: Management Audit Division calculations.

*The calculation for the total number of assessments includes the seven Social Worker II vacancies as of November 14, 2019.

²⁷ See Attachment B on page 73 of this report.

The 26,149 total assessments, however, is a *maximum* number that does not include any reductions that are required by the side letter agreement (detailed in Attachment C on page 77). The Management Audit Division took this *maximum* number of assessments a year for each job classification and applied the expected monthly reductions in order to project the total number of assessments that could be expected of IHSS Social Workers in 2020.^{28; 29; 30} Projections were based on current staffing levels, including the seven Social Worker II vacancies as of November 14, 2019.

Figure 2.9: Total Assessments Per Year Possible After Applying Side Letter Reductions at Current Staffing Levels

Classification	Number of FTEs	Maximum Assessments Per Year Per Social Worker	Total Assessments by Classification
Social Work Supervisor	9	287	2,583
Social Worker Lead	9	258	2,322
Social Worker I	7	237	1,659
Social Worker II	58*	247	14,326
Total Assessments Per Year:			20,890

Source: Management Audit Division calculations.

*There are 65 approved Social Worker II positions, but seven Social Worker II vacancies as of November 14, 2019.

On average, it takes one Social Worker to complete 252 assessments a year.³¹ Based on current staffing levels, IHSS Social Workers will likely be able to complete a total of 20,890 assessments a year within the provisions of the Side Letter Agreement Between SEIU Local 521, Department of Aging and Adult Services In-Home Supportive Services, and County of Santa Clara. As discussed earlier in this section, however, assessments encompass more than the reassessments that the State requires every 12-months for current recipients. Assessments also include Intake Assessments for new recipients, Courtesy Assessments that take place outside of a recipient's home, and Expedited Visits when circumstances require an urgent assessment by a Social Worker (usually to allow an individual to safely return to their home with the necessary support they need).

28 Paid Time Off Assessment Reductions were calculated based on paid time off FY2015-FY2019 by classification. The average instances of paid time off during this period were used to calculate resulting assessment reductions and these were applied to each classification.

29 Bilingual Assessment Reductions were calculated based on the number of recipients with specific language needs per Social Worker. If the number of non-English language recipients per Social Worker with that language certification was greater than the average Social Worker's caseload as of December 31, 2019, then a 12 percent reduction in assessment expectations was applied.

30 Mismatched Language Assessment Reductions were calculated based on the number of recipients with specific language needs in excess of the number of available assessments by Social Workers certified in that language. Available assessments were limited by side letter reductions for paid time off and bilingual Social Workers. Remaining assessments would need to be assigned to either a monolingual Social Worker or a Social Worker certified in a different language. In either case, this would trigger a 1.3 weight for the assignment.

31 This weighted average is based on the number of filled positions by classification times the maximum assessments per year per Social Worker by classification / the 83 filled Social Worker positions. (e.g. $[(287 \times 9) + (258 \times 9) + (237 \times 7) + (247 \times 58)] / 83 = 252$)

Total Number of Assessments Needed Per Year

The Management Audit Division projected the total number of assessments that will be needed each year based on the number of recipients at the end of 2019, the anticipated growth of the program within the next few years (see Figure 2.5 on page 30), the monthly number of Intake Assessments for new recipients, and the monthly rate of Courtesy Assessments and Expedited Visits relative to the number of IHSS recipients between 2018 and 2019.^{32; 33} See these projections for the total number of assessments that will be needed each year from 2020 to 2023 in Figure 2.10 below.

Figure 2.10: Projected Number of Assessments Needed Per Year, 2020-2023

Year	Annual Reassess. at 100%*	Annual Reassess. at 80%	Intake Assess. for New Cases**	Courtesy Assess.	Expedited Visits	Min. Total Assess. to Complete All Workload at 80% Reassess. Rate	Total Assessments to Complete All Workload at 100% Reassess. Rate
2020	26,001	20,801	5,036	226	25	26,088	31,288
2021	27,265	21,812	5,450	246	24	27,532	32,985
2022	28,462	22,770	5,863	256	25	28,914	34,606
2023	29,658	23,726	6,277	267	26	30,296	36,228

Source: Management Audit Division calculations

*The number of annual reassessments is based on the number of IHSS recipients at the end of the previous year. See Figure 2.5 on page 30 for projections of the number of IHSS recipients.

**Some potential recipients who go through an intake assessment do not become IHSS recipients.

Again, based on current staffing levels, IHSS Social Workers will likely be able to complete a total of 20,890 assessments a year within the provisions of the side letter agreement (see Figure 2.9 on page 33). Consequently, there will be a growing number of IHSS recipients who are not receiving reassessments within a 12-month period. By the end of 2020, based on the number of total assessments needed and the current capacity of IHSS Social Workers, roughly 10,398 IHSS recipients will be overdue for their annual reassessment, and the reassessment rate will be at 60.01 percent, as opposed to the 80 percent expected by the State (see Figure 2.11 on page 35).

32 The monthly number of intake assessments was based on a linear trend analysis of the number of Intake Cases from July 2017 to December 2019. These intake cases would have been assigned to Social Workers at the start of the following month (e.g. the 290 intake cases from December 2019 would have been assigned at the beginning of January 2020).

33 Unfortunately, monthly data on the number of Courtesy Assessments and Expedited Visits are not tracked within CMIPS. and were only available from IHSS for 2018 and 2019.

Figure 2.11: Projected Assessment Deficits and Reassessment Rates, 2020-2023

Year	End of Year Reassessment Rate	Deficit to Meeting 80% Reassessment Rate	Deficit to Meeting 100% Reassessment Rate
2020	60.01%	(5,198)	(10,398)
2021	55.64%	(6,642)	(12,095)
2022	51.81%	(8,024)	(13,716)
2023	48.29%	(9,406)	(15,338)

Source: Management Audit Division calculation.

Note: The deficit and end of year assessment compliance are based on staffing numbers as of November 14, 2019 (see Figure 2.8 on page 32).

If additional Social Workers are not hired the average Social Worker caseload will continue to grow, due to the increasing number of recipients, and wait times for intake assessments may even be impacted. Given these overwhelming numbers, it is necessary to fill vacant Case Management Social Worker positions, and to hire additional IHSS Social Workers, as soon as is possible.

Number of Case Management Social Worker Positions Needed

If IHSS were able to fill all current vacancies and start hiring new FTEs immediately the program would have to add 27 new FTEs by the end of 2020 to have the capacity to meet the State's reassessment requirements in 2021. Three new Case Management units would have to be added, each with one Social Work Supervisor, one Social Worker Lead, and seven Social Worker IIs.

At the moment, it is unlikely that IHSS will be able to fill its seven Social Worker II vacancies or add any new Social Worker positions by the end of 2020 given the financial impacts of the Covid-19 pandemic. Based on these circumstances, the Management Audit Division has developed a hiring model to increase staffing levels in the future and projected the cost over a three-year period (based on salary and benefit rates for Social Worker classifications within IHSS as of April 1, 2020).

Restructure Case Management Units and Add Additional Staff

Case Management Team currently consists of nine units with ten FTEs each: one Social Work Supervisor, one Social Worker Lead, and eight Social Worker (I and/or II) (see Figure 2.1 on page 24). Instead of maintaining this structure, the Management Audit Division recommends adjusting staffing by adding an additional Social Worker Lead to each unit and then adding two or three additional Social Worker IIs to each unit. Restructuring the units is more economical and will achieve the same reassessment rate. Ultimately, each unit would then consist of: one Social Work Supervisor, two Social Worker Leads, and ten to eleven Social Worker IIs. Filling vacancies should remain the top priority once hiring can recommence given the challenging, and yet unclear, state of future funding. Subsequent to filling vacancies, the Management Audit Division recommends scaling up staffing levels steadily as funding allows.

IHSS could begin by adding nine new Social Worker IIs and promoting nine of the current Social Worker IIs to Social Worker Leads within their unit. There would then be nine units, each with one Social Work Supervisor, two Social Worker II Leads, and eight Social Worker IIs. Because Social Worker Leads carry a slightly higher assessment capacity than other Social Workers this would allow IHSS to increase its assessment capacity even more than by just adding Social Worker II positions. It also allows more room for internal promotion within units, which can be instrumental in improving employee retention and decreasing turnover rate.³⁴ Doubling the number of Social Worker Leads also adds administrative support to the Social Work Supervisors and makes it possible to increase the number of Social Workers (I or II) within each unit without overburdening Social Work Supervisors.

Subsequently, adding nine more Social Worker II positions would bring the nine units to one Social Work Supervisor, two Social Worker II Leads, and nine Social Workers (I or II). Social Worker positions should continue to be added (18 every 12-months) until each of the nine units consist of one Social Work Supervisor, two Social Worker II Leads, and eleven Social Workers (I or II). In the third year IHSS should add one additional unit containing one Social Work Supervisor, two Social Worker II Leads, and ten Social Workers (I or II), for a total of 49 new FTEs over three years. Adding these new Social Worker positions will enable IHSS to meet the State's minimum 80 percent reassessment rate requirement, which by the end of 2023 will necessitate completing a minimum of 30,296 assessments (see Figure 2.10 on page 34).

Figure 2.12: Total Assessment Capacity by the End of 2023 with Recommended New Social Workers FTEs Positions

Classification	Number of FTEs as of Nov. 2019	New FTEs Added Between 2020 and 2023	Number of FTEs by the End of 2023**	Max. Assess. Per Year Per Social Worker	Total Annual Assess. Based on FTEs by the End of 2023**
Social Work Supervisor	9	1	10	287	2,870
Social Worker Lead	9	11	20	258	5,160
Social Worker I	7	0	7	237	1,659
Social Worker II	58*	37	102	247	25,194
			Total Assessments Per Year:		34,883

Source: Management Audit Division calculations.

*There are 65 approved Social Worker II positions, but seven Social Worker II vacancies as of November 14, 2019.

**Assuming all vacancies are filled before June 2023.

³⁴ Allen, David. (2008). Society for Human Resource Management Foundation's Effective Practice Guidelines Series: Retaining Talent. <https://www.shrm.org/hr-today/trends-and-forecasting/special-reports-and-expert-views/Documents/Retaining-Talent.pdf>. Accessed April 1, 2020.

The maximum annual costs for new positions will range from \$1,378,328.98 in the first year to \$2,677,386.24 in the second year, and the cumulative costs for these 49 new FTE positions would be \$11,461,720.78 over three years (see Figure 2.13 below).

Figure 2.13: Units Restructured and 6-Month Hiring Plan Starting in June 2021

Year	New FTEs	Max. Annual Cost of New Hires	Cumulative Expenditures
1	9 Social Worker Leads (<i>internal promotions</i>) 9 Social Worker IIs	\$1,378,328.98	\$1,378,328.98
2	18 Social Worker IIs	\$2,677,386.24	\$5,434,044.19
3	1 Social Work Supervisor 2 Social Worker Leads 10 Social Worker IIs	\$1,971,961.37	\$11,461,720.78

Source: Management Audit Division calculations.

Cost of Current Unit Structure Versus Restructuring Units

The cumulative costs of adding a similar number of staff in order to achieve the State's minimum reassessment rate without restructuring the Case Management units are roughly \$5,272,869.01 higher over a three-year period (see Figure 2.14 below). It is therefore more financially prudent to restructure the Case Management units and then add staffing incrementally every 6-months.

Figure 2.14: Cumulative Cost Savings of Restructured Units Over Three Years

Year	Current Unit Structure Cumulative Costs	Restructured Unit Cumulative Costs	Difference in Cumulative Costs
1	\$3,042,652.69	\$1,378,328.98	\$1,664,323.71
2	\$9,127,958.06	\$5,434,044.19	\$3,693,913.87
3	\$16,734,589.78	\$11,461,720.78	\$5,272,869.01

Source: Management Audit Division calculation.

*The difference in the cost of adding staff was calculated by subtracting the cumulative cost of restructured Case Management units from the cumulative costs of the current units as they are currently structured.

Because the number of recipients is expected to continue to grow, however, IHSS will need to continue to add Social Workers for the foreseeable future in order to meet the needs of IHSS recipients, and maintain the minimum 80 percent reassessment rate required by the State. In fact, the number of IHSS recipients will likely grow at a rate that is even greater than that of the past five years. With this in mind, the County should consider lobbying the State to address the reassessment requirements relative to the growing number of IHSS recipients and the labor agreements in place. For example, lobbying the State to permit some reassessments be completed virtually. To comply with the County's Shelter in Place Order, Social Workers have been working remotely, and conducting virtual assessments, since March 16, 2020.

During this time IHSS has been able to complete 572 overdue recipient reassessments virtually, decreasing the number of overdue reassessments for the first time in a year. If the State were to allow virtual reassessments in the future it would help IHSS serve its growing number of recipients.

Effects on the Average Social Worker Caseload

As discussed earlier in this finding, the dip in the annual reassessment rate in 2018, which reflected the sharp increase in overdue reassessments, coincided with an increase in the average Social Worker caseload (see Figure 2.3 on page 28 and Figure 2.4 on page 29). In 2017 the average caseload was 265 and the reassessment rate was 84.54 percent. The average caseload rose to 284 in 2018, and the reassessment rate dipped to 79.92 percent. They rose again in 2019 reaching 312 and the reassessment rate decreased to 75.38 percent. Decreasing the average Social Worker caseload to those in 2017, when IHSS was last compliant with the State's reassessment rate requirement, will not only help to achieve reassessment compliance, but help Social Workers serve IHSS recipients in a timely manner.

Decreasing Thoroughness of Reassessments Would Only Increase Risk

Increasing the speed of assessments is not a favorable option. The goal of annual reassessments is to gauge a recipient's continuing need level. To do this Social Workers ask questions regarding a recipient's ability to perform tasks, and a set amount of time for a provider to assist with these tasks is allocated based on the Hourly Task Guidelines from the California Department of Social Services (see Attachment F on page 83 for tasks and hourly guidelines). Such reassessments are thorough and take time to complete and then document. Reducing reassessment thoroughness in order to complete more annually would increase a couple of risks. First, the risk that a recipient's need might not be met because a vital task is overlooked during reassessment. Second, the risk that support which is no longer needed continues to be funded because the reassessment doesn't reevaluate the need level for each task. Either outcome would defeat the purpose of reassessments, and the State's 80 percent requirement, which is to ensure proper support levels to recipients and to decrease the risk of fraud within the system. Given these risks, we do not believe rushing reassessments is a good option.

CONCLUSION

The monthly distribution of Intake folders to Case Management Social Workers means a potential recipient could wait nearly a month before their case is assigned and a Social Worker schedules an intake assessment. Assigning cases to Social Workers on a bi-weekly basis would decrease lag time and help ensure timely assessments. Automating the case assignment process based on needed language and zip code, keeping companion cases together with a single Social Worker, would also help to match cases to Social Workers more efficiently. IHSS should implement this program as soon as possible. The State requires annual in-person reassessments of each recipient, and minimum 80 percent compliance with this requirement. Santa Clara County was 75.38 percent compliant at the end of 2019 and must submit a Quality Assurance Improvement Plan to the State.³⁵

³⁵ CA State Plan Amendment 13-007. July 31, 2013.

The disproportionate growth in the number of IHSS recipients relative to the number of Social Workers has resulted in rising caseload sizes and a decreasing reassessment rate. The 2019 side letter agreement sets specific restrictions on the maximum number of assessments by Social Worker classification that can be expected. It also lists reductions to these maximums based on consecutive days of paid leave or Worked Out of Class in a month, bilingual Social Workers with all cases in their certified language, and assignment of cases with mismatched language needs. By the end of 2020, based on projected recipient numbers, assessments needed, and capacity of Social Workers, roughly 10,398 recipients will be overdue for annual reassessments. IHSS' reassessment rate will be at 60.01 percent.

