TERRA LAWSON-REMER

SUPERVISOR, THIRD DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS

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COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

AGENDA ITEM

09

DATE: **October 5, 2021**

TO: Board of Supervisors and Governing Body of the County of San Diego In-Home Supportive Services Public Authority

SUBJECT
ADDRESSING THE CARE CRISIS: IMPROVING IN-HOME SUPPORTIVE SERVICES (IHSS) TO MEET THE NEEDS OF OUR COMMUNITY (ALL DISTRICTS)

OVERVIEW
In the last ten years, use of the In-Home Supportive Services (IHSS) program has doubled statewide. Population projections indicate that the senior population of the state of California is expected to double with the next generation. By the numbers, there are almost half a million people in San Diego County over the age of 65 and the number will hit 1 million by 2030.[1]

San Diego has always been a hospitable place for seniors. Seniors and people with disabilities are an integral part of our community. If San Diego seeks to be a truly age-friendly county, we must prepare to meet the needs of seniors and people with disabilities with a focus on diseases affecting memory and cognition. For example, in 2019, Alzheimer's was reported as the third leading cause of death in California.[2] We need an IHSS workforce that is trained and ready to meet the needs of this expanding and complex population, prepared to meet the challenges faced by individuals afflicted by memory and cognition disorders. California will need 500,000 more caregivers in the next ten years to meet the needs of the current senior population.[3]

The Board of Supervisors (Board) is the Governing Body of the County of San Diego In-Home Supportive Services Public Authority (Public Authority). In 2001, the Board established the Public Authority as a legal entity separate from the County. Pursuant to an Interagency Agreement with the Public Authority, the County provides certain administrative support

[1] San Diego Seniors Community Foundation (2019). https://sdscf.org/current-projects/senior-center-assessment/
[2] San Diego County (2019). Leading Causes of Death. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/CHSU_Mortality.html
[3] McConville, S., Bohn, S., & Beck, L. (2014). California's health workforce needs. https://www.ppic.org/content/pubs/report/R_914SMR.pdf

services to the Public Authority including monitoring the Public Authority's programs, budget, and finances on behalf of the Governing Body.

We as a County have a narrow window to get ahead of the demand by addressing workforce development through training, recruitment, and wages. There is a shortage of IHSS caregivers, which creates a de facto barrier to care for many who need it most. Today's action calls for a prompt, collaborative approach to improve the IHSS program. I urge your support for this proposal.

RECOMMENDATION(S)
SUPERVISOR TERRA LAWSON-REMER

1. Direct the Chief Administrative Officer to work with the Public Authority in accordance with the Interagency Agreement to maximize the State match for In-Home Supportive Services funding and improve health care benefits as part of the County's commitment to quality of care in future labor negotiations.
2. Direct the Chief Administrative Officer to work with the Public Authority in accordance with the Interagency Agreement to address the care crisis (caregiver shortage and access to care issues) by developing a plan for recruitment and retention of IHSS caregivers to ensure the supply of caregivers is appropriate for the growing aging population and demand. The plan shall consider, at minimum, wages and benefits including healthcare in accordance with the County's negotiation process, respite care, training opportunities, and workforce development. Other counties in California shall be consulted for best practices and opportunities for innovation including job ladder development and specialty training for high need consumers. Report back to the Board and Governing Body with a memo on a semi-annual basis with the first report scheduled for March 2022.
3. Direct the Chief Administrative Officer to work with the Public Authority in accordance with the Interagency Agreement to continue to engage with stakeholders and gather feedback and input from organizations including, but not limited to Aging & Independence Services, the Public Authority, United Domestic Workers, the IHSS/Public Authority Advisory Committee, and community stakeholders. The engagement shall proactively identify training needs and an implementation plan for State funding allocated to train IHSS caregivers to serve special populations, such as those that require memory care.
4. Direct the Chief Administrative Officer to work with the Public Authority in accordance with the Interagency Agreement to develop a data framework regarding IHSS caregivers in San Diego. Framework should include goals, indicators, and benchmarks that track the progress of the County's efforts to address the care crisis. The Plan specified in Recommendation Two should utilize this data framework.

EQUITY IMPACT STATEMENT

SUBJECT: **ADDRESSING THE CARE CRISIS: IMPROVING IN-HOME SUPPORTIVE SERVICES (IHSS) TO MEET THE NEEDS OF OUR COMMUNITY (ALL DISTRICTS)**

In-Home Supportive Services provides care for some of our most vulnerable neighbors. Many older adults are living on a fixed income and unexpected illness can result in an immediate need for IHSS. Women and workers of color disproportionately make up the caregiving workforce. Frequently, family members will become the caregiver for a relative. In San Diego County, approximately 79% of caregivers are female, 75% are relatives of the recipients, and nearly 35% have a primary language other than English. Without equitable pay for their work, the result is not only burnout and turnover, but can also perpetuate a cycle of poverty for the household. Acknowledging the value of care work is overdue.

