

**California IHSS Consumer Alliance**  
**Statewide Call Notes**  
**April 19, 2017**

**These notes are not word for word, just my notes. The recording is available on CICA's site - cb**

**Roll:** Janet Clark, Mark Beckham, Michael Barbato, James Ziegler, Cindy Calderon, Michael Condon, Bruce Baur, Lega Bet Tzedek, Michele Geving, Lena Berlove, Bonnie Newman, Rosa Whitaker, Kristine Loomis, Charlie Bean, Jane Whiteford, Elaine Paoli, Brad Toy, Sarah May, Felice Connolly, Paula Herman, Joey Riley, Louise Osejo, Vickie Mohzen, Bertha Gonzalez, Joseph, Richard Auehn, and 6 unnamed.

**CICA Survey:** Bean announced winners of the \$25 gift cards for those participating in the survey: Advisory Committee Winners: Donald Brock & Chenlee Manns; and, Consumer Provider Winners: Kelly Krasner Loraine Dressler, Keeley Level, Jamie Jenkins, Maria Gonzalez, & Danni Otti. Looking to get in touch with and get mailing addresses to mail gift cards to.

**Question asked about the number of surveys:** Surveys received were 158 responses, 129 for the Consumer & Providers and 29 from the Advisory Committees. It is planned to share information in its final format in May!

*Bean Note: The numbers were low compared to the number of individuals involved – must be happy - LOL*

**Note: personal information will not ever be shared outside of CICA. Bean did not share with CICA Executive team to limit mistakes in the future!**

**CICA Workshop:**

**California IHSS Consumer Alliance  
IHSS Advisory Committee  
& Advocate Workshop**

**Wednesday, May 24, 2017**

**10 a.m. to 4 p.m.**

**Topics:**

**Advisory Committee Empowerment  
Sharing Information  
IHSS Problem Solving  
How Can We Help  
CDSS Training for Consumer & Provider  
Senator Mike McGuire**

**More info: [info@cicaihss.org](mailto:info@cicaihss.org)**

**To be followed by Education Day with CARA, Thursday May 25, 2017**

We will be urging legislators to pass the two bills below:

**SB 562 (Lara/Atkins) - Healthy CA Act**

**AB 796 (Brown/Thurmond) - Increase SSI/SSP**

Get more information by contact Charlie at (707) 441-1974 or email:

[info@cicaihss.org](mailto:info@cicaihss.org)

**Charlie Shared Experience from DAT (easy share of notes how written):**

**Disability Awareness Training (DAT)  
My Experience – C. Bean**

**Pilot in February and then three sessions, Chico, and two in  
Sacramento**

My first thought about attending the Disability Awareness Training (DAT) was an opportunity to provide my personal experiences as an individual with a disability from a spinal cord injury, as well as provide experience representing other disabilities not present.

The sharing of my personal experiences as an individual with a disability from a spinal cord injury was easy. Attempting to share experiences from

other disabilities I have not experienced can only be guessed at and sharing information received from others I know of was done. One point that needs to be stressed in today's presentation is that even though I have a disability from a spinal cord injury, and others may have the same injury, we are individuals and no one is the same, or should ever be lumped into one group where one service fits all. This can be said about other disabilities, seen and hidden, it was important to remember each individual with a different disability is different in their needs, as well as in their personalities.

Sharing my knowledge and experience from many community activities representing different parts of accessibility needs for disabled is what I tried to share.

The DAT session began with introductions of those in attendance and where they were from (county) and what their position was. Each session had about 30 (+/\_) participants representing IHSS Eligibility, In-Take, FLSA, Quality and Insurance Workers, as well as individuals new to the program to those with many years of experience. Those there also came from different backgrounds working the different programs under Social Services like Adult Protective Services to Child Welfare and Health. It could be said individual represented a wide scope of the various departments and levels from the individual case worker to the supervisor of the department. I felt they had a good workforce representation in each session.

During the introduction, it was pointed out in the handout there was a handbook that shared much of the information they were going to cover. It was also noted this handbook could also be used as a reference guide later on for information (much like Social Worker binders they often receive in past training). Understand County Social Workers attend training and bring home large binders of information after a weeklong training – I took this as a positive move on behalf of the training being offered, encouraging use of known local resources and of individuals in the community they serve – not a large manual difficult to find what is wanted.