IHSS must fill vacant Case Management Social Worker positions and hire additional Social Workers as soon as funding is certain and available. It is unlikely that IHSS will be able to do so by the end of 2020 given the financial impacts of the Covid-19 pandemic and the unclear state of future funding for IHSS, as discussed in the Introduction of this report. Increasing staffing levels over three-years after restructuring Case Management units would likely cost \$11,461,720.78 in cumulative expenses, roughly \$5,272,869.01 less than adding a similar number of FTEs to the current unit structure. This will achieve reassessment compliance three years from now, however, IHSS will need to perpetually add staff to maintain the minimum 80 percent reassessment rate required by the State because the number of recipients is expected to continue to grow, likely at a rate even greater than that of the past five years.

RECOMMENDATIONS

The Department of Aging and Adult Services and the In-Home Social Services program should:

- 2.1 Over the next three fiscal years, request to add one Social Work Supervisor, 11 Social Worker Leads, and 37 Social Worker II positions to the IHSS budget. This will provide the necessary staffing to bring the County into compliance with State requirements. (Priority 1)
- 2.2 Restructure IHSS Case Management units to consist of one Social Work Supervisor, two Social Worker II Leads, and nine Social Workers (I or II) in conjunction with the addition of new staff. This will contribute to improving the County's compliance with the State's reassessment requirement. (Priority 1)
- 2.3 Implement the automated case assignment process as soon as it is completed by Technology Services and Solutions to assign cases based on needed language and zip code, and to keep companion cases together with a single Social Worker in order to maximize efficiency in the assignment of cases to Social Workers. This will contribute to improving staff's efficiency and meeting the State's reassessment requirement. (Priority 1)
- 2.4 Assign new potential recipient cases to Social Workers on a bi-weekly basis to decrease lag time and help to ensure that potential recipients are assessed by Social Workers in a timely manner. (Priority 2)

The Board of Supervisors should:

- 2.5 Consider seeking changes to State IHSS requirements to provide flexibility to manage increasing numbers of service recipients, such as the option to conduct some assessments virtually. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

Recommendation 2.1 and 2.2 will cost an estimated average of \$3.8 million in salary and benefit expenses per year over three years. However, some or all of this expense is potentially reimbursable from State or federal funds. The existing Social Worker positions are fully reimbursed, but we do not yet know to what degree funds will be available in the coming years.

Our recommended hiring model and team structure should bring IHSS into compliance with the State's reassessment requirement, depending on how soon hiring can begin. Because the number of recipients will continue to increase, IHSS will need to continue to add Social Workers to meet the State's minimum reassessment requirements in the future. Bringing IHSS into compliance will prevent the State from taking over the County's IHSS program and/or cutting its funding as a result of its low reassessment rate. It would also save IHSS the time it takes to write and submit additional Quality Assurance Improvement Plans to the State detailing how they will bring the program into compliance with the State's Performance Measure.

Implementing Recommendation 2.3 will not cost the County additional funds. It should also save staff time assigning cases, as well as saving on drive times for Social Workers. Matching recipient language needs to Social Worker language skills will also improve efficiency and service levels. Recommendation 2.4 should similarly not cost the County additional funds, but it will help to ensure that potential recipients are assessed by Social Workers in a timely manner by decreasing lag time. Recommendation 2.2 will not cost the County additional funds as these positions are already budgeted.

Section 3: Case Management Team Social Worker Training

Background

The In-Home Supportive Services (IHSS) Case Management Team includes 81 Social Workers, overseen by nine Social Worker Supervisors, as of December 31, 2019. Social Workers are responsible for assessing the assistance recipients'/potential recipients' need to remain safely in their home. In-home assessments occur when IHSS support begins and are required annually thereafter, and if a recipient's condition changes. Social Workers can approve or deny IHSS services. Recipients are diverse: 66.28 percent are 65 or older and 51.53 percent are 75 or older; 65.53 percent speak a language other than English; 24.62 percent are blind or visually impaired; 10.55 percent have Protective Supervision (24-hour supervision), due to an intellectual disability, autism, Alzheimer's, dementias, or a psychiatric disability, for example. Social Workers can access training via the County's intranet platform (SCCLearn) and receive monthly training during IHSS all-staff meetings.

Problem, Cause, and Adverse Effect

Monthly IHSS all-staff meetings are the only ongoing training requirements for Social Workers. Since 2015, however, few Social Workers have completed training on topics like child abuse or neglect, implicit bias, inter-ethnic communication, or protective supervision and commonly associated impairments. Trainings completed by a majority of IHSS Social Workers on topics reflective of recipient demographic needs mostly occurred before 2018. Lack of this training can affect equal access to IHSS, accuracy of assessments and Protective Supervision status, and mandatory reporter ineffectiveness. State law now requires staff to complete Sexual Harassment training within six months of hire, or start of a supervisory position, and bi-annually thereafter, by January 2021. IHSS Social Workers were 91.36 percent compliant with this future requirement at the end of 2019.

Recommendations

IHSS should ensure access to, and bi-annual completion of, trainings on: identification of elder and child abuse or neglect; blindness or visual impairment; hearing loss or deafness; protective supervision; Alzheimer's; autism; dementias; intellectual disability; psychiatric disabilities; non-English speaker/English learner communication strategies; inter-ethnic communication skills; cultural sensitivity; and diversity and implicit bias. Trainings could occur at all-staff meetings, or through SCCLearn. IHSS should quarterly monitor staffs' completion of sexual harassment training to comply with new State law.

Savings, Benefits, and Costs

These bi-annual trainings would improve regular and Protective Supervision assessment accuracy, prevent elder and child abuse or neglect from going unreported, demonstrate zero tolerance for harassment, and harbor constructive, cooperative, and respectful communication with recipients. Enforcing compliance with Government Code Section 12950.1 is necessary to comply with State law. Inequitable access to IHSS has been litigated in California, some cases resulting in large settlements, including a \$10 million settlement against the State. Trainings help support equal access to IHSS and mitigate risks of a lawsuit against the County. Implementation would require existing staff time to coordinate trainings and topics but will not result in additional costs as trainings are already being held during IHSS all-staff meetings, and material is already available on SCCLearn.

FINDING

Social Worker Responsibilities

IHSS Case Management Social Workers are responsible for assessing the level of assistance needed by a recipient or potential recipient for that individual to remain safely within their own home. Face-to-face assessments are conducted when an individual first applies for IHSS, and then subsequently once every 12 months if the individual becomes an IHSS recipient. Social Workers must also reassess an IHSS recipient if their condition changes and they require a different level of assistance. Because Social Workers are responsible for assessing the physical needs of vulnerable individuals within their homes, and have the power to approve or deny support for these individuals, it is especially important that Social Workers receive adequate training and support to help them fulfil their responsibilities in an informed and unbiased fashion.

IHSS Recipient Demographics

IHSS serves a population that is diverse across many measures including but not limited to, ethnicity, language, gender, age, and impairment. This diversity, combined with Social Workers' responsibility to evaluate IHSS recipients, and potential recipients, in an unbiased manner, suggests that their adeptness at intercultural communication, knowledge, and sensitivity to a range of impairments, and ability to manage their own biases, is critical. The Management Audit Division collected the demographic information of IHSS recipients from the Caseload Management Information and Payrolling System (CMIPS) through the California Department of Social Services (CDSS).³⁶ See Attachment G on page 85 for a summary of IHSS recipient demographics in Santa Clara County.

Given the diversity of recipients and the access Social Workers require to recipients' homes, personal space, and often family members, it is important that Social Workers are trained in areas such as: cultural sensitivity, inter-ethnic communication skills, and implicit bias. Furthermore, 65.53 percent of IHSS recipients report their spoken language as a language other than English (see Attachment G on page 85), and therefore communication strategies for non-English Speakers and English Language Learners - should also be a priority for IHSS Social Workers, as the number of non-English speakers, and scarcity of Social Workers proficient in certain languages, makes it inevitable that Social Workers will periodically be working with non-English speaking or English Language Learner recipients.

Summary reports on all recipients generated through CMIPS only reflect binary gender identification, though non-binary information may be recorded by Social Workers for specific recipients. Consequently, it is not possible to gauge the diversity of recipients based on gender identification. However, given the access that Social Workers require to personal space, and their responsibility to gauge and approve access to IHSS, LGBTQ Cultural Competency also seems a reasonable training requirement for IHSS Social Workers.

³⁶ IHSS Program Data. <https://www.cdss.ca.gov/inforesources/ihss/program-data>. Accessed on March 3, 2020.

In terms of potential sexual harassment, California Government Code Section 12950.1 requires that by January 2021 all staff complete Sexual Harassment training within six months of hire, or start of a supervisory position, and again every two years thereafter. Non-supervisory employees are to receive at least one hour of sexual harassment prevention training, and supervisory employees are to receive at least two-hours. As of December 31, 2019, IHSS Social Worker Is and IIs were 91.36 percent compliant with this future requirement. The County currently enforces California State law AB 2053, which requires training on prevention of sexual harassment for managers, supervisors, and leads.³⁷ Within IHSS Case Management, this only applies to Social Worker Supervisors.³⁸

With respect to age demographics, senior citizens represent the majority of IHSS recipients. 66.28 percent of recipients are 65 or older, and 51.53 percent are 75 or older (see Attachment G on page 85). As mentioned in Section 2, starting on page 23 of this report, California's 65-plus population is projected to grow by 135 percent from 2015 to 2060. Additionally, the population of seniors with disabilities is projected to grow faster than the overall senior population, because senior populations with higher rates of disabilities are projected to increase, such as seniors over 85 and non-white seniors. The population of seniors with disabilities is expected to grow by 160 percent between 2015 and 2060.³⁹ The proportion of IHSS recipients over the age of 65 is therefore also expected to grow. Hearing loss or deafness are not tracked within CMIPS the way that blindness or visually impairment is, however, age-related hearing loss is common. Social Workers may experience challenges associated with a recipient's hearing loss - during an assessment, which could affect the accuracy of that assessment. Providing training for Social Workers which helps them improve communication in those situations, and information to share with recipients, will help support hearing-impaired and deaf recipients.

IHSS Social Workers are mandatory reporters of elder abuse or neglect.⁴⁰ They should receive regular training for signs of physical abuse (including sexual abuse), neglect, financial abuse, abandonment, isolation, abduction, self-neglect, or mental suffering in elders or dependent adults. As per the California Penal Code, Social Workers are also mandatory reporters of child abuse or neglect and also need to be regularly trained on the possible signs of abuse or neglect of minors, who make up 7.75 percent of Santa Clara County IHSS recipients.⁴¹

Almost 11 percent of IHSS recipients in Santa Clara County receive Protective Supervision (see Attachment G on page 85). These recipients are individuals who, due to a mental impairment or mental illness, need 24-hour supervision to protect them from hazards, accidents, or injuries. Impairments such as an intellectual disability, autism, Alzheimer's, dementias, or a psychiatric disability can result in a need for Protective Supervision, however, a diagnosis of one of these impairments

37 County of Santa Clara Equal Opportunity Department. "Sexual Harassment and Discrimination Prevention Training for Managers, Supervisors and Leads". <https://www.sccgov.org/sites/eod/Pages/training.aspx>. Accessed May 6, 2020.

38 Current Job Codes Required to Attend Sexual Harassment Prevention for Managers, Supervisors, and Leads. (Run Date: 04/28/2020). <https://www.sccgov.org/sites/eod/Documents/shp-msl-job-codes.pdf>. Accessed May 6, 2020.

39 Legislative Analyst's Office. (2016 November). A Long-Term Outlook: Disability Among California's Seniors. Page 10-11. <https://lao.ca.gov/reports/2016/3509/disability-long-term-outlook-112816.pdf>. Accessed March 25, 2020.

40 Welfare and Institutions Code Section 15630(a). Accessed March 25, 2020. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=15630.&lawCode=WIC.

41 California Penal Code, Article 2.5 Section 11164-11174.3.

does not automatically qualify a recipient for this level of IHSS need. Social Workers are expected to determine the level of need based on a face-to-face assessment. In the case of a minor, the recipient must require more supervision than another child of the same age without a mental impairment/mental illness.⁴² A better understanding of the unique challenges faced by these recipients, and their family members, would help Social Workers to best conduct assessments to determine recipients' level of need.

Blind or visually impaired recipients, 24.62 percent of IHSS recipients in Santa Clara County, also have unique needs (see Attachment G on page 85). These extend not only to the assistance they may require in their homes, especially if there is an additional medical condition they are contending with, but also to the assessment itself which is meant to determine a recipient's level of need. Per State Department of Social Services directive, counties have a "responsibility to ensure effective communication with Blind and Visually Impaired (BVI) In-Home Supportive Services (IHSS) applicants and recipients by providing alternative formats for written program documents and materials".⁴³ A better understanding of the unique challenges that blind or visually impaired recipients face would help Social Workers conduct assessments that appropriately addresses and accommodates visual impairment.

42 All County Letter (ACL) No.: 15-25. Protective Supervision Clarifications. March 19, 2015. <https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-25.pdf>. Accessed March 13, 2020.

43 All County Letter No. 15-60. Implementation of Blind and Visually Impaired (BVI) Recipients Reasonable Accommodations and Tracking in Case Management Information, and Payrolling System (CMIPS II) and Telephone Timesheet System (TTS). July 22, 2015. <https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-60.pdf>. Accessed March 13, 2020.