FISCAL IMPACT
There is no fiscal impact associated with today's actions. Additional appropriations or staff years will be requested in future Board meetings if needed based on any final recommendations resulting from the planning work. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
N/A

BACKGROUND
By 2030, there will be more people over the age of 65 than under the age of five. The demographic shift of the population has been discussed for years by economists, health care professionals, and demographers, and yet, we are still unprepared to support our community in terms of long-term services and support (LTSS). The County of San Diego, in partnership with the Public Authority, administers the In-Home Supportive Services (IHSS) program which provides services for 33,000 clients and 29,000 IHSS caregivers. Today's action calls for a concerted effort to improve this program and take proactive action in response to the growing population of older adults in our community.

Long-term services and support (LTSS) is a term used to describe the range of personal and medical care assistance that people receive due to a disability, chronic illness, or the aging process. There are no affordable private insurance plans that cover LTSS and Medicare offers only limited coverage. Individuals must rely on unpaid family and friends, pay out-of-pocket, or receive services through Medicaid.[4] Medicaid provides the majority of paid LTSS because many individuals exhaust their savings on LTSS before they pass away. It's a widespread problem that families must "spend down" to poverty to receive the LTSS they need.

Most individuals will need at least one year of LTSS at the end of their lives and many live longer. Even wealthier San Diegans may rely on Medi-Cal (California's Medicaid program)

[4] Reaves, E. & Musumeci, M. (2015). Medicaid and Long-Term Services and Supports: A Primer. https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/

once they have spent all their available resources on LTSS if they are living with a disability that requires such services over many years.

LTSS can be provided in institutions like nursing homes or in home and community-based settings (HCBS). IHSS is a county-administered State program that provides home-based services and allows individuals to remain in their homes. The provision of in-home supportive services is aligned with the Supreme Court's Olmstead Decision and the Americans with Disabilities Act (ADA) which seeks to avoid unnecessary institutionalization for people who can be reasonably accommodated by community-based services.

When an individual needs support with activities of daily living such as eating, bathing, dressing, preparing meals, managing medication, and housekeeping, it is often a family member that steps in to help. Most often this falls on the shoulders of women and people of color.[5] In San Diego, approximately 79% of IHSS caregivers are women. The US Bureau of Labor Statistics estimates that home health and personal care aides are part of one of the fastest growing occupational groups in the country.[6] The physical and emotional strains of this work are well documented alongside the altruistic rewards of caring for another person.[7] Yet, without a commensurate wage to offset the demanding nature of the work, recruitment and retention remains an issue.

While 71% of IHSS caregivers statewide are family members, those without an identified caregiver struggle to find care.[8] In the North Coastal region, there are less than a third of the available registry caregivers needed to serve the number of pending registry clients. This is considered a "geographically hard-to-serve" area. The Master Plan for Aging identified the need to increase stability for IHSS clients through back-up registries.[9] Even though San Diego has created an emergency back-up system for the registry, without a mechanism to recruit and incentives to attract and retain additional caregivers the supply of workers will remain short of the demand of residents.

On March 2, 2021 (13), this Board supported a policy to create an educational campaign, and a recruitment campaign to increase outreach and awareness of IHSS throughout San Diego, including hard to serve areas. Today's action builds on the outreach efforts and creates an opportunity for the County to work collaboratively with partners at the State and local level to improve quality of care through training, wage growth, and workforce development. Not only must we recruit additional IHSS caregivers, but we must also retain the caregivers currently in the system. A 2017 UC Berkeley Center for Labor Research and Education report found that

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[5] Fahle, S. & McGarry, K. (2018). Women Working Longer: Labor Market Implications of Providing Family Care. https://www.nber.org/books-and-chapters/women-working-longer-increased-employment-older-ages/women-working-longer-labor-market-implications-providing-family-care

[6] U.S. Bureau of Labor Statistics. (2021). http://bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm

[7] Schulz, R. & Sherwood, P. (2009). Physical and Mental Health Effects of Family Caregiving. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791523/

[8] Department of Social Services IHSS Program Data (2021). https://www.cdss.ca.gov/inforesources/ihss/program-data

[9] California's Master Plan for Aging. (2021). https://mpa.aging.ca.gov/Goals/2

burnout, lack of advancement opportunities, insufficient training, and wages were key contributors to high rates of turnover among caregivers.[10] The Legislative Analyst's Office estimates that a third of IHSS caregivers turnover every year. Turnover among caregivers results in multiple costs to the system both in quality, financial loss, and health repercussions from burnout.

