

the Vision and Voice of the San Francisco IHSS Public Authority



CIRCULATION 43,000 IHSS CONSUMERS AND WORKERS

The Road Ahead for IHSS

PA Conference Highlights Continuing Fight for Disability Rights

Our conference this year was titled “IHSS: Into the Future/Advancing Disability Rights.” We chose that theme because there are so many possible changes surrounding the IHSS program right now. Nearly 500 people attended our conference and heard from Public Authority Governing Body members, other impassioned experts on IHSS and representatives of managed care health plans. Many questions were fielded from attendees about changes ahead in which IHSS will be shifted into a managed care services delivery model. (To keep up with those plans, please check the websites listed on page 11.)

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Photo Credit: Terry Schmitt

The Public Authority's Donna Calame addresses the crowd of IHSS consumers and providers gathered in St. Mary's Patrons Hall.

New Chapter, New Challenges, New Opportunities

It is an honor to have the privilege to lead this organization. Following Donna Calame's lead, our fearless leader from the inception of the San Francisco IHSS Public Authority over 18 years ago, means I have big shoes to fill.

The Public Authority is entering a new phase, with new challenges and opportunities. It will be my pleasure to work with our dedicated staff and Governing Body to increase the number of people served through our Central Registry, emergency on On-Call system and the Consumer Peer Mentor Program. I look forward, as well, to continue to raise awareness and provide the advocacy necessary to help ensure that older adults and people with disabilities can live and thrive with dignity and pride in their communities. To that end, we will work even harder with local, state and federal leaders to ensure that the IHSS consumer voice remains strong and at the forefront, especially with the upcoming shift to Managed Care.

A little bit of background about me: I practiced law for many years, specializing in elder law issues, conservatorships, wills and trusts. I take on this new role with a wide range of experience as a partner at a real estate investment firm, HSM Investment Group, and as a Senior Project Manager at Urban Strategies, Inc. While at the latter, I led the daily operations of two community centers, providing residents with age-specific services and programs and forming strategic partnerships with city leaders, resident councils and other outreach organizations. I also co-founded and was the Executive Director of SF Urban CHC, providing education and counsel for low-to-moderate income first-time home buyers.

I am very excited about the next chapter of the Public Authority. While we enter this new world of Managed Care and smaller budgets, we will carry on advocating for ordinances and laws that positively impact the rights of older adults and people with disabilities to live safely and independently in their homes. At the same time, the Public Authority will make sure that our programs continue to satisfy the



Photo Credit: Terry Schmitt

PA Executive Director Kelly Dearman makes a point at the recent "IHSS: Into the Future" conference.

needs of our growing community. More specifically, here are some of our plans for the next year:

- ◆ Revamp the website to make it more accessible to consumers and providers alike;
- ◆ Hire more staff to ensure our agency runs smoothly and efficiently;
- ◆ Increase the number of mailings to consumers and providers to keep everyone up on the important issues of the day;
- ◆ Maximize the number of consumers on the Governing Body to guarantee that consumer choice stays in the foreground; and
- ◆ Enhance our visibility on the local, state and federal level.

I look forward to meeting and working with all of you. 🙌

— Kelly Dearman

Reflections from the Outgoing Executive Director

YOU, dear readers, have had a big impact on my life. And you likely don't even know it. I am retiring from the Public Authority in April and leaving the agency in good hands for the future. Here are some of my reflections:

In the early 1990's, I worked with other people in San Francisco who knew how important IHSS was in thousands of people's lives and wanted to help improve IHSS: users of IHSS and personal assistance, aging and disability advocates, service providers, supportive county employees, home care workers and union staff. To bring major change to IHSS, you had to reach state legislators and people in the agencies that set policy and fund the program. Back then, IHSS consumers and independent provider home care workers (IP's) who wanted to tell their stories didn't have an organized way to connect with each other and join for more impact.

That's when the idea of creating IHSS "public authorities" (PA's) was born—a way for consumers to have a voice through consumer-majority PA boards or IHSS advisory committees in each county. The IP's had a voice, because they finally could join a union that could bargain with "an employer": the PA. In 1995 in San Francisco, that was SEIU-Local 250, now SEIU-UHW. PA's were an untried idea, but we led the way in San Francisco's with these FIRSTS: a union contract, significant IP wage increases, an emergency On-Call service, and health and dental coverage for IP's.

We are proud that with our work over the years, we have helped improve the IHSS program for you, whether you ended up directly using our Registry and other services or not. We opened the doors of our Central Registry of screened IP's in September 1996. For the first time since IHSS began in 1973, IHSS consumers could get referral lists of matched IP's from which to hire when they did not have a family member or friend who could provide IHSS assistance. And the PA structure allowed for the development of our emergency On-Call system.