Recent Social Worker Trainings

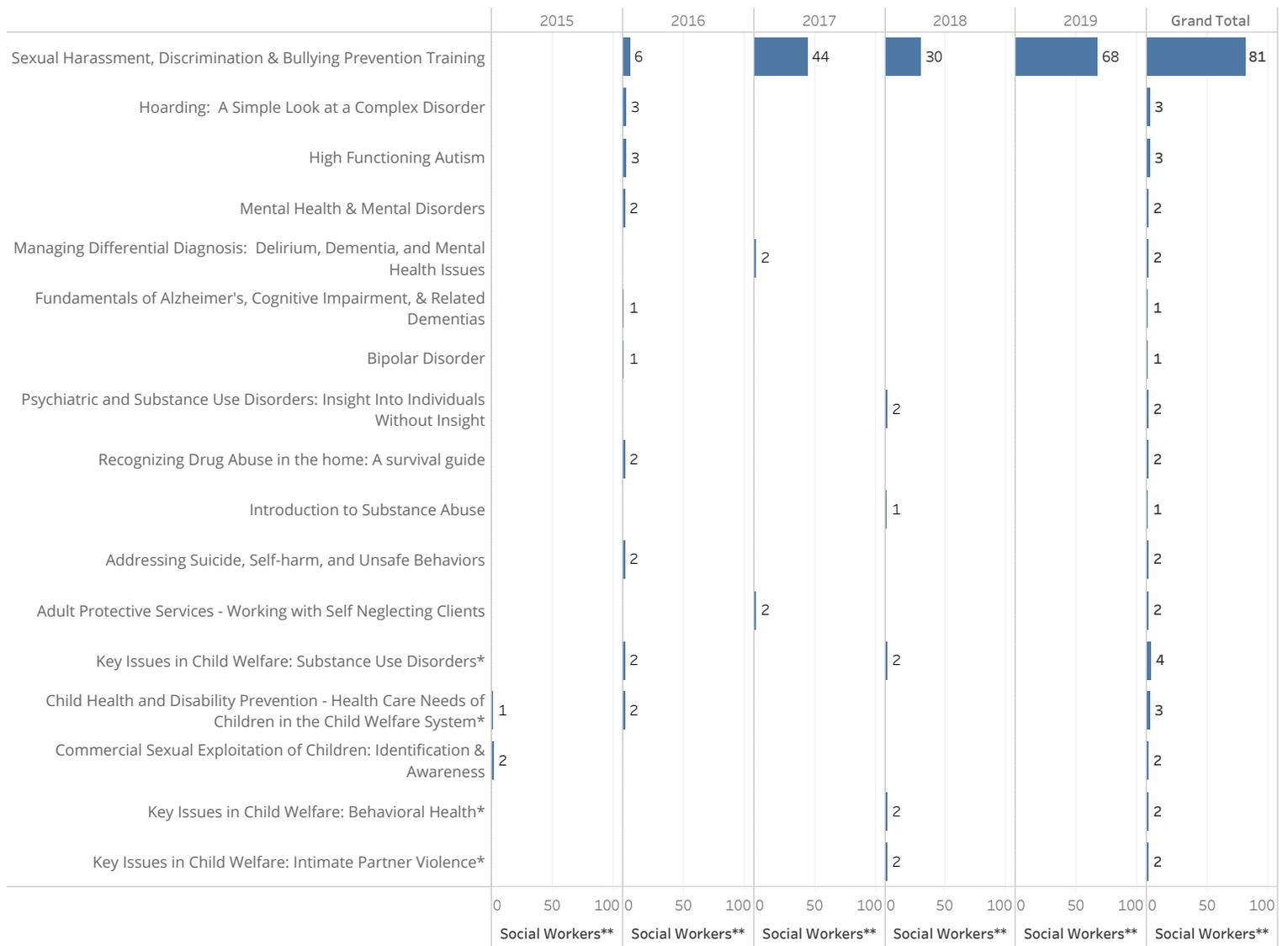
IHSS Social Workers are required to attend monthly all-staff meetings, during which there are training presentations, but there is no continuing training requirement that IHSS Social Workers must complete. Given the demographic diversity of IHSS recipients, training social workers to better understand the program's participants and how to manage their own biases is critical. The Management Audit Division reviewed records of trainings completed by IHSS Social Workers from January 1, 2015 to December 31, 2019. These trainings were recorded in "SCCLearn," the County's intranet training platform. Trainings included web-based trainings and in-person classes. The number of Social Workers who completed the training as well as the date of completion were included in the data we received. The Management Audit Division also reviewed trainings that occurred during IHSS all-staff meetings for the same time period. We grouped trainings by topic and reviewed the data for trainings that covered subjects within the need areas identified in the section above (based on current IHSS recipient demographics), namely:

- Alzheimer's Disease
- Autism
- Blindness or Visual Impairment
- Child Abuse or Neglect
- Communication Strategies for Non-English Speakers and English Language Learners (ELLs)
- Cultural Sensitivity
- Dementias
- Diversity
- Elder Abuse or Neglect
- Hearing Loss or Deafness
- Implicit Bias
- Intellectual Disability (formally known as mental retardation)
- Inter-Ethnic Communication
- LGBTQ Cultural Competency
- Protective Supervision
- Psychiatric Disabilities
- Sexual Harassment

Figure 3.1 on page 46 lists the number of Social Workers, out of 81, who completed training course topics within the identified need areas, based on data from SCCLearn.⁴⁴

⁴⁴ As of December 31, 2019, the In-Home Supportive Services (IHSS) Case Management Team consists of 81 Social Worker I or II positions (nine Social Worker II Leads and 71 Social Worker I or IIs). Nine Social Worker Supervisors oversee these positions, bringing the total number of Case Management positions, including Supervisors, to 90 FTEs.

Figure 3.1: Social Workers Who Have Completed Trainings in Identified Recipient Need Areas, and the Year of Training Completion, Out of 81 Social Worker I or IIs (January 1, 2015 to December 31, 2019)



Source: Management Audit Division summary of IHSS records.

*Some Social Workers currently with IHSS were previously employed within other County departments, such as the Department of Family and Children Services. The trainings indicated focus on the Child Welfare System, however the subjects overlap with training need areas identified by the Management Audit Division, and they have therefore been included along with other IHSS recipient need area trainings.

**Social Worker count is distinct, so each individual Social Worker is only counted once, even if they completed the training multiple times.

100 percent of Social Workers have completed the County's Sexual Harassment, Discrimination, and Bullying Training through SCCLearn, though only 91.36 percent had completed the training within the past two-years, as will be required by Government Code Section 12950.1, by January 2021. In terms of other trainings covering subjects within identified need areas, however, these trainings have been completed by very few IHSS Social Workers in the past five years (less than 5 percent of IHSS Social Workers). Most of these trainings (61.76 percent) were completed - over three-years ago, in 2015-2016, and none were completed within the past year, as of December 31, 2019.

Some need area topics have been addressed during all-staff meeting trainings/ exercises, rather than through SCCLearn (see Figure 3.2 on page 47).

Figure 3.2: Trainings During All-Staff Meetings Covering Recipient Need Area Topics

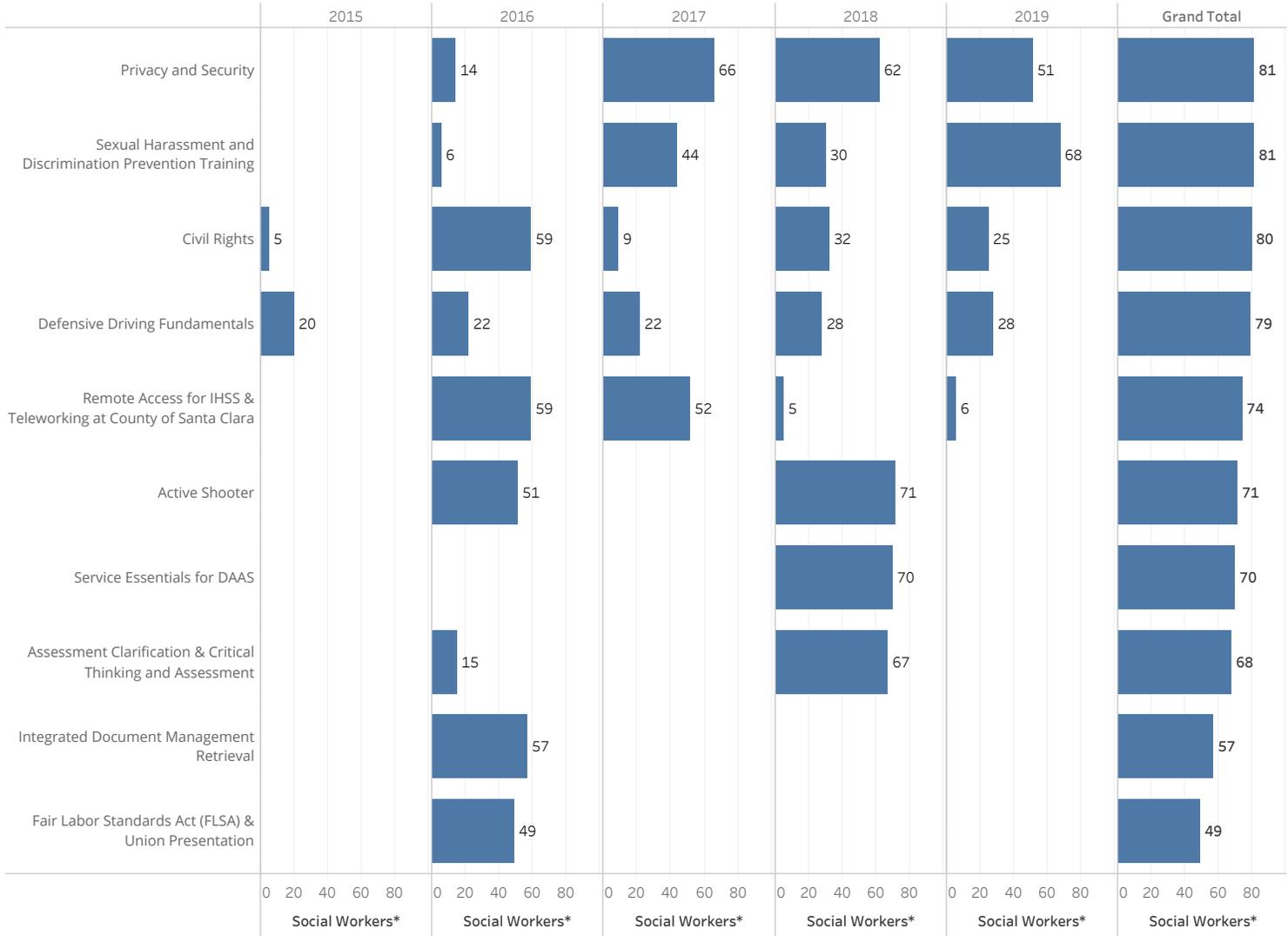
Presentation During All-Staff Meeting	Date	Need Area Training Topic
Senior Adults Legal Assistance (SALA)	July 2015	Elder Abuse or Neglect*
Blind Visually Impaired Updates	July 2015	Blindness or Visual Impairment
Blind Visually Impaired Updates	August 2015	Blindness or Visual Impairment
Adult Protective Services (APS)	March (DAAS) 2015	Elder Abuse or Neglect
Language Survey SCD 1264	April 2016	Communication Strategies for Non-English Speakers and English Language Learners (ELLs)*
Language Rights	June 2016	Communication Strategies for Non-English Speakers and English Language Learners (ELLs)*
Hearing Wellness	May 2017	Hearing Loss or Deafness
Elder Care Alliance Speaker-Dementia Overview	July 2017	Dementias
Elder Care Alliance Speaker-Dementia Overview (continued)	August 2017	Dementias
Office of LGBTQ Affairs-Guest Speaker Overview	September 2017	LGBTQ Cultural Competency
Immigration Rights	February 2018	Diversity*
LGBT Disparities Reduction Act	July 2018	LGBTQ Cultural Competency
Diversity Day Activity	August 2018	Diversity
Guest Speaker - Adult Protective Services (APS), Mandated Reporting	August 2018	Elder Abuse or Neglect
Guest Speakers - Office of LGBTQ Affairs	October 2018	LGBTQ Cultural Competency
Office of LGBTQ Affairs Presentation	August 2019	LGBTQ Cultural Competency
Presentation from Alzheimer's Association	September 2019	Alzheimer's Disease

Source: Management Audit Division summary of IHSS records.

*This presentation overlaps with one of the need area topics.

It's important to acknowledge that IHSS Social Workers have completed other essential trainings that do not focus on the identified recipient need areas. Figure 3.3 on page 48 shows training topics in SCCLearn completed by 50 percent or more of current IHSS Social Workers between January 1, 2015 and December 31, 2019.

Figure 3.3: Trainings Completed By More Than 50 percent of Current IHSS Social Workers Between January 1, 2015 and December 31, 2019



Source: Management Audit Division summary of IHSS records.

*Social Worker count is distinct, so each individual Social Worker is only counted once, even if they completed the training multiple times.

Status of Need Area Training Topics

Again, based on the demographics of current IHSS recipients, certain training topics appear to be especially important for Social Workers to train and stay up to date on. However, records from SCCLearn and all-staff meeting presentations indicate that more needs to be done to provide trainings on these topics and to encourage Social Workers to pursue trainings that are already available through SCCLearn.

Figure 3.4: Need Area Training Topics Versus Most Recent Trainings Completed By More than 50 Percent of IHSS Social Workers

Need Area Training Topics	Setting	Month	Year
Blindness or Visual Impairment	All-Staff Meeting	August	2015
Communication Strategies for Non-English Speakers and English Language Learners (ELLs)*	All-Staff Meeting	June	2016
Hearing Loss or Deafness	All-Staff Meeting	May	2017
Dementias	All-Staff Meeting	August	2017
Diversity	All-Staff Meeting	August	2018
Cultural Sensitivity (<i>overlap with Diversity presentation?</i>)	All-Staff Meeting	August	2018
Elder Abuse or Neglect	All-Staff Meeting	August	2018
LGBTQ Cultural Competency**	All-Staff Meeting	August	2019
Alzheimer's Disease	All-Staff Meeting	September	2019
Sexual Harassment	SCCLearn	*every two years	
Autism			
Child Abuse or Neglect			
Implicit Bias			
Intellectual Disability (formally known as mental retardation)			
Inter-Ethnic Communication Skills			
Protective Supervision			
Psychiatric Disabilities			

Source: Management Audit Division summary of IHSS records.

*The presentation on this day covered 'Language Rights', which may have overlapped with this subject but may not have provided communication strategies to help ELLs.

** These presentations have been given annually by the Office of LGBTQ Affairs since 2017.

Blindness or Visual Impairment and Hearing Loss or Deafness Trainings

Both Blindness or Visual Impairment trainings and Hearing Loss or Deafness trainings should focus on providing reasonable accommodations during assessments, in addition to assessing the level of need of the recipient, in order to ensure equal access to IHSS. The last Hearing Loss or Deafness training completed by a majority of IHSS Social Workers was in May 2017, and for Blindness or Visual Impairment it was August 2015, over four and a half years ago. Given the risks that blindness, visual impairment, deafness, or hearing loss can impact communication, or create miscommunication between individuals, and thereby affect the accuracy of assessments and equal access to IHSS, Social Workers should be required to complete trainings in both subject areas every two years.

Cultural Sensitivity, Inter-Ethnic Communication, and Implicit Bias Trainings

The diversity of IHSS recipients, ethnically and linguistically, the access Social Workers require to recipients' personal space, and the need for constructive and cooperative communication means that cultural sensitivity, inter-ethnic communication, and implicit bias are important training topics for Social Workers. There was a Language Rights training in June 2016, which overlaps with these needs, and a Diversity Day Activity/Cultural Sensitivity presentation in August 2018, but the Management Audit Division did not find records of trainings that directly addressed implicit bias, or inter-ethnic communication tools. The Language Rights training was also nearly four years ago, so a refresher on this material as well as a training that focuses on Communication Strategies for Non-English Speakers and English Language Learners (ELLs), is important for IHSS Social Workers.

Alzheimer's Disease, Autism, Dementias, Intellectual Disability, Psychiatric Disabilities, and Protective Supervision Trainings

Because Social Workers are expected to determine the level of need before granting Protective Supervision, it is important that they stay up-to-date on our evolving understanding of impairments such as an intellectual disability, autism, Alzheimer's, dementias, and psychiatric disabilities, as well as the process for granting Protective Supervision status. An all-staff meeting in September 2019 included a presentation on Alzheimer's Disease, but the only other related training took place in August 2017, also during an all-staff meeting. No other related trainings were completed by a majority of IHSS Social Workers within the past five-years. The Management Audit Division recommends that IHSS include trainings on autism, intellectual disability, Protective Supervision, and psychiatric disabilities within their all-staff meetings. IHSS Social Workers should also be encouraged to take trainings on these subjects within SCCLearn.

Child and Elder Abuse or Neglect Trainings

As mandated reporters, IHSS Social Workers should be trained on identifying signs of Child Abuse or Neglect as well as Elder Abuse or Neglect, however the Management Audit Division did not find evidence that the majority of IHSS Social Workers had completed trainings on identifying signs of Child Abuse or Neglect in the past five years. The last Elder Abuse or Neglect training took place during an all-staff meeting in August 2018. Previous to that the last presentation was given in March 2015. The Management Audit Division recommends that, since Social Workers are mandatory reporters, trainings on how to identify signs of Child Abuse or Neglect, as well as Elder Abuse or Neglect, either be incorporated annually into all-staff meetings, or that Social Workers be required to complete trainings on these specific subjects within SCCLearn every two-years (the same as sexual harassment training requirements).