In a section they ask the question “Why Disability Awareness?” This pointed out the purpose of the added training session pointing out there was a need to become more aware of the unique experiences of the consumers and how being aware of their uniqueness will equip the county representative with a better understanding of their individual needs. One statement in the handbook reads: “Even with the best intentions and

skilled experience, we can be unaware of how our subtle thoughts, feelings, and behaviors may impact our interactions with consumers and ultimately, the outcome of their care.” After reading this, I sat back and listened to different comments throughout the session and found it interesting how individuals at different levels of their careers felt about this. Most, if not all seemed to agree with the statement and were eager to share their experiences and follow-up questions regarding others experiences in handling specific cases. The different exchanges were all very positive.

After going through the definition of a disability they spoke about the different types of disabilities including those that are seem and easy to identify to those that are hidden (new types of disabilities were shared during this session). They did an exercise involving hidden disabilities and this was one I found interesting. I personally never thought about the challenges for a person having a hidden disability that were shared – great exercise for all.

There was an opportunity to share explicit bias and implicit bias in in both the worker and the consumer. This kind of reminded me about different comments read by many Facebook posters with concerns about having yearly visits to verify needs of the consumer or reading about phone calls and never getting responses. I share this as what I thought because after hearing about workloads placed on the worker it impressed me how no matter what, those I met wanted to do what they could for the consumer.

There was much more presented during the day long training, but to share it all at once would be unfair to future attendees of this training.

There were some topics that stuck out that us as consumers, providers, advocates, and as Advisory Committee members and organizations. There seems to be a need for consumers to have improved training on being a supervisor and managing the work that needs to be done (some expectations exceed the tasks authorized or how a task was being done such as preparation of food was not being communicated correctly), communication skills for both the consumer and provider, respecting the provider for long-term care, and more training on recording and managing allotted time by the consumer (timesheet errors).

Another issue that seemed important was a point of contact to be located at the county office for individuals to call for assistance, a call-in help line. Some counties have this. But also, planning your day when an

individual calls, instead of waiting until the end of the day, call more in the morning and understand you are not the only one who may have a need – you may not get a return call for a couple days or the following Monday.

I wish to recognize the San Diego State University staff for their work on subject of Disability Awareness Training, as well as the CDSS Adult Programs Division, Policy and Quality Assurance Branch for their time and work on this. Another note, is to recognize Riverside County's Advisory Committee and Public Authority for being instrumental in work they have done towards creating a model of Disability Awareness that can be used throughout the state – the article in our most recent newsletter. [The Consumer Voice](#), titled: "RIVERSIDE INCLUSION OF CONSUMERS IN SOCIAL WORKER TRAINING GOES STATEWIDE," written by Kristine Loomis a member of CICA and also a consumer!

Orange County Training & Career Dev.  
1928 S. Grand Avenue, Rm A110  
Santa Ana, CA 92705  
**Tuesday, May 30, 2017**

County of Riverside, DSS  
7894 Mission Grove Pkwy Conf. Rm 200  
Riverside, CA 92508  
**Wednesday, May 31, 2017**

Sonoma County IHSS  
3600 Westwind Blvd, Orville Wright Rm  
Santa Rosa, CA 95403  
**Tuesday, June 6, 2017**  
**Wednesday, June 7, 2017**

Picadilfy Inn  
2305 W. Shaw Avenue  
Fresno, CA 93711  
**Tuesday, June 20, 2017**  
**Wednesday, June 21, 2017**

**Kristine** has committed to be at Riverside and Orange county trainings being conducted in the future. She had contacted San Diego in regards to the upcoming trainings looking for advice on recruiting additional providers and consumers to attend future DATs. She was told that there was limited

space and may only recruit one other person beside herself. Asked about room side and if I had any difficulty recruiting others?

**Chas:** The room size was okay for those present in all three trainings, plenty of room. In my recruiting, Butte County Advisory Committee has two individuals from there. For Sacramento, I tried to contact a few folks in the area with no takers (I did get a couple responses, but they did not fit the profile responding to questions given.).

It is understood room space is limited for future classes.

**Chas:** It is important to recognize that the State seems to be trying to get more stakeholders involved in trainings and IHSS issues.