Politicians began to listen to how important IP's are in the lives of consumers and recognized that IP's should be paid more than minimum wage and given health benefits. Finally, for consumers who need support from "someone who knows" how to live in the community with a disability, we now have a Peer Mentor program.

Our PA has always wanted to show that a program which allows consumers to hire who they want and supports them with services to stabilize them in the community is both what most people want (to live at home as long as possible) and a cost-effective use of taxpayer dollars. This is called a "consumer-directed" program, a core principle of IHSS.

So what does all this have to do with your impact on me? I have had the distinct honor to have helped establish the PA

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Photo Credit: Terry Schmitt

Donna Calame (foreground) leaves the stage in Patrons Hall at St Mary's.

What We Do... We Do for You!

The San Francisco IHSS Public Authority provides six major services:

- ◆ We operate a **Central Registry** that matches IHSS independent providers (IP's) of home and personal care services looking for work with consumers who need to hire someone to assist them.
- ◆ Through our **On-Call Program**, we provide immediate assistance to consumers referred to us by the Department of Aging & Adult Services (DAAS), who are in urgent need of personal care when they suddenly need a worker but haven't yet hired one, their regular provider is not available, or when they're discharged from the hospital or some other facility without anyone scheduled to help them make the transition back to their own residence.
- ◆ We are the **"employer of record"** for the IP workforce and have a union contract with SEIU-UHW. This means that we are formally appointed to negotiate wages and benefits with the union that represents our IP's.
- ◆ We offer benefits to over **17,790** IP's during the year through our health and dental plans. (Note: Not every IP works long enough to qualify for benefits.) Currently, **11,643** IP's are enrolled in our health plan and **9,964** in our dental; of those, **8,615** are enrolled in both health and dental. Our Benefits Coordinator handles on average over **550** calls and requests a month relating to Coverage, Eligibility Status, Enrollment, Insurance Cards, Termination Service, Reinstatement and other services for IP health and dental benefits.
- ◆ We **educate** the community and various policymakers (e.g., Board of Supervisors, state legislators) about IHSS and consumer-directed services and advocate for consumers, their workers and related causes.
- ◆ Through our **Consumer Peer Mentor Program**, people who are living successfully with their disabilities in the community share their experience with and mentor others with disabilities who seek support in their adjustment to independent community living. The program focuses on three major groups: people with disabilities living in institutional settings who are transitioning to

community settings; the newly disabled who are adjusting to living with a disability; and consumers who are having difficulty with specific issues, such as managing assistance in their homes, transportation or paratransit, housing and self-advocacy.

Outreach & Education:

- ◆ **Worker trainings and workshops.** The Public Authority has cooperated with the development by DAAS of a Training Academy for Personal Caregivers and Assistants (TAPCA). We stay connected on training and workshop content and encourage our IP's to participate.
- ◆ **Meetings with policymakers.** The Public Authority staff and board meet with federal, state and local policymakers and legislators, including the Board of Supervisors, state assembly members and senators to update them on the agency's work as well as advocate for funding and various reforms and improvements.
- ◆ **Media outreach.** As part of our campaign to familiarize the public with the work of public authorities and their importance, we try to educate through the media.
- ◆ **Conferences and other forums.** Over the years, as important issues have arisen, we have held conferences and other such events to address them: a series of *Where there's a Will, there's a Way* conferences for consumers and workers, consumer forum luncheons, a worker appreciation celebration, *got Rights? Fulfilling the Promise of Human and Civil Rights for People with Disabilities* forum, the *IHSS Under Pressure: Community Living at Risk* conference and in February 2014, the *IHSS: Into the Future – Advancing Disability Rights* conference.

For more information, please contact the Public Authority at 415-243-4477 (TTY: 415-243-4430) or visit our website at www.sfhsspa.org. 

The mission of San Francisco's IHSS Public Authority is to provide and promote a service delivery model of consumer-directed in-home support that maximizes the potential of older adults and people with disabilities to live independently and participate in their communities.