Sexual Harassment and LGBTQ Cultural Competency Trainings

Two training need area topics that appear to be covered regularly by the majority of IHSS Social Workers are LGBTQ Cultural Competency and Sexual Harassment prevention. The Office of LGBTQ Affairs has given presentations annually since 2017 during IHSS all-staff meetings. The last one was given in August 2019. IHSS staff are required to complete a Sexual Harassment training every two-years, and IHSS Social Workers are 91.36 percent compliant with this requirement.

How to Provide Need Area Topic Trainings

All of the trainings discussed above could be offered during the existing all-staff meetings, on a rotating bi-annual basis. This would have two benefits. First, Social Worker staff would not need to find additional time to attend additional trainings. This will prevent trainings from consuming valuable time needed for Social Worker core tasks. Second, other staff, including clerical support and other administrative positions, can benefit from the training since they also interact frequently with the same population of program participants.

CONCLUSION

Because Social Workers are responsible for assessing the physical needs of vulnerable individuals within their homes, and have the power to approve or deny support for these individuals, it is especially important that Social Workers receive adequate continuing training and support to help them fulfil their responsibilities in an informed and unbiased fashion. The demographic diversity of IHSS recipients, across measures which include ethnicity, language, age, and impairment, mean that is especially important for Social Workers to receive training on certain topics, such as: Blindness or Visual Impairment, Hearing Loss or Deafness, Cultural Sensitivity, Inter-Ethnic Communication, Implicit Bias, Alzheimer's Disease, Autism, Dementias, Intellectual Disability, Psychiatric Disabilities, Protective Supervision, Child Abuse or Neglect, Elder Abuse or Neglect, Sexual Harassment, and LGBTQ Cultural Competency. However, records from SCCLearn and all-staff meeting presentations indicate that more needs to be done to provide trainings on these topics and to encourage Social Workers to pursue trainings that are already available through SCCLearn. By offering regular trainings that cover these topics during all-staff meetings Social Workers would not need to find additional time within their schedules to train on these topics, and the material would also be made available to other IHSS staff, such as clerical and administrative, who also interact with IHSS recipients on a regular basis.

RECOMMENDATIONS

The Department of Aging and Adult Services and the In-Home Social Services program should:

- 3.1 Provide access to, and require IHSS Social Workers to complete every two years, trainings on:
 - a. ways to identify signs of child abuse or neglect and on elder abuse or neglect to ensure that all Social Workers are sufficiently prepared as mandatory reporters.
 - b. blindness and visual impairment and on hearing loss and deafness in order to ensure equal access to IHSS and improve accuracy of assessments.
 - c. protective supervision, Alzheimer's disease, autism, dementias, intellectual disability, and psychiatric disabilities in order to support Social Workers' tasks of assessing whether need levels meet the criteria for protective supervision.
 - d. communication strategies for non-English speakers and English language learners, as well as inter-ethnic communication skills, in order to provide useful tools to Social Workers, support equal access, and harbor constructive, cooperative, and respectful communication between Social Workers and recipients.

- e. cultural sensitivity, diversity, and implicit bias in order to provide useful tools to Social Workers, support equal access, and harbor constructive, cooperative, and respectful communication between Social Workers and recipients. (Priority 2)
- 3.2 Enforce compliance with Government Code Section 12950.1 sexual harassment training requirements by quarterly monitoring staff's completion of the training on SCCLearn. (Priority 1)

SAVINGS, BENEFITS, AND COSTS

The implementation of Recommendation 3.1a-e will require some time and coordination of existing staff in order to track trainings and schedule presentations during all-staff meetings. These Recommendations, however, will not result in additional costs for the County. Recommendation 3.2 will similarly require additional time of existing staff in order to track and enforce compliance, but it will not result in additional costs for the County as the additional time to review training reports every quarter is minimal.

By providing access to the training topics in Recommendation 3.1a-e and requiring that IHSS Social Workers complete these trainings every two-years, IHSS will help Social Workers fulfill their legal responsibility as mandatory reporters, ensure equal access to IHSS, support Social Workers' tasks of assessing need levels against the criteria for Protective Supervision, harbor constructive, cooperative, and respectful communication between Social Workers and recipients, and improve the accuracy of assessments overall.

Enforcing compliance with Government Code Section 12950.1, which requires, within six months of hire or commencing a supervisory position, an hour of sexual harassment training for non-supervisory employees and two hours for supervisory employees, repeated bi-annually thereafter, will ensure that IHSS remains in compliance with State law. It will also overtly demonstrate that the department will not tolerate harassment. If a sexual harassment claim is filed against IHSS, not enforcing sexual harassment training compliance might be seen as evidence that the department tacitly condoned harassment. That, in turn, might support increased damages in a sexual harassment case.

Issues of inequitable access to IHSS have been litigated in California and have resulted in large settlements. One \$10 million settlement required the State to create, among other materials, a telephone system to allow IHSS recipients to approve timesheets independently.⁴⁵ Additional trainings that help to ensure equal access to IHSS help to minimize risks.

45 Disability Rights California. (2017 February) "Disability Rights Groups and the State of California Reach Novel Settlement Agreement to Ensure Effective Communication for Blind and Visually Impaired Medi-Cal IHSS Recipients." <https://www.disabilityrightsca.org/press-release/disability-rights-groups-and-the-state-of-california-reach-novel-settlement-agreement>. Accessed March 25, 2020.

In terms of legal and financial risk related to mandated reporters, it is a misdemeanor for a mandated reporter of both Child and Elder Abuse or Neglect to not report a known or reasonably suspected case. Not reporting a case is punishable by up to six months in the county jail, a \$1,000 fine, or by both jail and the fine.^{46; 47} If the abuse or neglect leads to death or great bodily injury and the mandated reporter willfully failed to report it, they can be punished by up to one year in the county jail, by a fine of up to \$5,000, or by both jail and the fine.^{48; 49} Proper and regular training can help prevent cases from going unreported, protecting vulnerable individuals, and avoiding misdemeanor charges against mandated reporters and the scrutiny that would bring to other County agencies with mandated reports.

46 California Penal Code, Article 2.5 Section 11166(c).

47 Welfare and Institutions Code 15630.h. Accessed March 25, 2020. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=15630.&lawCode=WIC.

48 California Penal Code, Article 2.5 Section 11166.01(b).

49 Welfare and Institutions Code 15630.h. Accessed March 25, 2020. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=15630.&lawCode=WIC.

THIS PAGE LEFT BLANK

Section 4: Use of One-Time Funds

Background

Starting in May 2020, Santa Clara County's IHSS program will be required by the state to enroll all the program's recipients and care providers, 52,559 people combined, in either a web-based or telephone-based time-entry system. This will replace the current paper-based system that up until recently was the most common method used by recipients and providers. These new systems are known as Electronic Visit Verification (EVV). The state provided one-time administrative funds available to reimburse counties specifically for this conversion. Instead of claiming the funds as intended, the County used these funds for routine ongoing expenses that were otherwise funded by state and federal sources.

Problem, Cause, and Adverse Effect

The Social Service Agency reports that its practices is to use one-time state allocations to reimburse already budgeted ongoing operating expenditures. In this instance, \$141,141 were claimed for salary and benefits of existing employees. This leaves money on the table, as the one-time funds provided by the state for EVV just replaced existing revenue for administrative costs paid by the state and federal government. Had the Social Services Agency instead treated the one-time allocation as additive, the IHSS program could have used the funds to hire temporary staff to offset the burden of the EVV implementation.

The IHSS Program is already struggling to meet demand for phone support. Callers to the County's IHSS office as of December 2019 had an average wait time of 35.7 minutes. The increased demand for support from the new time entry systems being implemented will compound this problem. As call volumes increase, wait times will worsen and many callers might abandon their calls. This risks recipients and providers making errors using the new systems. Time-entry errors can result in delays in paychecks due to required resubmissions or incomplete submissions of time worked. Such delays impact the providers' income, could risk interruption of care to recipients, and delay assistance for those who call about other topics.

Recommendations

The opportunity to use the state's one-time funding to support the IHSS program's EVV implementation has passed and the money is no longer available. However, should future one-time funding sources like this become available, the Social Services Agency should make it a policy to manage them as additive rather than replacing other state or federal funding sources, thereby maximizing the external funding resources available to the County.

Savings, Benefits, and Costs

Had the Social Services Agency managed the one-time funds as additive; it would have contributed the \$141,141 as an additive resource to fund temporary staff in addition to the existing administrative funding made available from state and federal sources. If the Social Services Agency changes its practice as recommended, then future one-time funds will contribute to additional revenue and resources available to the County rather than simply replacing one external revenue source for another.

FINDING

Background

Starting in May 2020, Santa Clara County's IHSS program will be required by the state to enroll all the program's recipients and care providers, 52,559 people combined,⁵⁰ in either a web-based or telephone-based time entry system. This will replace the current paper-based system that up until recently was the most common method used by recipients and providers. These new systems are known as Electronic Visit Verification (EVV).⁵¹

After the adoption of the FY 2019-20 budget, on September 13, 2019, the state made the County aware of up to \$158,607 of one-time funds available for reimbursement to offset administrative costs related to the mandatory implementation of the EVV system. The funds were intended to help offset the administrative and support burdens expected by the implementation of EVV.

As discussed in the Clerical Staffing Finding, callers to the IHSS program must wait on average 35.7 minutes for assistance. Many of these calls are reportedly related to payroll issues. If the EVV system were to reduce the number of payroll issues it may reduce long-term call time. However, we believe that in the short-term customer support demand will increase sharply, and in the long-term language and technical support needs may simply replace the current support calls about the paper-based system.

If call volumes increase during the period of implementing the new time entry systems, then wait times will worsen and many callers might abandon their calls. This risks recipients and providers making errors using the new systems. Time-entry errors can result in delays in paychecks due to required resubmissions or incomplete submissions of time worked. Such delays impact the financial livelihood of providers and could risk interruption of care to recipients. Further, if call wait times worsen, recipients and providers who call with other needs may go unaddressed or be delayed.

County Missed Opportunity to Add Temporary Support

The Social Service Agency reports that its practice is to use one-time state allocations to reimburse already budgeted ongoing operating expenditures. In the case of the funds offered to implement EVV, the Agency claimed \$141,141 toward salary and benefits of existing employees. This leaves money on the table, as the one-time funds provided by the state for EVV just replaced existing revenue for administrative costs paid by the state and federal government. Had the Social Services Agency instead treated the one-time allocation as additive, the IHSS program could have used the funds to hire temporary staff to offset the burden of the EVV implementation.

⁵⁰ As of December 31, 2019, per California Department of Social Services

⁵¹ Federal law, Subsection I of Section 1903 of the Social Security Act (42 U.S.C. 1396b), requires all states to implement electronic visit verification. The State is targeting full adoption by January 1, 2021, with phased rollouts among counties throughout 2020. California's Department of Social Services (CDSS), manages the payroll and time tracking systems used by all counties for their IHSS programs.

Further, County policy requires that new monies in excess of \$100,000 be appropriated by the Board of Supervisors. The Social Services Agency perceived the \$158,607 of one-time funds offered to the County to be part of the greater IHSS funding and did not make the Board aware of the additional revenue available for reimbursement. The Agency reports that it often considers one-time funds for IHSS and other programs to be part of their overall funding and does not communicate the existence of the new funds to the Board or seek their appropriation.

In this instance and possibly others, the Agency's practice reduces the overall revenue available to the County. Had the Agency instead treated the one-time funds as intended, they could have sought Board approval to hire temporary staff and help support callers to IHSS who are struggling to get assistance from County staff already. Instead, the funds were spent on existing staff, who would have otherwise been fully paid by different state and federal funds. If this were to occur again in the future for a larger amount of funding, it could severely limit the resources available to the County to meet program demands and policy goals.

CONCLUSION

The state's mandated implementation of the EVV system will worsen the already struggling capacity of IHSS to provide phone support to callers. The state provided one-time administrative funds available to reimburse counties specifically for this implementation. Instead, the County claimed these funds against existing ongoing expenses that were otherwise funded by state and federal sources. The Social Service Agency reports that this is their common practice with one-time funds. In this and possibly other instances it left money on the table from the state that could have otherwise been used to support the IHSS program. The Agency should establish a policy to ensure all future one-time funds are treated as distinct and available as appropriate for their intended use rather than replacing other outside revenue sources.

RECOMMENDATIONS

The Social Services Agency should:

- 4.1 Establish a policy where one-time funds available for reimbursement from external sources are treated as additive to avoid replacing existing ongoing funding sources when making reimbursement claims. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

Implementation of Recommendation 4.1 would prevent future funding opportunities from being missed or wasted. Had the Social Services Agency managed the one-time funds as additive; it would have contributed the \$141,141 as an additive resource to fund temporary staff in addition to the existing administrative funding made available from state and federal sources. If the Social Services Agency changes its practice as recommended, then future one-time funds will contribute to additional revenue and resources available to the County rather than simply replacing one external revenue source for another.

THIS PAGE LEFT BLANK

Section 5: Accessibility at 353 West Julian Street

Background

In-Home Supportive Services (IHSS) serves clients who have physical or mental impairments which substantially limit major life activities. In September 2019, IHSS began moving to the new leased building at 353 West Julian Street in San Jose as a part of the Social Services Agency's (SSA) plan to centrally locate SSA services and offices. The facility is adjacent to another leased SSA building at 333 West Julian Street. The lease is held with SI 29, LLC, a California limited liability company, for a 12-year term which will expire by July 2031. SSA's Central Services Division worked with the Facility and Fleet Department and consulted with the directors of SSA departments, including the Department of Aging and Adult Services (DAAS), to plan and design construction. Central Services primarily consulted with DAAS, the departmental level above IHSS, and not directly with IHSS.

Problem, Cause, and Adverse Effect

Based on the City of San Jose's approval of the building, 353 West Julian meets State and Federal requirements for accessibility but neglects the disproportionately large population of visitors to the building who have physical or mental impairments. We observed limited accessible parking, furniture in the lobby being too low for elderly and physically impaired users to safely sit and stand, noisy lobby customer service windows that lack partitions, a lack of wheelchair accessible tables in a staff training room, and one instance where a wheelchair-bound IHSS Advisory Board member almost tipped over on a sidewalk ramp due to a lack of barriers. These deficiencies undermine the ability of visitors to access the building and lobby, and the ability of clientele to receive assistance for their IHSS services. Mitigating some of these problems may be limited by the San Jose Municipal Code, the lease agreement for the campus, and limited space available for parking. Progress has been made towards fixing some of these issues, but more opportunities to improve access remain.

Recommendations

We recommend SSA install courtesy signs at street-level handicap accessible parking spaces and create an accessible passenger loading zone by the building. We also recommend IHSS work with SSA for the installation of acoustical panels which are currently in storage for better sound quality for clerical staff phone calls and conduct a survey of lobby visitors to identify their accessible parking needs. Further, we recommend that Central Services work with the Facility and Fleet Department to conduct a walkthrough of the building and campus pathways to resolve hazards and impracticalities that may affect lobby visitors and workers.

