



Ken R. Patterson
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**STANISLAUS COUNTY
IHSS ADVISORY COMMITTEE MEETING
MINUTES
11/17/06**

Committee Members Present:

Jose Acosta	Dwight Bateman	Joan Blackwell
Rose Martin	Linda White	

Committee Members Absent:

*Madelyn Amaral	*Connie Muller	George Sharp
*Mary Burch - LOA	*Ora Scruggs ML	

IHSS Staff Present:

Jeff Lambaren	Maria Childers	Egon Stammeler
Robert Taylor	Veronica Melgoza	

**Advance notice given.*

OPENING REMARKS by Linda White

- Meeting called to order at 1:08pm

PUBLIC COMMENT: APS Presentation by Jose Michel

- Jose Michel passed out two brochures on APS, with information on how to file a report, what type of reports they take and the process that is used.
- Jose explained that there are two responses, one is immediate and the other is a 10 day response. You should call APS first, if a crime has been committed the police will be involved.
- APS is averaging 3 prosecutions a month
- APS takes reports on: Physical Abuse, Sexual Abuse or Assault, Isolation, Abandonment, Abduction, Financial Abuse and Neglect/Self Neglect.
- APS office hours are 8:00:- 4:30, M-F and there is also a 24 hour crisis line, 1-800-336-4316, so a report can be made at any time.



ACCEPTANCE OF MINUTES

- October 13, 2006 minutes: Motion M/S/A to accept minutes, motion to accept made by Dwight Bateman, Kenny Brown seconded, motion passed.

PUBLIC AUTHORITY

- Jeff Lambaren discussed the hand books he passed out to the members. Jeff Lambaren and Maria Childers attended an Informational Conference put on by the State and in conjunction with California State University of Sacramento. They looked at best practices of other Public Authorities and other entities that provide care in IHSS. They developed these handbooks and provided a supply. The provider handbooks will be used as the basis for the new registry training.
- New training will start in January 2007, it will be a 3 day training- ½ day letting them know what IHSS, how to fill out their timesheets, and how the registry works. The second day they will go to CPR/First Aid training and the third day they will get information on Safety. Public Authority has contracted with DRAIL to provide some training on sensitivity with individuals with disabilities so providers will learn how to work with clients with disabilities.
- Jeff Lambaren stated that the Union negotiations are continuing on, we have had 3 sessions so far. Once an agreement is signed committee will be informed.
- Jeff Lamabren passed out information from CICA. They will be holding a conference in 2007 and they would like the Public Authority to respond to a questionnaire so they can gain information on how they can present a better conference. Members filled out questionnaire; and Jeff Lambaren collected them.
- Jeff Lambaren announced that they have the third newsletter out at the printers. The plan is to have it out by the end of November. It will be mailed to all consumers and providers and some will be placed at CSA. An article was done on membership for the IHSSAC, it tells them how to become a member and where to call for information.
- Jeff Lambaren passed out a copy of the ElderCare Directory, the committee's ad is included. The book was sent to all consumers and providers. Members were offered to take some and distribute. There is a lot of good information in the directory. The directory will be upated once a year, the website will be updated more frequently.
- Jeff Lambaren announced that the business cards the committee requested have been sent to the printers with the design. The printer sent it back with questions and it has been sent back to the printers. We are just waiting to hear back from them. The cards will have the committee logo and a space for members name.
- Jeff Lambaren passed out a copy of the survey and cover letter that will go out to consumers and providers. It's the same survey that has been done with the exception of a couple of changes. The survey is scheduled to mailed out on November 30th, with a return date of December 15th.
- Jeff Lambaren shared some information he received from the Highway Patrol. It basically tells how people in wheelchairs should be handled in terms of towing, they should be left in the vehicle.
- Jeff Lambaren announced that the Social Security recipients will receive a cost of living increase of 3.3%, effective December 1, 2006 and payable in January 2007.

