

Working Together for Quality Personal Care

**How SEIU Has Worked in Coalition with Consumers and
Advocates to Win Workforce Improvements for Consumer-
Directed Personal Care through Workforce Councils**

SERVICE EMPLOYEES INTERNATIONAL UNION

This report was prepared by the Service Employees International Union (SEIU). With more than 300,000 personal care members nationwide, SEIU is the largest and fastest growing union of personal care attendants. SEIU works in coalition with consumers and advocates to improve the quality of care and build a stable, professional workforce that consumers can count on.

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This document describes the movement to address workforce issues in consumer-directed programs for personal care through work that Service Employees International Union (SEIU) has been engaged with consumer partners in coalition efforts in California, Oregon, Washington, and Michigan.

Part One provides background for the rise of consumer-directed personal care services and the workforce issues that have developed.

Part Two describes the development of consumer-directed workforce boards in the four states where SEIU has been involved.

Part Three provides more detail on California, where this policy has been in place the longest, analyzing the types of benefits that consumers have won in conjunction with improvements in wages and benefits for the workforce.

PART ONE: Background on Consumer-Directed Personal Care Services

Consumer control of services and supports for people with disabilities is a fundamental organizing principle of the independent living movement. Leaders of the movement advocate for the least restricted community living for people with disabilities, and oppose unnecessary medicalization of services. Receiving community-based personal care services—day-to-day assistance with daily living activities, such as bathing, transferring, eating and dressing and toileting—is one of the central goals of many consumers and advocates for people with physical disabilities.

Several states, including California and Massachusetts, were pioneers in developing community-based personal care programs that provide public funding for the selection and management of personal care attendants by people with physical disabilities. This philosophy of independent living is particularly prevalent among younger people with disabilities. Only recently have senior advocates explored the use of consumer-directed home care services.

While consumer direction holds the promise of increased independence for consumers, the fulfillment of the consumers' goal of independent living requires that there be an available workforce of personal care attendants. Consumers prefer to hire their own personal care attendant, which means they seek a direct employment relationship with the attendant.

However, attracting workers to the field has been an ongoing problem because individual consumers have been unable to address the more systematic barriers to employment that workers encounter. Consumers often pointed to their difficulties finding and keeping workers in this field. In short, individual consumers acting in isolation cannot create a career ladder for attendants, provide pay increases, or group health benefits.

As a result, many consumers have struggled with constant turnover in their attendants and limited opportunities to change the structure of the public program to address employment barriers. Nationally, most personal care workers in consumer-directed programs typically earn minimum wage, and receive no sick leave, health insurance or other job-based benefits.

PART TWO: Building the Support and Creating the Mechanisms to Improve Workforce Conditions

SEIU has worked with consumers and advocates to initiate consumer-directed workforce improvements in four states. A short description of each state where SEIU has been involved in collaborating to improve consumer-directed services follows.

CALIFORNIA

With the passage of Senate Bill 485 in 1992, California counties began establishing consumer-directed public authorities that currently operate in 52 counties and provide workforce stability and a voice for California's 380,000 consumers of In-Home Supportive Services (IHSS), the Medicaid-funded personal care program. Since the public authorities have been established, 200,000 home care workers chose to form a union with SEIU in California.

California consumers and allies supported workforce improvements in the large IHSS program to address chronic shortages in the supply of personal care attendants, due to low wages and the lack of employment-based benefits. Consumers were concerned about the difficulty they were having finding and retaining qualified attendants, and they feared they would have to enter institutions unless problems were addressed. Coalition activities led by SEIU and key consumer advocates in California developed the public authority model. These public authorities are empowered to make wage and benefit improvements under the direction of a consumer-led board.

After the home care workers voluntarily chose to join a union, SEIU has been able to negotiate significant wage and benefit increases that have stabilized the IHSS workforce and allowed it to expand to meet growing demand for in-home services. A study of San Francisco's public authority that compared turnover rates among IHSS workers prior to implementation of wage and benefit improvements demonstrated a 30 percent reduction in turnover. Progress on wages and benefits has been slower in some counties, including Los Angeles, but all IHSS workers in counties with a collective bargaining agreement now earn above the state minimum wage of \$6.45, with several counties achieving wages above \$10 per hour. Benefits, including health, vision and dental insurance, pension, transportation subsidy, and limited sick and vacation leave have been added in several counties.

Personal care workers in 26 California counties have organized with SEIU locals, with the remaining counties under United Domestic Workers/American Federation of State, County and Municipal Employee jurisdiction. The two unions collaborate on bargaining standards and issues affecting IHSS workers.