Savings, Benefits, and Costs

We estimate that the cost of all these upgrades combined would be a small one-time cost to install accessible parking recommendation signs for visitors and create an accessible passenger loading zone. Cost estimations for these projects are currently unavailable from SSA's Central Services Division. The installation of acoustical panels, the building and pathways walkthrough to determine hazards, and the IHSS-run parking survey of lobby visitors would present no extra cost to the county but increase workload for staff assigned to coordinating and completing these projects. These changes would better align the building and space with the program participants of IHSS.

FINDING

The Americans with Disabilities Act (ADA) requires that public facilities and workplaces provide accessible pathways and doors, among several other considerations. From the Management Audit Division's observations, the Julian Campus and 353 building comply with ADA Standards. However, there are changes and considerations that should be made to the building and facilities to ensure clientele and staff ease of access to the building to receive and deliver service.

In-Home Supportive Services (IHSS) serves aged and disabled recipients. In October 2019, IHSS opened its lobby at the Julian Campus, in the 353 building on West Julian Street. The County leases the building for a 12-year period, which began July 1, 2019. Most other campus building leases have been updated to match the lease for 353 West Julian Street.

Moving IHSS to the campus was part of the Social Security Agency's (SSA) initiative to move most departments and programs to the Julian campus. SSA's Central Services Division plans and maintains all facilities for the agency. Staff from the Division were tasked with coordinating all SSA departments for planning and designing the space. This required the Central Services Division to balance the needs of all departments and do so while working with the limitations of the space and the building owner.

As of January 2020, almost 51 percent of IHSS recipients are physically or cognitively disabled according to California's Department of Social Services. All recipients qualify for IHSS because they require in home assistance to continue to live in their home safely. Therefore, IHSS serves a disproportionately large disabled population and as such, meeting ADA compliance may not fully address the needs of the population. IHSS management estimates there are 100 clients a day who visit the lobby under normal circumstances. The Campus and lobby are where clients interact with the programs they require. When that interaction is made more difficult or impossible to reach for disabled individuals, as is the case with current facility, they may not receive services successfully.

There are deficiencies regarding accessibility for clientele and staff of IHSS within the building, parking lot, and Campus pathways that are important to address to reduce the risk of injury. There have been reports of issues which affect IHSS clients regarding pathway ramps that can tip a wheelchair, handicap accessible parking available by the building, difficulty finding the IHSS lobby, and heavy interior doors. These deficiencies undermine the ability of staff to serve clientele, and the ability of clientele to receive assistance for their IHSS services. Changes may be limited by the San Jose Municipal Code and the lease agreement for the campus.

Accessible Parking for Clients

The Julian campus has a total of 36 accessible parking spaces, 10 more than the 26 required by law. SSA's Central Services Division and IHSS staff have speculated that County staff tend to take handicap accessible parking spots close to the campus rather than parking in the garage, which is located further away. Accessible parking spaces in front of 353 have been observed as being full in the morning before the Campus is open to the public. County staff, with handicap placards assigned to them, have every right to park in any handicap accessible parking spaces, but this means there are limits in available spaces for disabled clientele. The IHSS Advisory Board is made up of IHSS current and past users. The IHSS Advisory Board members have stressed the difficulty obtaining handicap accessible parking spaces, even when arriving to the building before it opens for lobby visits and meetings.

Handicap accessible parking is essential for program recipients of IHSS. With more than half recipients being disabled, they are not able to easily secure parking by the IHSS entrance due to the number of participants and workers who require accessible parking and we repeatedly observed these being entirely full.

Per the City of San Jose Code, there is a ratio of parking to handicap parking that must be maintained in lots. The Julian Campus has exceeded the number of necessary accessible parking spaces by 28%. However, the Julian campus is short on total parking by 114 spaces, based on square footage requirements. The City granted an exemption from the requirement. Therefore, avoiding reductions in the overall amount of parking spaces is vital. Accessible parking spaces typically take more square footage than a standard parking space. This is because the accessible spaces require additional room for drivers and passengers to enter and exit with enough room for wheelchairs, other devices, or assistance. For example, if ten standard parking spots were converted to handicap spots, that may only be enough room for five or six depending on the configuration.

After the issue of the limits in handicap accessible parking were brought to SSA's attention, Central Services has made plans to construct four handicap accessible parking spaces in front of the IHSS Lobby entrance at an expected cost of \$60,000 to the County. The new spots will replace six County staff, C-Sticker, spots across from the lobby entrance. This plan is currently in the proposal stage and could change. An additional four spaces are not going to drastically change outcomes for SSA and IHSS clients. Therefore, we recommend IHSS conduct a parking survey of IHSS lobby visitors. However, this should wait until six months after the electronic time sheet system is implemented, as discussed in Section 4, starting on page 55 of this report, because the new system may change the volume of IHSS visitors to the facility. Conducting this analysis would allow IHSS to quantify and justify the need for more handicap accessible parking spaces to SSA's Central Services by determining how many accessible spots are needed and secured on a normal basis. Furthermore, SSA's Central Services Unit has reported an observed increase in available parking around the Julian Campus as a result of staff working from home and, if this were to continue, it would increase available handicapped parking for clients.

The demand for handicap accessible parking is likely to grow as the number of service recipients increases. To address this, we recommend installing courtesy signs near handicap accessible parking close to the building requesting that accessible parking be reserved for visitors whenever possible. This cannot be required or enforced but may deter workers from parking closer to the building if they are able to park farther

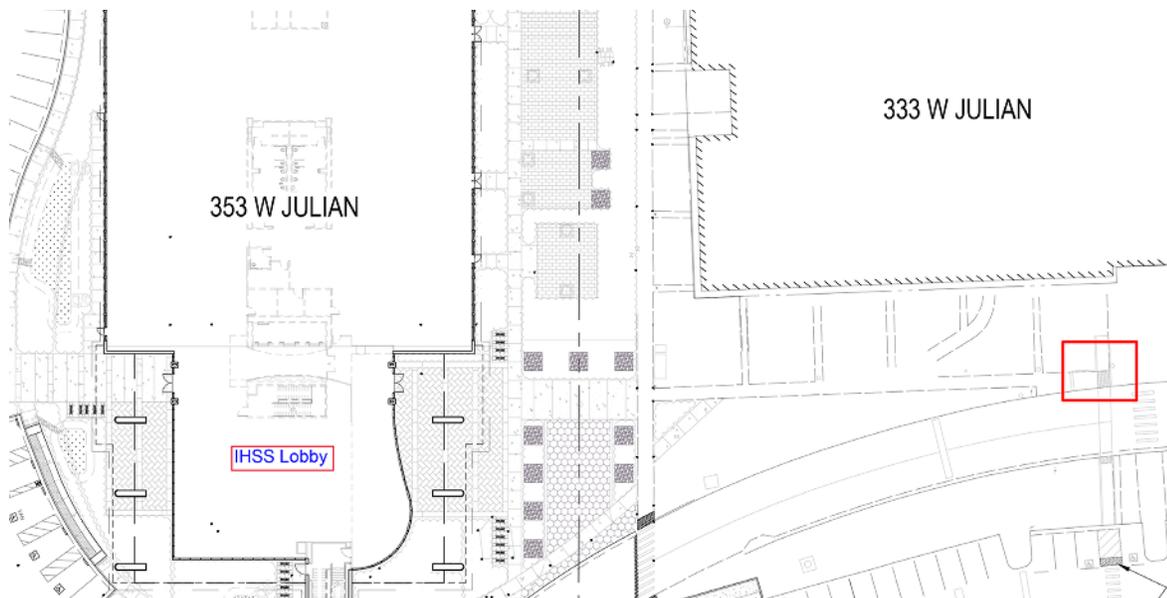
away. Furthermore, an accessible passenger loading zone in front of the building could help to reduce the number of cars in accessible spaces and reduce the need for more accessible spaces, thus saving money on parking lot redesigns. A loading zone would allow for clients receiving rides to be dropped off by the building while their driver secures a parking spot in visitor parking. According to Central Services, the landlord for the campus is not receptive to having a loading zone. The 353 West Julian Street lease is for a duration of 12 years, spanning from July 2019 to June 2031. However, finding an acceptable location for and installing a loading zone could allow for a reduced need for parking for handicap placard users.

Pathways to IHSS Lobby

Clients should be able to arrive at their destination safely and efficiently to receive services. Once they secure parking, they must maneuver around the campus to get to the IHSS lobby. We observed curbs causing a wheelchair to lose balance and a lack of signage to help direct clients to their destination.

There are three ramps on the curb in front of 333 West Julian, shown in Figure 5.1. These ramps are right outside of the 333 main entrance, along the sidewalk pathway to the IHSS lobby, and on an evacuation pathway for the 333 building. A member of the Advisory Board reported to us that these ramps caused the individual to lose balance in their wheelchair due to having one side of their wheelchair stay on the one of the curbs and the other going down the ramp, imaged in Figure 5.2 on page 63. After identifying the issue with SSA's Central Services, the Julian Campus landlord has chosen to pursue the installation of barriers to heighten visibility and mitigate individuals falling off the curb at the landlord's expense.

Figure 5.1: Map of Pathway Ramp, in Red, in Relation to IHSS Lobby



Source: Map supplied by SSA's Central Services Division and edited by Management Audit Division Staff.

Figure 5.2: Image of Pathway to IHSS Lobby

Source: Picture taken by Management Audit Division Staff.

Another issue is finding the lobby. There is a lack of signage directing people where they need to go on campus. IHSS serves members of the community who have physical or mental impairments. Mental impairments can make it difficult for clientele to get to where they are going. This combined with the move to a new location can make it difficult for IHSS clients to reach the lobby window to be served. Following our inquiry about the cost and feasibility of installing signage, SSA's Central Services Division has approved a signage package which encompasses wayfinding and directional assistance that encompasses Julian Campus after discussing IHSS clientele issues with finding the new lobby.

Lobby Accessibility

When the IHSS lobby customer service windows are busy, we observed some visitors have a difficult time hearing the staff member while being served at the window. Being able to hear staff at the window is an essential component for clients to receive services. Therefore, installing sound barriers between the windows will help clients hear staff members, and help protect client privacy between windows. SSA's Central Services Division is planning to purchase and install sound partitions for the lobby windows after speaking with the audit team about persistent issues for staff and clients.

IHSS staff identified and the audit team observed that some visitors have issues with the low height of the seating in the lobby. To maintain the privacy of the clients we were not able to survey them for feedback. We measured the seating and found the cushion heights to be 14 and 17 inches. These heights are below recommended industry best practice. At these heights, the length of the floor to the cushion may be lower than knee height, which results in a longer time for some people to get to a standing position. However, the opposite is true for those with limited flexibility in the hips and seating should not be too high either. Therefore, industry standards suggest

that lobbies should provide a variety of seating heights ranging from 15 to 18 inches. Following our inquiry about the cost and feasibility of replacing or modifying furniture, SSA's Central Services Division has purchased leg adjustments for the lobby couches and armchairs which will raise the height by 2 to 3 inches. The original cost of all lobby furniture was \$180,000. The cost to install the leg adjustments is approximately \$4,800.

During our on-site observations, a couch was near the front door to the SSA and IHSS lobby which caused a traffic jam of people trying to get by. This occurred as there were more than five people, some in wheelchairs, by the SSA front desk. If this couch were removed, it would allow for easier movement into and out of the lobby areas.

IHSS staff have complained of the sun making it uncomfortable to work at the reception windows, which generally face to the South and are positioned behind a two-floor glass wall. This has caused discomfort for employees and they have been observed as taping paper to the lobby windows to block the sunlight. SSA's Central Services Division began working on purchasing and installing motorized blinds after the issue was brought to their attention by the audit team. The cost to install the blinds for the lobby and reception windows has an estimated cost of \$47,000 to SSA.

Indoor Accessibility

The IHSS clerical staff who make and receive calls often talk with clients who have hearing loss so staff must speak loudly to assist them. This creates a loud office atmosphere, creating hearing problems from staff while on the phone. SSA's Central Services Division has reported having acoustical panels available to install for mitigating the reverberation of noise in the office space. The dampening volume can be increased to help reduce the amount of background noise clients and staff hear during calls. SSA's Central Services Division reports that IHSS was made aware of the dampening and that it can be adjusted with no additional cost to the County.

The Oak Grove Training room, a large room at 353 Julian meant for large staff meetings and events, has many tables and chairs but none that were designated as wheelchair accessible. During an IHSS Advisory Board meeting held in the room it became apparent that the tables provided were not wheelchair compatible. When these concerns were provided to SSA's Central Services, they immediately re-purposed four power tables with ADA placards which were in a warehouse. The power legs will allow for adjustments based on varying wheelchair heights, allowing for individuals in wheelchairs to easily use the tables for writing. These tables were installed at a small cost to the County as a part of a work order with a County contractor.

The SSA building has wheelchair accessible bathrooms on every floor along with male and female regular stall restrooms. The regular stall bathrooms also have wheelchair accessible stalls. However, there are two doors into the bathroom stalls with a hallway, which clients and staff in wheelchairs have reported having trouble navigating. Although there are restrooms designed for wheelchair accessibility on every floor, the regular restrooms on every floor still have wheelchair accessible stalls that are inaccessible due to the entry hallway.

Furthermore, the Key Card doors make it difficult for even able-bodied staff to make it through the doors. The key card readers are reported to unlock the doors for a short period of time and the doors can be heavy to open for individuals in wheelchairs on their own. Additionally, staff have reported having issues with the weight of the key card doors as well as that the height of the key card readers makes it difficult for individuals in wheelchairs to reach. The amount of time for opening the door after unlocking it sometimes is not enough.

ADA standards require that necessary pathways are accessible to disabled individuals and doors must require no more than five pounds of force to operate; therefore, it is important to analyze access issues that could be caused by the bathroom or staff key card doors in the building especially for disabled individuals in the building via a building walkthrough. There are multiple unobserved areas in which issues similar to these could persist that were not covered within the scope of the audit; therefore, SSA should work with the Facility and Fleet Department to conduct a walkthrough of the 353 building to identify lingering issues, such as key card reader placement and door weight.

CONCLUSION

The unification of most SSA departments and programs at the Julian Street Campus is an improvement for the people that the County serves since many County services can be accessed at the same location. However, there are some issues with 353 Julian building and surrounding campus that limit accessibility for the people IHSS serves. The number of recipients has grown by over 1,000 recipients from January 2019 to January 2020 and will continue to grow every year. Therefore, there are considerations to be made to improve the quality and accessibility for the significant population of disabled individuals IHSS provides services to.

IHSS recipients and staff have expressed several concerns outlined previously in the finding regarding parking, hazardous pathways, lobby furniture, a lack of sound dampening, among other issues. SSA has been responsive to inquiries from the Management Audit team in pursuing solutions to several of the identified issues. SSA's Central Services unit has taken steps to install blinds for the lobby, height adjustable tables for the conference room, leg risers for lobby furniture, and more disabled parking spaces in a parking lot across from the 353 building while working with the Management Audit Division during the audit.

However, there are issues that have not been addressed or identified. The Management Audit Division had a limited scope that focused on issue areas that have been identified by staff and recipients throughout the audit. Accessible parking is an issue which can be handled on several fronts; starting with an IHSS conducted survey to pinpoint the parking needs of lobby visitors during normal conditions, preferably six months after the electronic timesheet system has been implemented. Therefore, we recommend that SSA's Central Services Division work with the Facility and Fleet department to walkthrough the 353 building and walkways to identify and remedy impracticalities and hazards based on their building and facility expertise.