Governing Body

The Public Authority Governing Body determines policy and makes legally binding decisions on the Authority's behalf. Its members are both older (55+) and younger consumers, public agency representatives, a worker representative and a union representative. Current board members:

Melvin Beetle	Older Consumer	Kenzi Robi (<i>Pres.</i>)	Younger Consumer
Mike Boyd	Older Consumer	Gustavo Seriñá (<i>Tres.</i>)	DAAS Commissioner
Luis Calderon (<i>V.P.</i>)	Younger Consumer	Patricia Webb	Younger Consumer
Tatiana Kostanian	MDC Representative	Patricia Wooley (<i>Sec.</i>)	Worker Representative
Judith Karshmer	DPH Commissioner		

(Note: Dept. of Aging & Adult Services = DAAS, Dept. of Public Health = DPH, Mayor's Disability Council = MDC)

Staff

The Public Authority's executive, administrative, operations and program staff: operate the Central Registry, manage fiscal affairs, monitor state and local policy affecting IHSS, and collaborate with other organizations to improve IHSS for consumers and workers, especially in San Francisco. Current staff members:

Shelia J. Auzenne	Support Services/On-Call Counselor
Loc Chau	Fiscal & Operations Manager
Yvonne Cunningham	Administrative Coordinator
Kelly Dearman	Executive Director
Cheryl Durley	Payroll/Operations Coordinator
Vladimir Etalis	Support Services/On-Call Counselor
Bill Fricker	CPMP & Special Projects Program Manager
Claudia Grubler	Support Services Counselor
Patrick Hoctel	Executive Assistant
Xiao Ying Li	Support Services/On-Call Counselor
Ophelia Ng	Benefits Coordinator
María A. Olivares	Central Registry Operations Program Manager
Emilio Ramirez	Support Services/On-Call Counselor
Irina Selskaya	On-Call Program Coordinator/Support Services Counselor
Moon Van	Support Services Counselor

Who
We
Are



Public Authority staff (pictured here at St. Mary's Cathedral Event Center) helped make the February 20th conference run smoothly and successfully.

From left to right: Cheryl Durley, Patrick Hoctel, Shirley Chan (retired), Moon Van, Donna Calame (retired), Vladimir Etalis, Jessica Le (returned to school), Shelia J. Auzenne, Xiao Ying Li, Emilio Ramirez, Irina Selskaya, Maria A. Olivares, Claudia Grubler and Loc Chau (kneeling at center).

Not pictured: Yvonne Cunningham, Kelly Dearman, Ophelia Ng and Bill Fricker.

The Ins and Outs of On Call

A Productive Partnership Makes for Successful Outcomes

In November 1997, at the direction of its IHSS consumer-majority Governing Body and in collaboration with the Department of Aging & Adult Services (DAAS), the Public Authority (PA) created the On-Call (OC) Program. A key factor in the success of the program has been the mutual commitment of both agencies in assisting consumers—low-income older adults and people with disabilities in jeopardy of being hospitalized or not being discharged from a hospital—to either return home or stay at home. The program also “fills in” when a consumer in urgent need of personal care is suddenly without their regular worker.

DAAS/IHSS staff is at the forefront in identifying consumers in need of our PA On-Call Services. For example, in a hospital discharge situation, DAAS/IHSS staff coordinates with hospital staff to ensure that the consumer will have needed assistance until they can hire an independent provider (IP). They assess the consumer’s immediate need for services and the necessary number of hours to meet those services. The staff handling the case utilizes an established referral process to request an OC worker from the

PA. These requests have a short turn-around time to ensure a timely discharge.

The PA OC program maintains a list of over 30 OC workers who are trained, experienced and available to meet these requests on very short notice. In a typical month, around 20 IP’s will fulfill various On-Call requests. Often, their work prevents unnecessary and costly emergency room visits, hospital stays or even being confined to a nursing facility.

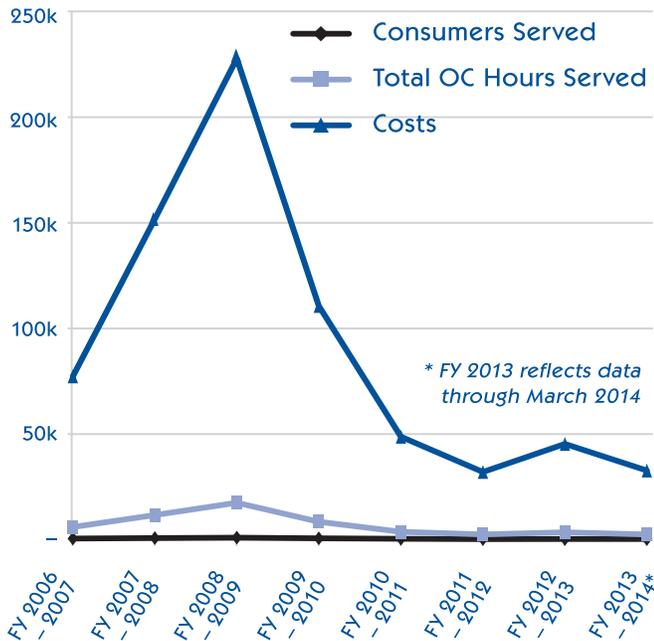
Staff members from both agencies have developed an effective communication system not only to provide emergency services, but also to monitor and assess the usage of these services by consumers. Their primary goal is to stabilize and meet consumers’ immediate needs while encouraging the hiring of a more permanent provider through our Registry.