Much of the current IHSS program is designed to be reactive to the needs of the community rather than proactive. But, the trend is changing. Most recently, the federal government increased the federal matching assistance percentage (FMAP) for Medicaid home and community-based services (HCBS) under the American Rescue Plan Act and proposed millions under the American Jobs Plan for good caregiving jobs.[11] At the State level, the Governor's budget includes an investment of $200 million for IHSS training. San Diego has an opportunity to be a leader in age-friendly communities, services and supports using the investment of resources and goals outlined in the Master Plan for Aging.[9]

In 2019, the Governor called for a Master Plan for Aging which resulted in five goals and twenty-three strategies for California to reach by 2030. The second goal, "health reimagined" underscores the importance of the continuity of care between healthcare facilities and community-based services as well as the need for more training in geriatric and dementia care for providers. The State will solicit stakeholder feedback on care coordination for IHSS clients with dementia or cognitive impairment.[9] We must be ready to respond. Memory care is a growing concern for our older adult population, is long-term in nature, and is costly both financially and as an emotional burden on family and friends. San Diego County needs to be prepared to meet the needs of seniors and people with disabilities relating to diseases of memory and cognition. According to the San Diego Alzheimer's Project 2021 Annual Report, nearly 100,000 San Diegans over age 55 have some form of dementia and are cared for by over 250,000 unpaid caregivers.[12] Most individuals will need care at some point in their lives and for individuals with memory and cognitive impairments caregiver training can reduce the burden of stress on the caregiver. In San Diego, Alzheimer's is the third leading cause of death, and we must ensure caregivers are trained to care for people who are struggling with this disease. With the proposed Board action, the County of San Diego will be prepared to respond to the gaps and needs we are experiencing locally to inform future investments from the State.

In alignment with the Board's Framework for the Future and the Office of Evaluation, Performance, and Analytics, this action directs staff to look at other models across the state and best practices for improving quality of care and workforce development within the IHSS program. San Diego has an Independent Provider (IP) model and relies on a registry to address non-urgent needs and emergency back-up services. While most counties use an Independent Provider (IP) model, other counties, such as San Francisco, have developed a 'contract mode'

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[10] Thomason, S. & Bernhardt, A. (2017). California's Homecare Crisis: Raising Wages is Key to the Solution. https://laborcenter.berkeley.edu/pdf/2017/Californias-Homecare-Crisis.pdf

[11] Master Plan for Aging Investments. (2021). https://www.aging.ca.gov/download.ashx?lE0rcNUV0zY7ex1pbfoDAw%3D%3D

[12] The Alzheimer's Project Annual Report. (2021). https://www.sdalzheimersproject.org/content/dam/alzheimers/reports/The Alzheimer's Project Report 2021.pdf

which trains caregivers to care for individuals with higher needs. Client-choice is the foundation of the IHSS program. However, client-choice is irrelevant when there are not enough caregivers to choose from. About 71% of IHSS caregivers are family members.[8] Studies show that health outcomes and client satisfaction are higher with family caregivers.[13,14] However, turnover is higher when the individual has higher physical and cognitive needs such as memory care necessitating respite care and specialized training. Research from the University of California, San Francisco found that racial and ethnic minorities have limited access to other long-term services and supports, are more likely to receive care from a family member and have higher needs which results in more demanding work for the caregiver.[15] The research showed that having family caregivers is particularly helpful for beneficiaries of color and higher wages reduce turnover and promote continuity of care.

In summary, it has become more apparent that to respond to the significant demographic shift, we must work collaboratively across departments to proactively work to identify opportunities to recruit and retain the caregiver workforce. This requires an innovative approach, a centering of dignity and consumer choice, and an investment of time and attention to improving services and supports in San Diego.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
The requested action supports the Building Better Health initiative of the County of San Diego's 2021-2026 Strategic Plan by analyzing the IHSS program with an eye toward strategic improvement.

Respectfully submitted,

TERRA LAWSON-REMER
Supervisor, Third District

ATTACHMENT(S)

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[13] Newcomer, R., Kang, T., & Doty, P. (2012). Allowing spouses to be paid personal care providers: spouse availability and effects on Medicaid-funded service use and expenditures. https://pubmed.ncbi.nlm.nih.gov/22012960/

[14] Newcomer, R., Kang, T. & Faucett, J. (2011). Consumer-directed personal care: comparing aged and non-aged adult recipient health-related outcomes among those with paid family versus non-relative providers. https://pubmed.ncbi.nlm.nih.gov/22106901/

[15] Ko, M., Newcomer, R., Bindman, A., Kang, T., Hulett, D., & Spetz, J. (2020). Changing home care aides: Differences between family and non-family care in California Medicaid home and community-based services. https://escholarship.org/uc/item/44g8564f

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N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:
March 2, 2021 (13), Increasing Education and Providing Access to In-Home Supportive Services

BOARD POLICIES APPLICABLE:
Board Policy A-114: County Prevention Policy

BOARD POLICY STATEMENTS:
N/A

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):
N/A

ORIGINATING DEPARTMENT: District 3, Board of Supervisors

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

Amanda Berry	Gary Rotto
Name	Name
619-606-0344	619-531-6186
Phone	Phone
Amanda.berry@sdcounty.ca.gov	Gary.rotto@sdcounty.ca.gov
E-mail	E-mail