RECOMMENDATIONS

The Social Security Agency should:

- 5.1 Place courtesy signs at street-level disabled parking spaces requesting that the parking be reserved for visitors when possible. (Priority 2)
- 5.2 Work with the Julian Campus landlord to determine the possibility of identifying a location and installing an accessible passenger loading zone by the 353 West Julian building. (Priority 2)
- 5.3 Work with the Facility and Fleet Department to conduct a walkthrough of the 353 West Julian Street building and campus pathways to identify potential lingering issues or impracticalities. (Priority 2)

The Department of Adult and Aging Services' In-Home Supportive Service Program should:

- 5.4 Work with the Social Security Agency's Central Services Division to arrange the installation of acoustical panels to increase the sound dampening for clerical staff during calls. (Priority 3)
- 5.5 Six months after the Electronic Visit Verification system have been implemented, conduct a survey of lobby visitors to understand parking needs. (Priority 3)

SAVINGS, BENEFITS, AND COST

The installation of acoustical panels and walkthrough of the 353 building and exterior pathways are not an extra cost to the County, other than causing an increase in workload to those assigned to these projects. Determining the parking need of IHSS lobby visitors would allow for an understanding of foot traffic in the lobby and a general need for parking accommodations on a regular basis at no extra cost to the county. This survey would affect workload for lobby staff, by requiring they ask visitors for feedback on their ability to secure accessible parking. Given the uncertainty of how the new electronic timesheet system will affect demand for customer support and therefore the volume of in-person visitors it makes sense to wait until the system have been implemented to make further parking modifications.

Furthermore, the installation of parking recommendation signs and an accessible passenger loading zone could increase available parking for those who need the accessible parking space in front of the 353 building the most. We estimate that the cost of these upgrades for parking combined would be a small one-time cost for their production and installation; however, SSA has been unable to provide an estimate at this time.

Addressing accessible parking need, installing sound panels, and identifying other potential issues within the 353 building at its outdoor pathways would better align the building and space with the program participants IHSS serves.

THIS PAGE LEFT BLANK

County of Santa Clara

Social Services Agency

353 West Julian Street
San Jose, California 95110-2335



DATE: July 30, 2020

TO: Management Audit Division

From: Robert Menicocci, Agency Director
Mary Ann Warren, DAAS Director

DS
RM
DS
MAW

SUBJECT: **Management Audit Report of the in-home Supportive Services (IHSS) Program – IHSS Accomplishments**

Thank you for the opportunity to provide highlights of accomplishments of the In-Home Supportive Services for FY19-20.

The IHSS program provides in-home care for persons who cannot safely remain in their own homes without such assistance. The core goal of the IHSS program remains the prevention of premature or unnecessary placement of recipients in institutions (skilled nursing facilities, community care facilities, or hospitals). IHSS currently services more than 26,000 individual users of services for nearly 27,000 providers. County Social Workers perform assessments to determine the number of hours and type of services to authorized for IHSS recipients.

Housed within the Social Services Agency, IHSS is one of five programs along with Adult Protective Services, Senior Nutrition, Office of the Public Administrator/Guardian/Conservator and Seniors' Agenda that together comprise the Department of Aging and Adult Services. DAAS moved its offices to 353 Julian Street and all DAAS programs are now co-located.

IHSS 2019-20 ACCOMPLISHMENTS

Compliance Rates

- Processed more than 4200 intake applications for in-person assessments
- Performed nearly 18,000 reassessments for current clients
- 86% of recipients and providers have enrolled in Electronic or Telephonic Timesheets

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

County of Santa Clara

Social Services Agency



353 West Julian Street
San Jose, California 95110-2335

New Positions

IHSS will be adding the following positions during FY20-21:

- 2 Social Work Supervisors
- 19 Social Workers
- 1 Application Readiness Client Services Technician
- 1 Data Office Specialist
- 1 Account Clerk II
- 1 Office Specialist III / Client Services Technician
- 1 Administrative Assistant

Move to 353 Julian

The new lobby at 353 Julian

- Drop Box for forms placed inside the lobby
- Drop Box for forms placed outside the entrance building entrance
- 3 additional speakers for 3 new lobby windows in non-English languages
- Lobby remodel since the onset of Covid-19, placing furniture to allow for social distancing
- Lobby Qmatic is being developed to allow providers and clients to wait in their car or outside until their number is called

Onset of Covid-19

- Telework – due to the current pandemic, there are no face-to-face visits and reassessments are being made. In order to continue services, IHSS created a virtual call center
- Eliminated queue of voicemails
- Phone rates on hold decreased from over 30 minutes to under 8
- Offered phone assessments for annual assessments and intake assessments.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

Technology Services

- Worked with TSS and County Counsel to implement DocuSign with clients to sign forms for a contactless approach
- Working with TSS on transitioning all forms to one “library” on the Intranet so that forms can be completed in fillable format.
- When it is possibly to resume visits safely, cases will be assigned by language and zip code to maximize efficiency.
- Coordinating with Technology Services and Solutions (TSS) to research potential improvements to the Call Tree as well as provide Push Notifications to both recipients and providers of IHSS services.

IHSS Providers

- Provider Sick Leave – the state is approving an additional 80 hours sick leave for IHSS providers due to Covid-19
- Emergency backup providers are offered incentive of an additional \$2 an hour for recipients needing an emergency provider due to Covid-19
- There are currently 51 emergency providers.

THIS PAGE LEFT BLANK

SIDE-LETTER AGREEMENT BETWEEN SEIU LOCAL 521
DEPARTMENT OF AGING AND ADULT SERVICES
IN HOME SUPPORTIVE SERVICES
AND COUNTY OF SANTA CLARA
04/11/19

The County and the Union have agreed to a side-letter to address work completion issues specific to Caseload Social Workers working in In Home Supportive Services (IHSS). This side-letter supersedes Appendix G Sections 9.6(a), 9.6(c), and 9.6(d) of the current Memorandum of Agreement (MOA) between the County and SEIU Local 521. The County and Union also agree that this side-letter satisfies the obligations set forth in the decision of Arbitrator Riker. This side-letter will sunset upon ratification of the successor agreement in the MOA. These work completion standards shall only apply prospectively, from the effective date of this side-letter. Nothing in this side-letter should be construed to limit the County's ability to assign any number of assessments to Case Management Social Workers, in its sole discretion, with the understanding that Case Management Social Workers are only expected to complete the number of assessments as calculated per month under the provisions of this side-letter. This is to clarify the amount of cases assigned versus the assessments being performed.

Definitions for Purposes of this Side-letter:

1. An "assessment" shall be defined as any of the following types of visits and assessments performed by a Social Worker: intake, reassessment, courtesy, or expedited visit.
2. Annual and/or year shall be defined as June 1, 2019 - May 31, 2020, and each June 1 - May 31 thereafter.
3. A full-time schedule shall be defined as forty (40) work hours per week.
4. Consecutive days of paid scheduled leave is defined as work days uninterrupted by a return to work. It includes weekends and County holidays, such as, Friday, Monday, and Tuesday; or, Thursday, Friday, and a County holiday on Monday. Weekends are not counted as one of the three days, but County holidays are. With respect to 4/10 schedules, if a Social Worker's day off is Wednesday, three consecutive days of scheduled leave includes Wednesday for determining whether the days off are consecutive, but is not counted as one of the three days (e.g. Mon-Thursday is considered three consecutive days off).

5. One work week of consecutive paid scheduled leave is defined as forty (40) hours, including County holidays. For example, Thanksgiving week, if a Social Worker takes Monday, Tuesday, and Wednesday off and Thursday and Friday are County holidays, this will constitute as one work week of consecutive paid scheduled leave and result in a reduction in the Social Worker's monthly assessment expectation.

6. An individual Social Worker's "**monthly assessments expectation**" is the number of assessments the Social Worker is expected to complete each month. To calculate a Social Worker's monthly assessments expectation, the standard twenty-seven (27) assessments per month expectation is reduced if the Social Worker is a Social Worker I (paragraph 3 below); Social Worker Lead (paragraph 2 below); and/or Certified Bilingual Social Worker (paragraph 4 below).

Monthly Assessment Expectations and Assessment Reductions:

1. Case Management Social Workers shall complete three hundred twenty-four (324) total assessments per year and shall complete these at a rate of twenty-seven (27) assessments per month.

2. Social Worker Leads shall receive a 10% reduction in his or her annual assessments expectation, such that they shall complete two hundred ninety-two (292) assessments per year, twenty-four assessments (24) per month.

3. Social Worker I's shall receive a 20% reduction in his or her annual assessments expectation, such that they shall complete two hundred fifty-nine (259) assessments per year, twenty-two (22) assessments per month. Social Worker I's shall be assigned the same type of assessments as Social Worker II's.

4. Certified Bilingual Social Workers shall receive a 12% reduction in his or her monthly assessments expectation for any month where 100% of the cases carried are in their certified language. The calculation of 100% will be month-to-month based on cases carried at the beginning of each month. Formula to calculate reduction: $(27 - (27 \times 12\%)) = 24$.

5. If a Social Worker takes between three (3) and four (4) consecutive days of paid scheduled leave in any given month, or if a Social Worker Works Out of Class (WOOC) the same amount of consecutive time, his or her monthly assessments expectation shall be reduced at a rate of 1.35 assessments per consecutive day off (i.e., each day after the first day of leave or after the first day of WOOC). Unscheduled leave, scheduled leave of less than three days, intermittent leave, or nonconsecutive days of WOOC, shall not result in any reduction of monthly assessments expectation. This 1.35 rate reduction applies regardless of the number of days or weeks in any given month.

6. If a Social Worker takes one (1) work week of consecutive paid scheduled leave (or consecutive paid scheduled leave or WOOC totaling 40 to 79 hours) in any given month, he or she shall receive a twenty-five percent (25%) reduction to his or her monthly assessments expectations.

7. If a Social Worker takes two (2) consecutive work weeks of paid scheduled leave (or consecutive paid scheduled leave or WOOC between 80 and 119 hours) in any given month, he or she shall receive a fifty percent (50%) reduction of his or her monthly assessments expectation.

8. If a Social Worker takes three (3) consecutive work weeks of paid scheduled leave (or consecutive paid scheduled leave or WOOC between 120 and 159 hours) in any given month, he or she shall receive a seventy-five percent (75%) reduction of his or her monthly assessments expectation will be reduced.

9. If a Social Worker takes four (4) consecutive weeks of paid scheduled leave (or consecutive paid scheduled leave or WOOC 160 hours or more) in any given month, he or she shall receive a one hundred percent (100%) reduction in his or her monthly assessments expectation.

10. Workload reductions for scheduled absences, in a work week that is split between two months, workload credit reductions will be given in the month that has the majority of the consecutive days off. For example, when a work week is split like the following, Thursday 29th, Friday 30th, Monday, 31st, Tuesday 1st, and Wednesday 2nd, and a Social Worker takes off Thursday, Friday and Monday, the workload credit reduction will be applied to the first month. If the Social Worker takes off Monday, Tuesday, and Wednesday, the workload credit reduction will be applied to the second month.

11. Workload reductions for unscheduled absences of three (3) consecutive days or greater will be reviewed by management on a case by case basis. Management's decision to grant or deny a workload reduction cannot be grieved.

12. Monolingual Social Workers assigned a non-English speaking case, and Certified Bilingual Social Workers assigned a case that is not English or not in the Social Worker's certified language, that requires the use of an interpreter, will receive a weight of 1.3 for that assessment, which will be applied in determining whether the Social Worker met his or her monthly assessments expectations.

If the County's fiscal year compliance rate for IHSS assessments drops below the State's compliance expectation of eighty percent (80%), the parties shall hold workload reviews to discuss

and strategize temporary modifications to the workload expectations to achieve the State's compliance expectation.

DocuSigned by:

Ashlyn Marquez 4/11/2019

C38A47CE62224E2...

Ashlyn Marquez
Contract Enforcement
SEIU Local 521

DocuSigned by:

Jeffrey Gaskill 4/11/2019

5D430AF01B89434...

Jeff Gaskill
Labor Relations Representative
Santa Clara County

Paid Time Off in a Month	Reduction of Monthly Assessment Expectation
3 to 4 consecutive days	1.35 assessment expectation reduction per consecutive day off after the initial day off
5 consecutive workdays	25% assessment expectation reduction
10 consecutive workdays	50% assessment expectation reduction
15 consecutive workdays	75% assessment expectation reduction
20 consecutive workdays	100% assessment expectation reduction
Certified Bilingual Social Worker	Reduction of Monthly Assessment Expectation
Any month where 100% of cases are in their certified language*	12% assessment expectation reduction
Mismatched Language Assignments	Reduction of Monthly Assessment Expectation
Monolingual Social Workers assigned a non-English speaking case that requires the use of an interpreter	Receive a weight of 1.3 for that assignment
Certified Bilingual Social Workers assigned a case that is not in their certified language and requires the use of an interpreter	Receive a weight of 1.3 for that assignment
Work Out of Class (WOOC) in a Month	Reduction of Monthly Assessment Expectation
3 to 4 consecutive days of WOOC	1.35 assessment expectation reduction per consecutive day off after the initial day off
40 to 79 hours consecutive days of WOOC**	25% assessment expectation reduction
80 to 119 hours consecutive days of WOOC**	50% assessment expectation reduction
120 to 159 hours consecutive days of WOOC**	75% assessment expectation reduction
160 or more hours consecutive days of WOOC**	75% assessment expectation reduction

*100% calculation is of cases carried at the beginning of each month.

**Includes Work Out of Class in combination with paid leave.

THIS PAGE LEFT BLANK

Intake Assessment

Social Workers are responsible for conducting an initial assessment of the recipient which establishes the level of assistance needed by the recipient in order to perform tasks necessary to continue to live in their own home. This initial assessment is conducted during a home visit by a Social Worker. During this time a Social Worker will ask a series of questions regarding the recipient's ability to perform certain tasks such as: (insert information from intake form). Level of assistance is assessed by the Social Worker on a scale of one to six and a set amount of time is allocated for each task based on the Hourly Task Guidelines from the California Department of Social Services. The resulting total number of hours calculated in this manner is allocated to the recipient's case and can be used for assistance in these tasks by a provider who is hired by the recipient for the purpose of assisting in these tasks. A Social Worker must also document all medication being taken by the recipient, the location of each of their doctors and the frequency of visits, with supporting documentation, as well as any paramedical needs that the recipient may have.¹ The initial assessment interview with the recipient often takes one to two hours alone. Once the home visit is completed, the Social Worker must document the assessment with notes supporting their findings and enter the documentation and allotted hours into CMIPS.

Reassessment

The State requires that "social services staff of the designated county department has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months".² These annual reassessments take the same form as the initial assessment. The Social Worker will ask a series of questions regarding the recipient's ability to perform certain tasks such as: preparation of meals; feeding; bowel and bladder care; dressing; bathing, oral hygiene, and grooming; ambulation; and transfer. The Social Worker will also ask about any changes, physical or environmental, that have occurred since the recipient's last assessment. The level of assistance needed by the recipient is assessed by the Social Worker on a scale of one to six and a set amount of time is allocated for each task based on the Hourly Task Guidelines from the California Department of Social Services.³ The resulting total number of hours calculated in this manner is allocated to the recipient's case and can be used for assistance in these tasks by a provider who is hired by the recipient. All of the reassessment information, supporting documentation, and allocated hours are documented and entered into CMIPS by the Social Worker.