LEGISLATIVE UPDATE

- Jeff Lambaren discussed the proposal for legislative items for 2007 from the Association of Public Authorities. They want to do a provider mileage reimbursement pilot project. There is a Public Authority Private Pay pilot, for individuals who didn't qualify, they could pay and use the registry services. There is an IHSS Alzheimer Dementia pilot project IHSS and Adult Daycare. IHSS providers as first responders differential pay, this may be a way for providers to get additional funding because they have additional skills.
- Jeff Lambaren went over some of the things that were re-submitted, providers getting 6 hours of paid for training and providers role in medical appointments, etc.
- Increase the States share in wages and benefits.
- Kenny Brown asked about the direct deposit for providers. Jeff Lambaren stated that he would look into this and get back to the committee.

BUDGET PLANNING

- Jeff Lambaren went over the committee's budget with the IHSSAC members. Committee members saw where they have spent some of their money and what they have left.

IHSSAC BYLAWS

- Jeff Lambaren stated that the bylaws will be updated to reflect the members whose terms are up but would like to remain on the committee until their positions can be filled. Members can turn in a letter of resignation at any time. Eleven members could be on the committee, but the committee must be made up of 50% consumers.

RETREAT PLANNING

- Members were given the choice of going to Palms or Sweet River. Sweet River was the one that was chosen. Members will order off the menu.
- Topics for the retreat will be: Bylaws, Committee's Budget, Fingerprinting, Legislation Update, and Community Awareness and Resources available.
- Jeff Lambaren stated that the committee could produce a booklet with the resources available to the community, for those who do not have access to a computer.
- Kenny Brown suggested that it would be nice if the committee could offer an internship to a disabled student. They could help with the IHSSAC meetings, Public Authority and DRAIL. Dwight suggested that this can be a topic to discuss at the retreat.

COMMITTEE'S ADS FOR CAREGIVERS

- Tabled until next meeting

HOT TOPICS

- None

GENERAL UPDATE

- None

Meeting adjourned @ 2:35 PM
Veronica Melgoza, Recorder



**STANISLAUS COUNTY
COMMUNITY SERVICES AGENCY
IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE**

P.O. BOX 42, MODESTO, CA 95353-0042
FAX: (209) 558-2681

**COMMITTEE
MEMBERS**

Kenny Brown,
Chairman

Linda White,
Vice-Chair

Jose Acosta
Advocate

Madelyn Amaral
Advocate

Dwight Bateman
Advocate

Rose Martin
Advocate

Connie Muller
Advocate

Mary Burch
Advocate

Ora Scruggs
Advocate

George Sharp
Advocate

CSA SUPPORT STAFF

Egon Stammer
Director of Adult Services

Maria Childers
Manager III

Robert Taylor
Manager II

Veronica Melgoza
Committee Clerk

May 5, 2005

Dear IHSS Recipient,

You have been randomly selected to participate in a survey of the In-Home Supportive Services (IHSS) Program. **This survey will not affect your current IHSS Services.** The purpose of this survey is to improve services in the future.

The IHSS Advisory Committee (IHSSAC) is appointed by the Board of Supervisors of Stanislaus County. The IHSSAC members advise the Board on important program matters and value your opinion. The IHSSAC, which is composed of consumers and providers, is sending this survey to you so that we may better understand your needs and desires on important service issues.

The IHSSAC meets regularly to discuss service issues, promote legislation and make recommendations on program improvements. Your voice is important to the committee and you are encouraged to attend any meeting you can. Please call (209) 558-3428 for information on the IHSSAC and meeting schedules or you may visit the Committee's website at www.co.stanislaus.ca.us/IHSS.

Please take a few minutes to complete the survey and **return it in the postage paid envelope by Friday May 27, 2005.** Your opinion counts so make it known!

THE 2006 IHSS SATISFACTION SURVEY FOR RECIPIENTS

In-Home Supportive Services (IHSS) is committed to providing you with the best possible services. By taking a few minutes to let us know about your experience with your provider, you will be helping us to improve the quality of services we provide to you and others. Thank you.

Instructions: Please read the following statements carefully and consider your "primary provider" to be the person who provides you the most hours of care right now. Circle only one number on the scale for each question.