Working together in 2004, California disability advocates and SEIU defeated a proposal by Gov. Schwarzenegger that would have eliminated the state-funded personal care program. This advocacy led the state to rescind its budget cuts, and California received a federal waiver in the fall allowing 75,000 home care workers to become part of the larger Medicaid-funded IHSS program. This was a significant victory for consumers and workers and evidenced the power of a strong consumer-worker alliance working to preserve consumer-directed home care benefits.

OREGON

Established by ballot initiative in 2000, the Oregon Quality Home Care Commission is a nine-member consumer-majority board with a small staff empowered to make workforce improvements for 12,000 home and community-based workers who joined SEIU in 2001.

The Quality Home Care Commission's board includes five consumer members. In addition to five current or former consumers of home care services for seniors or people with disabilities, the Oregon Association of Area Agencies on Aging and Disabilities, the Governor's Commission on Senior Services, and the Oregon Disabilities Commission are represented on the board of the Oregon Quality Home Care Commission.

Endorsers of the ballot initiative creating the commission included ADAPT, Alzheimer's Association (Oregon Trail Chapter), The Advocacy Coalition of Seniors & People with Disabilities, Ecumenical Ministries of Oregon, Elders in Action, Gray Panthers, Independent Living Resources, Multnomah Disabilities Services Advisory Council, and the Older Women's League.

The workers' first contract, ratified in 2003, won a wage increase, health insurance, workers compensation coverage, and vacation leave. Negotiations over health benefits were extensive and led to an innovative solution where the local is administering the benefit.

There has been no major opposition to the commission, but state budget cuts have required defensive action. Local 503 has joined with allies to defeat cuts to the spousal care program.

WASHINGTON

Established in 2002 through a ballot initiative, the Washington Home Care Quality Authority (HCQA) serves as the joint employer of a 26,000-member unit of personal care workers.

The nine-member board of the Quality Authority includes five current or former consumers of long-term in-home care services, at least one of whom is a person with a developmental disability. One board member is a representative of the governor's committee on disability issues and employment, one board member is a representative of the state council on aging, and there is a representative of the Washington area agencies on aging.

Endorsing organizations included senior groups and representatives of people with disabilities. These included ADAPT, Gray Panthers of Seattle, Lifelong AIDS Alliance, Washington Adult Day Services Association, and the Resident Councils of Washington.

The workers chose to join SEIU Local 775, and then engaged in a two-year contract campaign which ended victoriously in 2004 when they won wage improvements, health benefits and workers compensation insurance. Contract bargaining was shifted from the authority to the state employee relations commission to conform with typical public sector bargaining in Washington.

To date, the Washington HCQA has sponsored consumer trainings and won a grant to pilot a registry for the purposes of matching workers and consumers that will eventually expand statewide.

MICHIGAN

The Michigan Quality Community Care Council was established in 2004 through state regulatory authority as a partnership between the state of Michigan and a local area agency on aging. Key aging and disability organizations showed their support of the council through a letter to Gov. Jennifer Granholm early in her term and have continued working in coalition with SEIU and with her administration to create the council.

The MI Council is empowered to make workforce improvements for 40,000 consumer-directed personal care workers in the Medicaid-funded Home Help program. The QCCC also may develop programs for consumers, including a registry for matching consumers and workers.

The campaign to establish the Michigan Quality Community Care Council received support from The ARC of Michigan, Mental Health Association in Michigan, Michigan Association for Independent Living, United Cerebral Palsy of Michigan, the Autism Society of Michigan, Michigan Disability Rights Coalition, The Olmstead Coalition [of Michigan], Area Agencies on Aging Association of Michigan, and Gray Panthers of Metro Detroit.

The council has held its inaugural meeting and will soon be considering the personal care workers' union election petition.

PART THREE: Key Programs Run by Consumer-directed Workforce Boards in California

The California public authorities not only provided workers with a vehicle to secure improved wages and benefits, but also gave consumers a policy-level voice in the In-Home Supportive Services (IHSS) program, while retaining the individual consumer's right to hire, train, and terminate a personal care provider.

Each public authority has a consumer-majority board with between 11 and 15 members that negotiates workforce improvements for IHSS workers; a registry to help consumers and workers; and access to training for consumers and workers. This mode of delivery

has proven to be a cost-effective way to improve consumer-directed home and community-based care. Both older and younger consumers with physical disabilities participate in IHSS, and nearly half of all IHSS providers are related to the consumer.