Periodically, a Social Worker will receive a call from a current recipient informing them that they require a change in their allocated IHSS hours because they have experienced a change in their physical condition or home environment. In these situations, a Social Worker is required to conduct a reassessment.⁴ These reassessments can sometimes be conducted over the phone if it is a minor change that is being requested, however Social Workers are still required to reassess the recipient once every 12-months, so sometimes it is more efficient for a Social Worker to conduct a face-to-face reassessment if it has been close to 12 months since their last face-to-face assessment.

Courtesy Assessment

Courtesy assessments are assessments that are conducted outside of a current recipient's home. For example, if a recipient is being released from the hospital and requires an assessment in order to approve additional IHSS hours when they return home, then a Social Worker will conduct a courtesy assessment of the recipient's physical needs at the hospital. The Social Worker will then conduct a separate assessment once the recipient has returned home. This second assessment is important to confirm that the recipient's needs for support are being met within their living environment (e.g. there may have been a toilet safety railing at the hospital which allowed the recipient to raise and lower themselves, but that may not be available in their home).

Expedited Visit

IHSS will receive calls from new potential recipients, or family members of potential recipients, who have been hospitalized and cannot be released to their home without in-home support services from a provider. In such cases, once the Case Readiness team has confirmed eligibility, a Social Worker will be assigned to the case immediately and will conduct an initial intake assessment of a potential recipient in the hospital to assess need and allocate hours for a provider. The Social Worker will then have to visit the recipient in their home once they are released from the hospital and conduct a reassessment within the recipient's home. Observing the recipient within their home is a necessary part of the needs assessment standards, according to the Social Services Standards Services Program, as the recipients physical/mental condition or living/social situation are part of the determination of need for services.⁵ Expedited visits, therefore, are not only time sensitive but can also be doubly time-consuming for a Social Worker to conduct.

State Plan Under Title XIX of the Social Security Act

STATE/TERRITORY: CALIFORNIA

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for CFCO services in the manner as prescribed in Social Security Act §1915(k)(1) and 42 CFR section 441.510. Effective on July 1, 2013, to receive CFCO, an individual must meet the following requirements:

- (a) Be eligible for medical assistance under the State plan;
- (b) As determined annually—
 - (1) Be in an eligibility group under the State plan that includes nursing facility services; or
 - (2) If in an eligibility group under the State plan that does not include such nursing facility services, have an income that is at or below 150 percent of the Federal poverty level (FPL). In determining whether the 150 percent of the FPL requirement is met, the State must apply the same methodologies as would apply under the Medicaid State plan, including the same income disregards in accordance with section 1902(r)(2) of the Act; and,
- (c) Receive a determination, at least annually, that in the absence of the home and community-based attendant services and supports provided under this subpart, the individual would otherwise require the level of care furnished in a hospital, a nursing facility, an intermediate care facility for individuals with intellectual disabilities, an institution providing psychiatric services for individuals under age 21, or an institution for mental diseases for individuals age 65 or over, if the cost could be reimbursed under the State plan.
- (d) For purposes of meeting the criterion under paragraph (b) of this section, individuals who qualify for medical assistance under the special home and community-based waiver eligibility group defined at section 1902(a)(10)(A)(ii)(VI) of the Act must meet all section 1915(c) requirements and receive at least one home and community-based waiver service per month.

TN No. 13-007
Supersedes
TN No. 11-034

Approval Date: JUL 31 2013 Effective date: July 1, 2013

THIS PAGE LEFT BLANK



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION



Hourly Task Guidelines

Social workers also use Hourly Task Guidelines (HTGs) as specified in State regulations to determine the appropriate time needed on a weekly basis in each service category. **Regulatory Authority:** Manual of Policies and Procedures (MPP) section 30-757.11 through 30-757.14(k)

Note: This tool does not invalidate current HTG regulations.

Service Category	Rank 2 (Low)	Rank 2 (Mid)	Rank 2 (High)	Rank 3 (Low)	Rank 3 (Mid)	Rank 3 (High)	Rank 4 (Low)	Rank 4 (Mid)	Rank 4 (High)	Rank 5 (Low)	Rank 5 (Mid)	Rank 5 (High)
Preparation of Meals **	3:01	5:00	7:00	3:30	5:15	7:00	5:15	6:08	7:00	7:00	7:00	7:00
Meal Clean-up **	1:10	2:20	3:30	1:45	2:38	3:30	1:45	2:38	3:30	2:20	2:55	3:30
Bowel and Bladder Care	0:35	1:17	2:00	1:10	2:15	3:20	2:55	4:23	5:50	4:05	6:02	8:00
Feeding	0:42	1:30	2:18	1:10	2:20	3:30	3:30	5:15	7:00	5:15	7:17	9:20
Routine Bed Baths	0:30	1:08	1:45	1:00	1:40	2:20	1:10	2:20	3:30	1:45	2:38	3:30
Dressing	0:34	0:53	1:12	1:00	1:26	1:52	1:30	1:55	2:20	1:54	2:42	3:30
Ambulation	0:35	1:10	1:45	1:00	1:33	2:06	1:45	2:38	3:30	1:45	2:38	3:30
Transfer	0:30	0:50	1:10	0:35	0:59	1:24	1:06	1:43	2:20	1:10	2:20	3:30
Bathing, Oral Hygiene, and Grooming	0:30	1:13	1:55	1:16	2:13	3:09	2:21	3:13	4:05	3:00	4:03	5:06

Service Category	Low (Time Guidelines)	Mid (Time Guidelines)	High (Time Guidelines)
Menstrual Care	0:17	0:32	0:48
Repositioning and Rubbing Skin	0:45	1:47	2:48
Care of and Assistance with Prosthetic Devices	0:28	0:47	1:07

Services with Time Guidelines:

Service Category	Time Guidelines
Domestic and Related Services	6:00 total maximum per month per household unless adjustments* apply; Prorations may apply**
Shopping for Food	1:00 per week per household unless adjustments* apply; Prorations may apply**
Other Shopping/Errands	0:30 per week unless adjustments* apply; Prorations may apply**
Laundry	1:00 per week (facilities within home); 1:30 per week (facilities out of home); per household; Prorations may apply**

* Adjustments refer to a need met in common with housemates.

** When prorating Domestic and Related Services, the natural or adoptive children of the recipient who are under 14 are not considered (MPP section 30-763.46). Other children in the household (i.e., grandchildren, nieces, nephews, etc.) under 14 are considered.

Updated 5/29/2019

NOTE: Current MPP regulations define the HTGs in decimal format, e.g., 1.50 hours. To align service assessment/authorization with the Case Management, Information, and Payrolling System (CMIPS) data entry, time allocations are re-formatted to **hours:minutes**. This change in format does not contradict current program regulation and reduces confusion regarding the entry of time into CMIPS [MPP sections 30-757.11 through 30-757.14(k)].

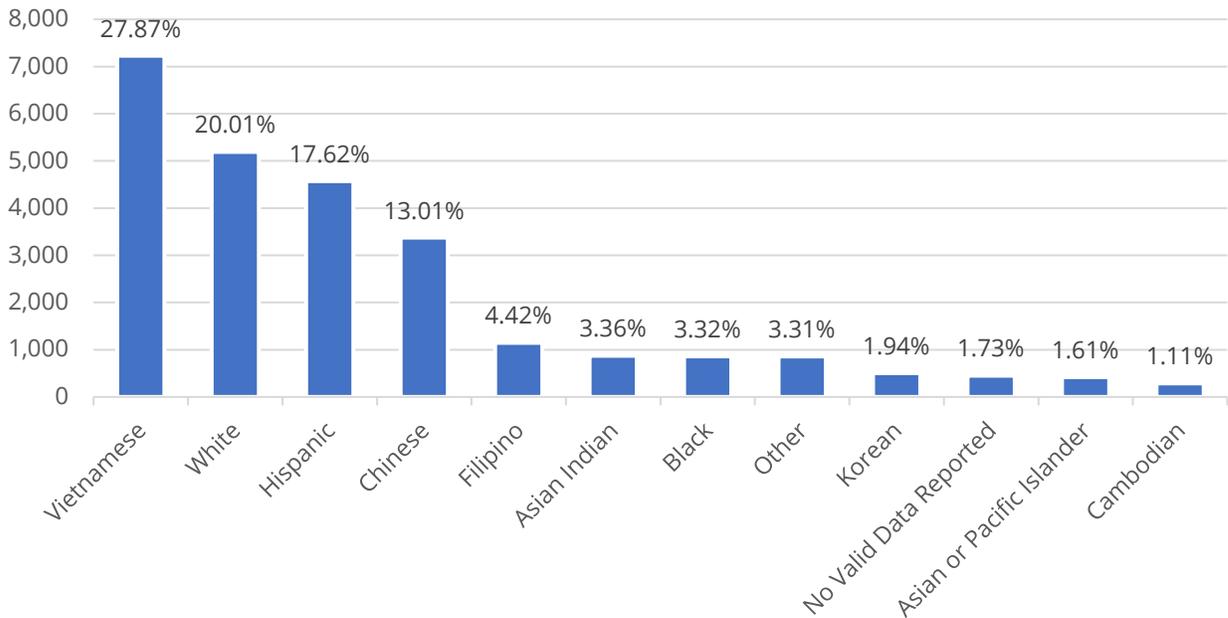


Fill in the blanks below for the missing wording of the description of each rank.

<p>Rank 1</p>	<p>Independent: able to perform function without <u>Human Assistance</u>.</p>
<p>Rank 2</p>	<p>Able to perform a function, but needs <u>Verbal</u> <u>Assistance</u>, such as reminding, guidance, or encouragement.</p>
<p>Rank 3</p>	<p>Can perform the function with <u>Some</u> assistance, including, but not limited to, direct physical assistance from a provider.</p>
<p>Rank 4</p>	<p>Can perform a function but only with <u>Substantial</u> human assistance.</p>
<p>Rank 5</p>	<p><u>Cannot</u> perform the function, with or without human assistance.</p>
<p>Rank 6</p>	<p>Requires <u>Paramedical Services</u> (prescribed by a licensed health care professional).</p>

The Management Audit Division collected the demographic information of IHSS recipients from the Caseload Management Information and Payrolling System (CMIPS) through the California Department of Social Services (CDSS).¹

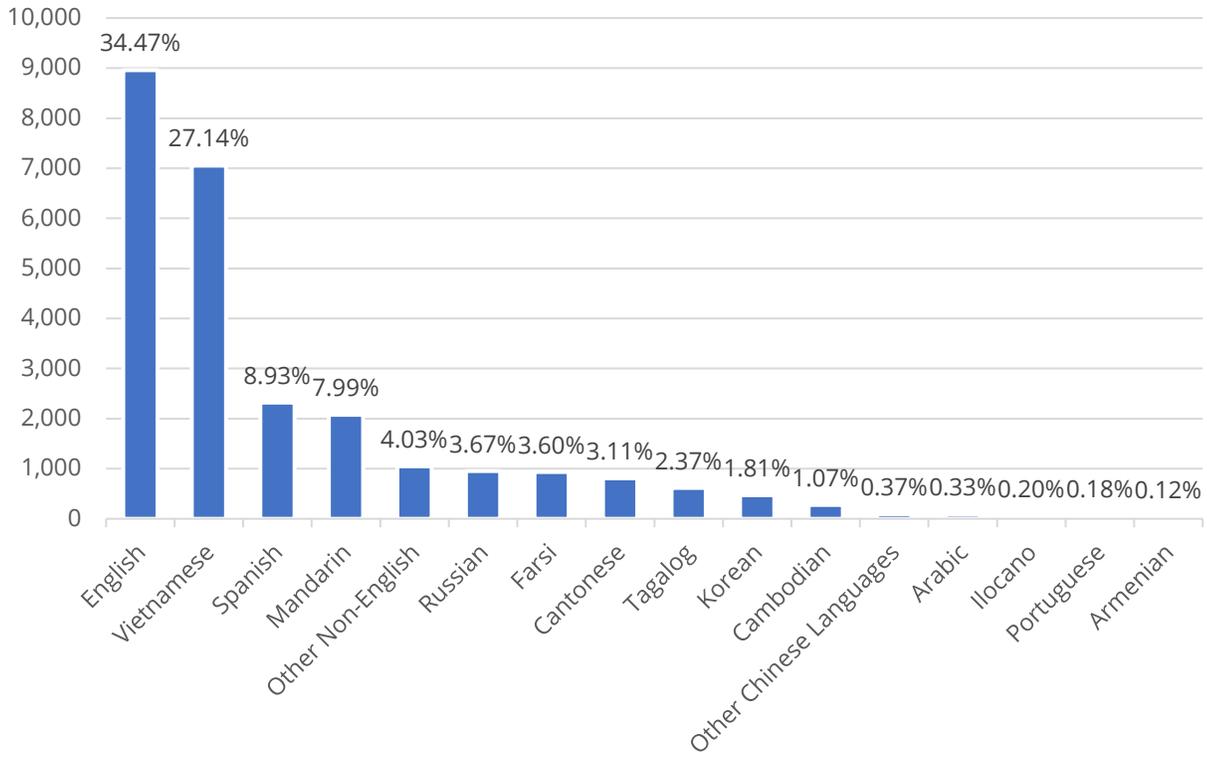
Figure G.3: Santa Clara County IHSS Recipient Ethnicities as of March 2020



Source: IHSS Program Data. <https://www.cdss.ca.gov/inforesources/ihss/program-data>. Accessed on March 3, 2020.

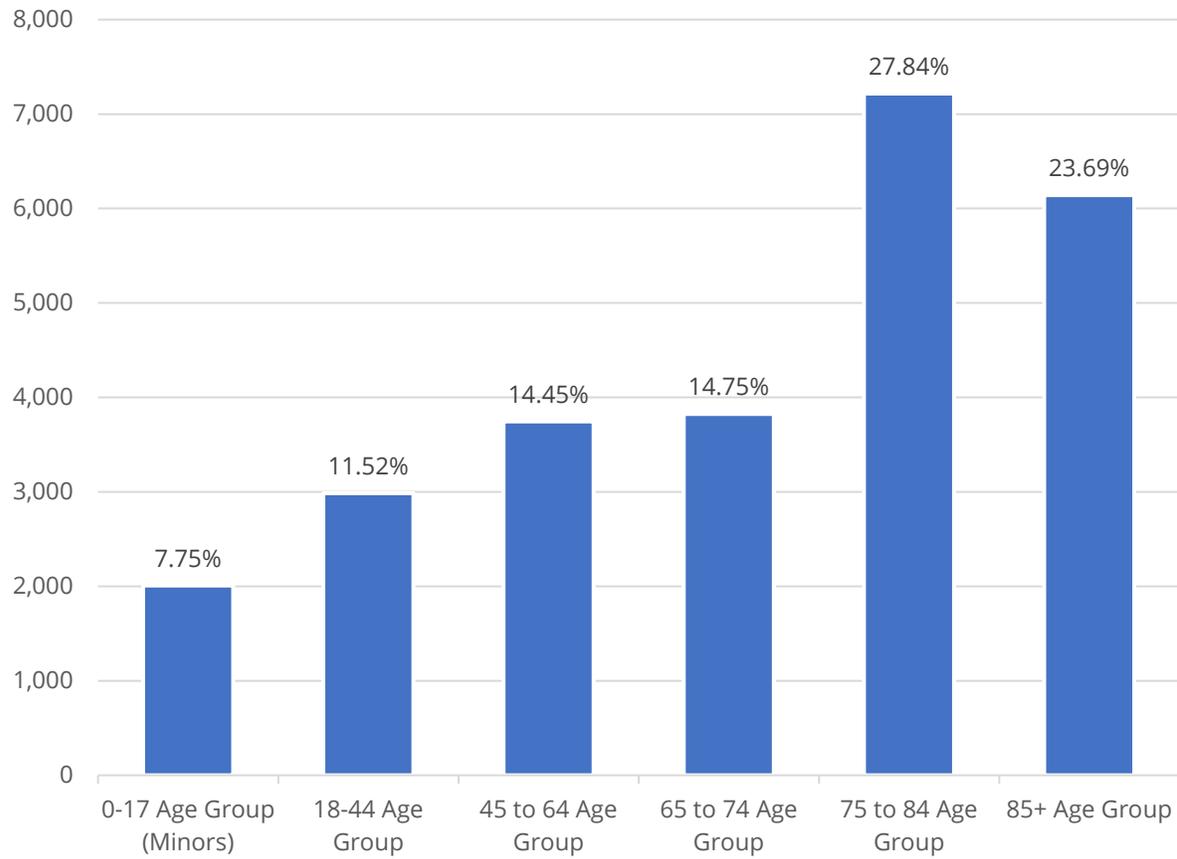
Note: The total number of IHSS recipients, as of December 31, 2019, is 26,001 individuals. The following ethnicities represent less than 1.00 percent of IHSS recipients: Japanese, Alaskan Native or American Indian, Laotian, Samoan, Amerasian, Hawaiian, and Guamanian.