**Kristine:** It is felt for future trainings more consumers and providers are allowed to participate.

**Chas:** Also need to note, I would never sell any of the social workers short on their knowledge about disabilities. They shared new disabilities they are working with as well as how they looked up information about disabilities in preparation to visit a recipient. I was impressed with what I heard and how they prepared themselves for meeting consumers.

**Kristine:** Shared about workloads among Social Workers and though it might have been reduced in Riverside a few years ago, it may not have been done throughout the State. Could be reason not all calls are returned.

**Brad:** How representative was the group of those with hidden disabilities?

**Chas:** There was no representation there in person, but listening to the responses from the SWs you knew they prepared themselves for hidden disabilities. Their heart and mind was into this subject when it was brought up.

**Kristine added:** They show a picture and those there are asked to find Waldo. Why looking the presenter talks more about disabilities and shows numbers of hidden disabilities. This exercise identifies what is not seen.

**Janie:** Is this required or voluntary training?

**Chas:** I don't know. Understood it was going to be included in future training sessions, maybe a shorter version.

**Joseph:** For the DAT, it is not required at this time. But the nice thing about this module is it can be taken at any time. This training module can be taken at any time of their employment, 3 days in, 3 weeks, or 3 months, this can be taken at any time. Whereas, some training individuals have to be with the county a year before they can take it.

Glad you got some of the hidden disability topics, for these are so prevalent in today's society.

**Joey:** Give a shout out to Bud Sales for his work in the 90s regarding training for SWs about working with those with disabilities here seems to be atmosphere of animosity in the SWs and this stems from the Anti-Fraud days. It seems hours are tight or SWs are being stingy not giving enough hours and more hearings need to be held to get the proper hours. Another concern SWs do not seem to have empathy or feelings towards those they drop from IHSS – individuals receive a notice they will be visited in two days and they will not be home and because they are not home they get dropped from IHSS (terminated) and must start over or hold a hearing. This panics consumers and providers about their health care and employment – it just seems this is not like the job of a SW. They should be helping these people, not scaring them. When Protective Services are given and later the child is found they can make a sandwich on their own, PS is dropped – Just does not seem right. I am glad this DAT is happening but I hope it trains SWs to have a better understanding of the consumers' needs...I get this from many consumers over the years. Where did this come from? Are SWs overloaded or are they hardened from past fraud prevention activities? I hope this improves understanding about those with hidden disabilities.

**Kristine:** Joey, are you speaking mostly from San Diego or other counties?

**Joey:** When I first started hearing about these was just San Diego, then I created a Facebook and started hearing complaints from all over. There needs to be some sort of accountability for Social Workers. They don't even show up for the Fair Hearings. CDSS Lawyers are having to interpret what the SW means at the hearings.

**Kristine:** This may be a different kind of training.

**Janie:** I agree with your comments and something needs to be done in future trainings. I do think it is because of the loads the SW are carrying. Here in Santa Clara the caseloads have been dropped to around 175 per worker. It is said by the IHSS Director you can see and feel more relaxed workers who can handle the caseloads now. Something CICA look into and help with.

**Joey:** That would be good if we could get improved training and etc. They did not hire new SWs as offered earlier.

**Janie:** The reason for this was the fear of losing funding under the MOE, which has come true of this possibility. Those that did are now looking for funding to keep those they newly hired on board.

**Joseph:** I think it is good point. You are absolutely correct Protective Supervision has some gray points. As noted earlier everyone is an individual and has different needs. We do try to give the SW all the training possible to give them the tools to work with. It is something to look into and it is a good point brought up.

**Brad:** Another thing that seems to be very common is a lapse in Medi-Cal coverage which causes termination in IHSS. But this is soon corrected fixing information in the office that was incorrect.

**Joey:** What is the tenure of a Social Worker? They seem to be new every year and sometimes we may get a new SW 3 times throughout the year and no one seems to know why. Wonder what the turn-around rate is and high turn-over of providers here in San Diego. Is it because of the heavy loads high stress and we are not getting SWs with experience and knowledge??

**Chas:** I noticed some SW's I attended the training with was because of career changes their spouses made was the reason for change.