Following is a programmatic overview of the activities of selected county-based public authorities in California that includes three key components: consumer involvement; specific programs run by the authorities; and an examination of the administrative costs of running the authorities.

I. Consumer Involvement and Leadership

Public Authority Design

Consumers have several avenues in which they can be actively involved with the creation and oversight of the IHSS Public Authority program. Consumers and advocates, workers and organized labor, and county agencies collaboratively designed all of California's public authorities. Consumer-majority boards of directors have been implemented in all the states in which SEIU has helped to create the public authority. Consumer direction and control over the program remains a strong criteria of the public authority model. This collaborative approach has been copied in other states with programs modeled after California.

Public Authority Outreach

In California, there is a consumer-majority board that acts as an advisory committee in every county. Boards do outreach to IHSS consumers through conferences, surveys and other grassroots activities. For example, Santa Clara County's public authority board identified its Top 10 priorities and held a consumer conference to publicize and engage consumers. Similarly, San Francisco's public authority has hosted a resource fair, workshops, and conferences. In Amador County, the public authority board recommended curriculum content for provider training.

II. Public Authority Program Benefits

Registry Systems

In California, there are county-based registries that help consumers and workers find each other. Prior to development of a registry, consumers had little access to available workers. Public authority staff in Solano County noted the difference that the registry system has made: "*Prior to the registry there were 30 names on a sheet of paper with phone numbers for the different cities. No one knew if the people were still doing homecare, if the phone numbers were current or if the worker was a good worker or not ... We now have 240 providers on our registry. Now we make sure the [contact] numbers are accurate (providers must update contact information and willingness to work once a month) as well as checking references, work history, one-to-one*

interviews, Live Scan fingerprinting ... in addition to our software matching up the needs and skills that providers have that consumers need.”

Public authorities have also developed on-call services for consumers in several Californian counties. In Santa Clara County, consumers have access to on-call services they can request up to three times per month. In San Francisco County, approximately 400 people use the on-call service each year, and the public authority can usually find a worker for consumers within the hour. The San Francisco public authority found that this program often prevented costly and unnecessary emergency room visits, hospital stays and even institutionalization.

In some counties, the registry also facilitates screening and background checks of potential providers. In Calaveras County, all registry applicants complete the interview, orientation, reference checks, and are fingerprinted. In Yolo County, providers applying to be listed on the registry undergo additional drug and alcohol testing.

In Marin, the public authority will remove a provider from the registry after two complaints of minor offenses have been reported within six months and are determined to be valid. Reasons for removal include: not appearing at scheduled interviews without prior notice; being late for work without reasonable cause; inappropriate behavior toward a consumer or staff person; refusal to do authorized tasks agreed to upon hire; not performing requested and authorized tasks during work hours; inadequate job performance; not returning consumer or registry phone calls within a reasonable amount of time; failure to update registry profiles; or failing to give a two-week notice of resignation. The public authority immediately removes a provider who commits a major offense which includes any criminal action such as theft or sexual/physical abuse; fraud or disclosing confidential information; being intoxicated or in possession of any illegal substance while on duty; or possession of firearm or other dangerous weapon while on duty.

Consumer/Provider Education Opportunities

Table 1 details the types of training and education programs found in nearly all counties with older public authorities. A total of 29 public authorities are offering additional provider training with 11 offering consumer training and education. Sixteen public authorities offer CPR or first aid courses; eight have identified programs in elder abuse education. Health and safety training, which may include safe transfers as well as other topics, are offered in 13 counties.

TABLE 1 Training and Education Programs in California (by Number of Counties)						
Additional Provider Training	Additional Consumer Training	CPR/First Aid	Managing Rx	Elder Abuse Education	Nutrition	Health and Safety
29	11	16	5	8	7	13

Consumer Education

The Fresno public authority purchased computers from the county and allowed residents to utilize them at highly populated support centers.

San Francisco's public authority also created the Consumer Peer Mentor Program designed for consumers who are new to the authority or are having difficulty hiring or supervising a home care worker. Mentors are trained to help give advice about finding the right IHSS worker, accessing transportation and medical attention, and finding accessible housing.

The public authority in Los Angeles assumed the lead role in the coordination of the Working Disabled Benefits Planning Trainings for the county. The public authority played a major role in the development of the Para-Transit Plan for Los Angeles County.

Provider Training

Alameda collaborates closely with workers in its training programs on topics such as worker safety and preventing injuries, infectious diseases and AIDS, and breast cancer awareness (since most providers are mid-age women).