Figure G.4: Language Used by IHSS Recipients as of March 2020



Note: The following languages are used by less than 0.10 percent of IHSS recipients: Lao, Japanese, American Sign Language, Other Sign Language, Mien, Hmong, Turkish, Hebrew, French, Polish, Italian, Samoan, and Thai.

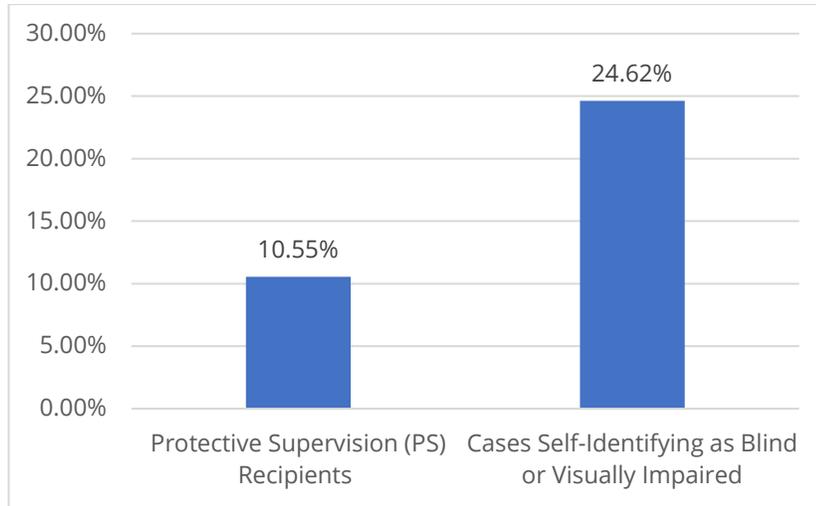
Figure G.5: Santa Clara County IHSS Recipient Age Groups



Source: IHSS Program Data. <https://www.cdss.ca.gov/inforesources/ihss/program-data>. Accessed on March 3, 2020.

Note: The total number of IHSS recipients, as of December 31, 2019, is 26,001 individuals.

Figure G.6: Number of Recipients with Protective Supervision or Who Self-Identify as Blind or Visually Impaired as of December 31, 2019



Source: IHSS Program Data. <https://www.cdss.ca.gov/inforesources/ihss/program-data>. Accessed on March 3, 2020.

Note: The total number of IHSS recipients, as of December 31, 2019, is 26,001 individuals.

County of Santa Clara

Social Services Agency

353 West Julian Street
San Jose, California 95110-2335



DATE: July 15, 2020

TO: Management Audit Division

From: Robert Menicocci, Agency Dir. ^{DS} RM
Mary Ann Warren, DAAS Dire. ^{DS} MAW

SUBJECT: **Social Services Agency Response to Draft Management Audit Report of the In-Home Supportive Services (IHSS) Program**

This memo is submitted in response to the Management Audit Division's Draft Management Audit of the County of Santa Clara's Social Services Agency's In-Home Supportive Services Program.

We appreciate the time and effort required to develop this report. The following are our responses.

Section 1 – Excessive Call Wait Times and Abandoned Calls

Recommendations

1.1 Submit a budget request for three additional Client Service Technician positions dedicated to answering the approximately 74 percent of calls that are not being answered. The submission should identify the extent to which these positions are expected to be funded by County, State, or federal funds. (Priority 1)

Response: Partially Agree. Due to the pandemic, there are more staff working on answering the phones. There is no longer a backlog of messages to be returned and all calls are answered with very few callers opting to leave a message.

Additionally, IHSS has had the following positions approved in the next budget year:

- 1 Application Readiness Client Services Technician
- 1 Data Office Specialist
- 1 Account Clerk II
- 1 Office Specialist III / Client Services Technician
- 1 Administrative Assistant

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

1.2 If the positions are approved through the budget process, provide an update to the Board of Supervisors six months after the County has transitioned to electronic visit verification on the changes to call volume and call wait time. (Priority 2)

Response: Agree. Electronic visit verification (EVV) was implemented in May 2020. Enrollment is currently (mid-June) at 85%. A regular update will be provided to the Board of Supervisors.

1.3 Implement the call center enhancements including the Call Tree Enhancements and Push Notification System. These enhancements may reduce call routing times and better inform program participants, which may reduce call volume. (Priority 2)

Response: Partially Agree. IHSS staff is coordinating with Technology Services and Solutions (TSS) to research potential improvements to the Call Tree as well as provide Push Notifications to both recipients and providers of IHSS services. With the implementation of EVV, it is predicted that there will be a decrease in phone calls received as providers and clients will have additional access to online information.

Section 2. Case Management Social Worker Staffing

Recommendations

2.1 Over the next three fiscal years, request to add one Social Work Supervisor, 11 Social Worker Leads, and 37 Social Worker II positions to the IHSS budget. This will provide the necessary staffing to bring the County into compliance with State requirements. (Priority 1)

Response: Agree. Although not all requested positions were approved, IHSS has had the following positions approved for the upcoming fiscal year:

- 2 Social Work Supervisors
- 19 Social Workers

2.2 Restructure IHSS Case Management units to consist of one Social Work Supervisor, two Social Worker II Leads, and nine Social Workers (I or II) in conjunction with the addition of new staff. This will contribute to improving the County's compliance with the State's reassessment requirement. (Priority 1)

Response: Disagree. The proposed restricted would add more staff to the supervisors. IHSS units have a higher ratio of workers reporting to one supervisor as compared to the Department of Family and Children Services.

2.3 Implement the automated case assignment process as soon as it is completed by Technology Services and Solutions to assign cases based on needed language and zip code, and to keep companion cases together with a single Social Worker in order to maximize efficiency in the assignment of cases to Social

County of Santa Clara

Social Services Agency



353 West Julian Street
San Jose, California 95110-2335

Workers. This will contribute to improving staff's efficiency and meeting the State's reassessment requirement. (Priority 2)

Response: Agree. During the current pandemic, there are no face-to-face visits and reassessments being made. When it is possible to resume visits safely, cases will be assigned by language and zip code to maximize efficiency.

2.4 Assign new potential recipient cases to Social Workers on a bi-weekly basis to decrease lag time and help to ensure that potential recipients are assessed by Social Workers in a timely manner. (Priority 2)

Response: Agree

The Board of Supervisors should:

2.5 Consider seeking changes to State IHSS requirements to provide flexibility to manage increasing numbers of service recipients, such as the option to conduct some assessments virtually. (Priority 3)

Response: Agree. Due to the current pandemic, the State has allowed virtual assessments.

Section 3. Case Management Team Social Worker Training

Recommendations

3.1 Provide access to, and require IHSS Social Workers to complete every two years, trainings on:

- a. ways to identify signs of child abuse or neglect and on elder abuse or neglect to ensure that all Social Workers are sufficiently prepared as mandatory reporters.
- b. blindness and visual impairment and on hearing loss and deafness in order to ensure equal access to IHSS and improve accuracy of assessments.
- c. protective supervision, Alzheimer's disease, autism, dementias, intellectual disability, and psychiatric disabilities in order to support Social Workers' tasks of assessing whether need levels meet the criteria for protective supervision.
- d. communication strategies for non-English speakers and English language learners, as well as inter-ethnic communication skills, in order to provide useful tools to Social Workers, support equal access, and harbor

County of Santa Clara

Social Services Agency



353 West Julian Street
San Jose, California 95110-2335

Section 5: Accessibility Findings

Recommendations

We recommend SSA install courtesy signs at street-level handicap accessible parking spaces and create an accessible passenger loading zone by the building. We also recommend IHSS work with SSA for the installation of acoustical panels which are currently in storage for better sound quality for clerical staff phone calls and conduct a survey of lobby visitors to identify their accessible parking needs. Further, we recommend that Central Services work with the Facility and Fleet Department to conduct a walkthrough of the building and campus pathways to resolve hazards and impracticalities that may affect lobby visitors and workers.

Response: Partially Agree. IHSS and Central Services have met to discuss accessibility for IHSS providers and clients. Below is a response from Central Services.

SSA Central Services Response: Problem, Cause & Adverse Effect

We appreciate the joint agreement that all Federal and State requirements and standards have been met for ADA access and egress at Building 353, Julian Campus. We have not, however, identified a standard against which the audit measured the audit opinion of a “disproportionately large population of visitors” mentioned in the draft findings. Further, the audit has not demonstrated how it measured against an existing standard, the determination that the access of visitors and the ability of clientele to receive assistance for the IHSS services has been “undermined”. Finally, we ask that the audit team consider the following points:

- Julian Campus required available parking exceed requirements per City code. The campus is credited by the City for its bicycle storage and showers/lockers, which decreases its total requirement below that which is available. It is not short.
- The number of ADA parking spaces available at Julian Campus exceed the San Jose City code standards required. The actual issue appears to be competition between ADA staff and ADA clientele for the same parking spots. Federal and State law prohibits any regulation of parking spots to any ADA person. Because this property is leased and not County-owned, the suggestion of courtesy signs is under consideration with the landlord’s property manager.

- Furniture adjustments in the IHSS lobby were underway at the time of the audit and have since been made. Seating heights are at 17.5" (Further changes will be made with the advent COVID-19 Social Distancing requirements).
- Acoustical panel (sound management) installation in the lobby is planned but must be coordinated in conjunction with the client management initiative funded by Central Services for IHSS (Qmatic). Additionally, the mechanical shades that manage light in the lobby have been installed.
- The wheelchair tipping incident mentioned was associated with Building 333, not Building 353, and has been addressed (see Figure 5.1, below).

Figure 5.1: Image of Tripping Hazard Pathway to 333 Julian Resolved



- SSA Central Services has its own Health, Safety and Security Branch and a Facilities, Fleet and Warehouses Branch who regularly work with County Fleet and Facility on all issues related to facilities, real estate, safety, ADA, space management, construction, tenant improvements, access and egress for all SSA Facilities. Additionally, Mr. Gil Valverde, a PSO under the Health, Safety and Security Branch is the primary County EOC management team member for Access and Functional Needs.
- Restroom access in Building. 353 exceeds any known ADA standard.
- Customer analysis survey will be accomplished in conjunction with the Qmatic customer management application fielding.

- Furniture adjustments in the IHSS lobby were underway at the time of the audit and have since been made. Seating heights are at 17.5" (Further changes will be made with the advent COVID-19 Social Distancing requirements).
- Acoustical panel (sound management) installation in the lobby is planned but must be coordinated in conjunction with the client management initiative funded by Central Services for IHSS (Qmatic). Additionally, the mechanical shades that manage light in the lobby have been installed.
- The wheelchair tipping incident mentioned was associated with Building 333, not Building 353, and has been addressed (see Figure 5.1, below).

Figure 5.1: Image of Tripping Hazard Pathway to 333 Julian Resolved



- SSA Central Services has its own Health, Safety and Security Branch and a Facilities, Fleet and Warehouses Branch who regularly work with County Fleet and Facility on all issues related to facilities, real estate, safety, ADA, space management, construction, tenant improvements, access and egress for all SSA Facilities. Additionally, Mr. Gil Valverde, a PSO under the Health, Safety and Security Branch is the primary County EOC management team member for Access and Functional Needs.
- Restroom access in Building. 353 exceeds any known ADA standard.
- Customer analysis survey will be accomplished in conjunction with the Qmatic customer management application fielding.

County of Santa Clara

Social Services Agency

353 West Julian Street
San Jose, California 95110-2335



- Central Services will explore the use of courtesy signs in ADA parking areas with the landlord and FAF and continue to pursue plans for expanded ADA parking.
- Table access in the northern Building 353 Training Rooms (including Oak Ridge) have been addressed with adjustable sit/stand tables and will accommodate any height wheelchair and exceeds any ADA standard (see Figure 5.2, below).

Figure 5.2.: Image of Sit/Stand Adjustable tables in 353 Northern Training



- Main entrances at Building 353 are all automated for ADA access.

THIS PAGE LEFT BLANK



County of Santa Clara
Technology Services and Solutions



333 W. Julian Street, 3rd Floor | San Jose, California 95110 | (696) 250.9414

13 July 2020

Cheryl Solov, Contract Management Audit Manager
Julian Metcalf, Contract Principal Analyst
Santa Clara County Board of Supervisors
Management Audit Division
70 W. Hedding Street
San Jose, CA 95110

Subject: *Management Audit of In-Home Supportive Services*

Dear Cheryl and Julian:

Technology Services and Solutions at the Social Services Agency (TSS-SS) is excited to partner with the Department of Aging and Adult Services' In-Home Supportive Services (IHSS) Program in their quest to improve operations and community access to services.

Recommendation #1.3

Implement the call center enhancements including the Call Tree Enhancements and Push Notification System. These enhancements may reduce call routing times and better inform program participants, which may reduce call volume. (Priority 2)

Response: *Agree. TSS-SS will work closely with IHSS to ensure project scope, timeline and deliverables are achieved.*

The assessment for improving the IHSS Call Tree is underway. On 16 June 2020, TSS-SS implemented a change in the Wrap Code settings to improve our data collection of the reasons for contacting the IHSS Call Center. This change will allow the management team to determine the volume of calls regarding specific areas of need, including provider timesheets and payments, electronic visit verification, recipient time allocations, and changing providers. In turn, this will enable to program to determine which knowledge base will be necessary for the creation of skillset groups to which specific questions can be routed. When these skillset groups are created, changes to the call tree can be made to steer callers to the group of agents who can best answer their questions.

Similarly, upon examining the IHSS case management database, CMIPS II, it has become clear that the first step in realizing the benefits of sending push notifications is the collection of mobile phone numbers and emails for both providers and recipients; this is currently not a part of standard practice for the program. With the implementation of Electronic Visit Verification, which, to date, 85% of IHSS Providers and Recipients have signed up, email addresses are being collected as part of the necessary information for registration. The management team will undertake the task of determining the various reasons for utilizing push notifications, based on data being collected from the Wrap Code changes mentioned above.

Sincerely,

DocuSigned by:

3FECB102C0B4429...

Sandra Stier, Director of Technology
Technology Services and Solutions – Social Services Agency

C: Imre Kabal, Chief Information Officer
Robert Menicocci, Social Services Agency Director
Mary Ann Warren, Department of Aging and Adult Services Director