	<i>Strongly disagree</i>				<i>Strongly agree</i>
1. Overall, I am satisfied with the care I receive from my primary IHSS provider.	1	2	3	4	5
2. Overall, I find the services I receive through IHSS to be of high quality.	1	2	3	4	5
3. The IHSS program contributes to my quality of life.	1	2	3	4	5
4. I have some negative feelings about the care I receive through the IHSS program.	1	2	3	4	5
5. I would not be able to stay in my home without the services of IHSS.	1	2	3	4	5
6. The IHSS social workers, public health nurses and supportive service coordinators treat me in a professional manner.	1	2	3	4	5
7. My phone calls to my social worker are returned promptly.	1	2	3	4	5
8. My primary provider is competent in providing the services I need.	1	2	3	4	5
9. My primary provider is willing to provide the authorized services on the days and times agreed upon.	1	2	3	4	5
10. I am able to manage when my primary provider is sick or unavailable.	1	2	3	4	5
11. It would be helpful to have back-up support services to provide care when my primary provider is sick or unavailable.	1	2	3	4	5
12. My primary provider treats me with courtesy and respect.	1	2	3	4	5
13. My primary provider is reliable and dependable.	1	2	3	4	5
14. I know whom to call if I have questions or concerns about my services.	1	2	3	4	5
15. If I had a conflict, I'm confident my social worker would help me resolve it.	1	2	3	4	5
16. I feel safer at home because of the IHSS program.	1	2	3	4	5
17. I received a list of providers in a timely manner (if requested).	1	2	3	4	5
18. Increased IHSS provider wages and health benefits have helped me find and/or retain an IHSS provider.	1	2	3	4	5
19. IHSS services were explained to me by my social worker, public health nurse or supportive service coordinator.	1	2	3	4	5

20. Are you aware of the IHSS Advisory Committee (IHSSAC)? (Check one.) Yes No
 If yes, please rate your level of satisfaction with the Committee. *Not at all satisfied* 1 2 3 4 5 *Extremely Satisfied*

21. Have you visited the IHSS Advisory Committee (IHSSAC) website? Yes No
 If yes, please rate the usefulness of its contents. *Not at all useful* 1 2 3 4 5 *Extremely useful*

22. Would you like to attend IHSSAC meetings? (Check one.)
 I am not interested in attending meetings. I would like to attend meetings twice a year.
 I would like to attend monthly meetings. I would like to attend yearly meetings.
 I would like to attend quarterly meetings. I am physically unable to attend.

23. Have you received the Link2Care IHSS Public Authority Newsletter? (Check one.) Yes No
 If yes, please rate your level of satisfaction with each of the following by circling one number on the scale.

	<i>Not at all satisfied</i>				<i>Extremely Satisfied</i>
	1	2	3	4	5
a.) appearance	1	2	3	4	5
b.) usefulness of information	1	2	3	4	5
c.) timeliness of information	1	2	3	4	5
d.) variety of interesting topics	1	2	3	4	5

(If you aren't receiving the Newsletter and would like to be on our mailing list, please call 209-558-4787.)

24. How long have you been receiving services from the IHSS program? (Check one.)
 Applying 6-12 months 2 years or more
 0-6 months 1-2 years

25. Which best describes your relationship to your primary IHSS provider? (Check one.)
 Spouse Other family member Hired employee
 Parent Friend Other (please specify): _____

26. How long have you employed your current primary provider? (Check one.)
 0-6 months Less than a year 1- 1½ years Over 2 years

27. Does your provider speak your primary language fluently?
 Yes No

28. What is your primary language?
 English Spanish Assyrian Other: _____

29. What is your age?
 Under 25 years 35-44 years 55-64 years 75+ years
 25-34 years 45-54 years 65-74 years

30. What is your gender?
 male female

31. What town or area do you live in? (Check one.)
 Modesto Westside (i.e., Patterson, Westley, etc.) Foothills (i.e., Oakdale, Waterford, etc.)
 Turlock Central (i.e., Ceres, Empire, Hughson, etc.) Other: _____

32. Please provide any additional comments or suggestions below. (For instance, what you like about the program, what could be improved, etc.)

33. Would you like to be contacted by a manager?

- Yes (If yes, please include: Name: _____ Phone: _____)
- No

Thank you for your time and thoughts.
Your responses will be taken seriously and will help us improve our services.