The public authority in Amador sponsors a six-week caregiver course twice each year with a local training facility and the Amador Community Foundation. There are also monthly provider exchanges, which are informal meetings with networking and a speaker on nutrition or safety issues. The public authority encourages providers to invite their clients as well.

In Calaveras County, a CPR/first aid course was the most requested training by IHSS providers, but many could not afford the \$40 fee. The public authority had two staff members trained as CPR/first aid instructors so they could offer the training free to IHSS workers.

IHSS providers in San Mateo County can take advantage of a tuition reimbursement program to take courses in the community. Providers interested in health care training such as CNA, CHHA, or LVN are referred to One-Stop Job Centers. The public authority has also conducted trainings with the Stanford Geriatric Research Center, the Alzheimer's Association, and the Family Caregiver Alliance. Other trainings are advertised in the newsletter or at resource tables at trainings and other events.

In January 2004, the San Francisco public authority formally launched its Worker Training Program. The program includes a 26-hour Homecare Skills Development Training developed in conjunction with the Shirley Ware Education Center of SEIU Local 250. The 26-hour course includes: health and safety (blood borne pathogens and chemical hazards, hazards on the job and ergonomics of back injury and prevention), workplace violence and elder abuse and mandatory reporting, personal care services (six hours), CPR and first aid (two-year certifications).

These classes are open to workers eligible for health benefits (those who work 25 hours per month for two months). Workers are paid a stipend for all trainings attended. Workers earn \$25 for each session they attend and \$275 in total for completing the series. Workers receive mailings throughout the year inviting them to trainings in English, Cantonese, Russian, and Spanish.

Other Public Authority Programs

Table 2 summarizes the variety of programs that are currently in operation in multiple counties. Since public authorities have been established over a period of several years, those that are older have developed more programs. In addition, the structure of the public authority allows individual counties to decide what programs are most needed. A total of 33 public authorities offer background or reference checks to assist consumers in evaluating potential workers; 23 counties are providing services to consumers and workers in multiple languages to meet the needs of California's highly diverse population; 21 conduct routine surveys of consumers to measure satisfaction. In addition, 13 public authorities run on-call services to provide temporary back-up for consumers when their workers are temporarily absent. Several public authorities have also begun measuring shortages and tracking turnover to better measure and quantify the effectiveness of wage and benefit improvements.

TABLE 2: Public Authority Services in California (by Number of Counties)					
Background or Reference Checks	Multiple Languages	Effectiveness/ Satisfaction Surveys	Track Service Shortages/Availability	On-Call	Track Turnover
33	23	21	26	13	9

Measuring Effectiveness

In Amador County, employees of the public authority watch for improvements and longer-term trends to tweak procedures to improve responsiveness and quality.

In San Francisco, which is among the oldest public authorities, staff track the usage and impact on providers and consumers of services. There are routine consumer reports of responsiveness and quality of services.

The public authority of Solano County uses a software package to track the goals and objectives set in conjunction with the advisory board's wishes as well as goals and objectives that have been set by the entire staff.

Yolo County measures effectiveness through analysis of data collected by registry staff, resolution of complaints, feedback from training classes, annual consumer satisfaction surveys, quality assurance visits to consumers' homes, follow-up calls, and comments from social workers and the advisory committee.

III. Low Administrative Costs

Start-up costs for the public authority are modest, consisting mainly of a small staff to support the work of the board and the consumer training and education activities. Operating costs are similarly low. As a percent of the total reimbursement for personal care services, the majority of California public authorities operate at a margin of 3 percent to 10 percent.

Administrative costs of public authorities in California are also related to the size of the county, with larger counties achieving greater economies of scale. For example, administrative costs range from 5 cents per hour in Los Angeles with 129,000 consumers, to slightly more in smaller counties, such as Napa, with less than 500 consumers, where administrative costs are \$1 per hour. Monterey County, with 2,444 consumers, has an administrative cost per hour of 21 cents. States such as Oregon, Washington, and Michigan capture similar economies of scale since they operate as a single statewide entity for thousands of workers and consumers.

CONCLUSION:

SEIU has worked in coalition with consumers, advocates, and allies in a number of states to address workforce issues in consumer-directed personal care services through consumer-run workforce councils. These councils have improved wages and benefits for workers and given them a voice where they had none before. They also give consumers and advocates an institutional voice in workforce issues. While there has been varying levels of success in different places, these councils are generally an effective tool for building a stable, professional workforce of personal care attendants.