**Paula:** When workers come out, they act as if they do not read the file and the consumer is new. With a most recent visit the individual acted seemed to not know anything about my daughter and her case. He stated he was talking fast because he has many other visits he needed to do. He asked of my daughter could talk? She said "hello" to him when he came in, she is sitting right there.

**Sarah:** I was lucky enough to participate in this training along with another IHSS recipient. I found it to be very powerful. The issues being shared are those covered in this training. Much of the discussion at the training covered concerns mentioned here and being respectful of one and another and their needs, especially for the recipient. A lot was discussed about how individuals felt about workers coming in and talking fast as mentioned was disrespectful and how this could be changed, many practicable suggestions were provided and accepted – I want to compliment this training for bringing this out and do see an effort in changing how the recipient and worker are both shown respect in the future. Glad to hear in the future others will get to participate in this training.

**Paula:** Asked the worker who visited, what does the category “Services Refused” mean, and wondered why there was anything on the paperwork for my daughter. Why was there not “Unmet Needs” recorded? He seemed to make adjustments in areas needed to justify other areas. Sharing the various reports from doctors he seemed to not get it, then he questioned why so many hours in “Meal Preparation” was needed. Taking wait time into travel time – did not record time correctly for travel or wait time to support needs for those who are severely disabled who have need to travel further and more often. The comment “I have hear of “unmet needs” but need to look into it” by the worker is not good.

Looking for workers to show exact need and what is happening, not move hours around to different areas not showing the individual need.

**Janie:** This really points out how important this training is. Wondering what training is mandatory before a worker begins or after they have been on the job? Can someone on the call talk about initial training?

**Kristine:** For those that have concerns, write them down and send them to Charlie and they can be shared at future training opportunities.

**Program Manager:** Every county is different, form the county I work, there is a 6 week induction. Then they shadow other workers and then given a small caseload and reviewed by a mentor before they are given heavier workloads. The also take some courses required. It is pretty intensive training.

**Joey:** We had an RN (county nurse) come by to evaluate the recipient for high hours in regards to medical treatment. This nurse did not know Social Working, but the county wanted to send a nurse to those with high hours.

This nurse kept handing Michael paperwork not realizing Michael had no use of his hands. This happened in San Diego County.

**Program Manager:** That's not why they do that...*interrupted before they finish their comment.*

Then in Orange County, for those asking for Protective Services (PS) they send the DA out to intimidate those asking for PS. A Mr. Higgins is the name of the DA. Maybe Orange County feels they are in financial pitch and to send the DA, but they send a DA (Mr. Higgins) to intimidate and harass the individual requesting PS.

**Program Manager:** I do not know what is happening on Orange County, but I hope is not the case.

In cases involving PS, we send a Social Worker out to reassess the case and sometimes hours are reduced and sometimes they are increased. I have never heard of our county sending out DAs. We do have a Public Health Nurse on Staff that works with IHSS and Adult Protective Services. If there is a case involving a complex case or health questions a Public Nurse will go out to visit a consumer, but they go out with a Social Worker. We do not send Public Health Nurses (PHN) out without a Social Worker, PHN do not know Social Work. I cannot say what happens on other counties, but this is how it is done here.

**Paula:** Want to echo what Joey said earlier, on Orange County they are sending DAs out. I have spoken with three people recently who have experienced this. An advocate named Larry Rosen posted something about this sharing that a DA named Warren Webber was going out to all with Protective Supervision.

It was suggested that this information about the DA visiting individuals under PS be sent to CAPA. This does not sound right. (**Note: This has been moved to CAPA for discussion in the future**).

**Janie:** We appreciate those officials who have spoken up. We do not want this to seem like they are being pounded. Nor do we want this to become a bitch session.

This kind stuff happening is the job of the Advisory Committees to hear about and to find out what is going on.

In the near future, hopefully we can get feedback on what this is about – maybe ask Debbi Thompson to get on the line and explain what is happening. We need to remember each county is different and has lead way to go one way or another pertaining to different parts of the program.

**Kristine:** The Disability Awareness Training are opportunities for building bridges not tearing down the program. Issues brought up can be addressed at other levels.

**Bean's Note:** *Appreciate those who spoke about the DAT from the State and ho tried to answer concerns about the DA. I apologize for the call getting out of control – will monitor better in the future!*