**Please place your completed survey in the envelope provided
and mail it back to our offices by Thursday, November 30, 2006.**



IN-HOME SUPPORTIVE SERVICES
P.O. BOX 42, MODESTO, CA 95353-0042
PHONE: (209) 558-3428 FAX: (209) 558-2681
WWW.CO.STANISLAUS.CA.US/IHSS

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THE 2006 IHSS SATISFACTION SURVEY FOR PROVIDERS

In-Home Supportive Services (IHSS) is committed to providing you with the best possible services. By taking a few minutes to let us know about your experience with our staff, you will be helping us to improve the quality of services we provide to you and others. Thank you.

Instructions: Please read the following statements carefully. Circle one number on the scale for each question.

	<i>Strongly disagree</i>			<i>Strongly agree</i>	
1. Overall I am satisfied with the services I receive from the IHSS program.	1	2	3	4	5
2. Overall I find the services I receive from IHSS to be of high quality.	1	2	3	4	5
	<i>Not important</i>			<i>Extremely important</i>	
3. As a provider, please rank the importance of the issues listed here:					
a. wages	1	2	3	4	5
b. medical benefits	1	2	3	4	5
c. vacation time	1	2	3	4	5
d. respite care (having a substitute provider)	1	2	3	4	5
e. information/communication from IHSS	1	2	3	4	5
	<i>Strongly disagree</i>			<i>Strongly agree</i>	
4. Sometimes I am disappointed with the services I receive from the IHSS program.	1	2	3	4	5
5. The IHSS social workers, public health nurses and supportive service coordinators treat me in a professional manner.	1	2	3	4	5
6. My phone calls regarding IHSS program operations are returned promptly.	1	2	3	4	5
7. When I contact IHSS, they are willing to help me.	1	2	3	4	5
8. IHSS staff treats me with courtesy and respect.	1	2	3	4	5
9. I have adequate resources (home care equipment) to do my job right.	1	2	3	4	5
10. I feel I am well trained for the work I do as a IHSS provider.	1	2	3	4	5
11. The amount of stress I feel on the job is a real problem.	1	2	3	4	5
12. I am kept informed about matters that affect my job and me.	1	2	3	4	5
13. IHSS timecard requirements were thoroughly explained to me.	1	2	3	4	5
14. I know whom to call if I have questions or concerns about my job.	1	2	3	4	5
15. Most days I feel emotionally ready to do what I need to do.	1	2	3	4	5
16. I receive my paycheck within 10 working days from when I mail my timesheet.	1	2	3	4	5

17. Do you receive health benefits? Yes No

Not at all satisfied *Extremely satisfied*

If yes, please rate your level of satisfaction with the benefits you receive. 1 2 3 4 5

18. Are you aware of the IHSS Advisory Committee (IHSSAC)? Yes No

Not at all useful *Extremely useful*

If yes, please rate your level of satisfaction with the IHSS Advisory Committee. 1 2 3 4 5

19. Have you visited the IHSSAC website? Yes No

Not at all satisfied *Extremely satisfied*

If yes, please rate the usefulness of its contents. 1 2 3 4 5

20. Would you like to attend IHSSAC meetings?

I am not interested in attending meetings. I would like to attend meetings twice a year.

I would like to attend monthly meetings. I would like to attend yearly meetings.

I would like to attend quarterly meetings.

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If yes, please rate your level of satisfaction with each of the following by circling one number on the scale.

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c.) timeliness of information	1	2	3	4	5	
d.) variety of interesting topics	1	2	3	4	5	

(If you aren't receiving the Newsletter and would like to be on our mailing list, please call 209-558-4787.)

22. How long have you been an IHSS provider?

Applying 6-12 months 2-5 years

0-6 months 1-2 years 6+ years

23. How did you find your current client (employer)?

Family member Registry Other: _____

Friend

24. How many clients did you interview with before securing employment?

one two three four more than four

25. What is your age?

Under 25 years 35-44 years 55-64 years

25-34 years 45-54 years 65+ years

26. What is your gender?

male female

27. Please provide any additional comments or suggestions below. (For instance, what you like about the program, what could be improved, etc.)

28. Would you like to be contacted by a manager?

- Yes (If yes, please include: Name: _____ Phone: _____)
- No

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