An OC referral may sometimes require numerous communications between both agencies. The OC worker is usually the first person to assess the consumer’s home environment. The worker connects with PA staff to inform us of other needs, such as bedding or food supplies.

On-Call Reports Stats

Year	Total OC Requests	Consumers Served	Total OC Hours Served	Costs
FY 2006–2007	2,081	479	5,935.5	\$ 77,237
FY 2007–2008	4,012	702	11,586.5	\$ 151,737
FY 2008–2009	6,389	932	17,456.5	\$ 227,680
FY 2009–2010	3,277	680	8,477.5	\$ 110,593
FY 2010–2011	1,534	350	3,742.5	\$ 48,713
FY 2011–2012	1,059	236	2,456.5	\$ 32,015
FY 2012–2013	1,523	280	3,460.0	\$ 45,295
FY 2013–2014	1,126	251	2,482.5	\$ 32,698

We, in turn, communicate with DAAS/IHSS staff to problem solve and find solutions to almost any situation. For instance, the worker may observe that the consumer does not have food in his/her home. This information is reported to DAAS/IHSS staff, who then use their connection with Meals on Wheels to schedule meal deliveries. Or staff from both agencies may decide that given the circumstances, the worker should go buy groceries, and the funds are then provided by DAAS/IHSS.



As the stats on page 6 and the chart above indicate, the demand for OC services reached its peak in FY 2008-2009 when 932 consumers were served by the program for a total of 17,456 service hours. A re-assessment of the referral system during FY 2010-2011 resulted in efficiency changes that focused on meeting immediate service needs while simultaneously encouraging and assisting a consumer to hire a more permanent worker. The result has been a reduction in OC requests and hours served. The numbers have, however, remained fairly constant from FY 2010 to the present. (Note: The numbers for FY 2013-2014 are incomplete; they do not include figures for the last three months of the fiscal year.)

Statistics, though revealing, do not capture the dedication and commitment on the part of all staff and workers to care for the vulnerable consumers who depend on On-Call services to remain at home or the complexity of what these professionals do every day to ensure that On-Call referrals are successful. The nature of their work is much more varied and challenging, as the following case stories illustrate.

Emilio Ramirez: Planning Ahead

Often, the most difficult On-Call assignments to fill are those that come in late on a Friday, right before the weekend, when it can be hard to find an available worker. A recent example of this was one Friday when we learned that an IHSS consumer was being discharged from a hospital that afternoon without any family or friends to help him make the move back to this home.

Fortunately, his DAAS social worker had thought to call ahead earlier that day before sending the actual referral. He let us know this consumer's needs and the possibility that he might be getting out soon and would need On-Call assistance. This valuable heads-up meant that we could plan a little in advance and have an On-Call worker "on standby" if and when the actual referral came through.

As it turned out, this particular consumer's home was extremely cluttered, and as a result of it having been unoccupied for over a month, all his food had rotted. Since, due to mobility issues, this consumer could not clean either himself or his home, having an On-Call worker in place was especially important. Thanks to the early alert from the social worker, we were able to serve the consumer as soon as he was discharged for a relatively smooth transition.

Irina Selskaya: Overcoming Obstacles

During a very busy day at the office, I received a call from an On-Call worker around 1 p.m. She had been assigned to a hospital discharge case and was calling to report that the consumer's apartment was infested with bed bugs. She expressed concerns for her health and safety, as well as the consumer's. She did not think she could complete her assignment. Having some familiarity with the consumer's needs and needing to make a quick decision, I suggested that the worker check that the consumer had sufficient food on hand and offer to take him to do some grocery shopping.

In the meantime, I contacted the DAAS intake supervisor since the consumer's assigned social worker was out in the field and unavailable. The supervisor supported my decision to have the provider help the consumer by doing tasks outside the apartment for those assigned hours. The supervisor then filed a report with Adult Protective Services (APS) and notified the social worker that further On-Call service would be canceled at least temporarily. The supervisor, with whom I've had a long working

relationship, said that she always appreciated the efforts of our On-Call team.

I subsequently followed up with the On-Call worker. She reported that in the assigned hours, she had taken the consumer to the grocery and then on to the bank, so he would not be without funds. Although this didn't immediately solve the bed bug problem, with the help of the DAAS intake supervisor and the cooperation of the On-Call worker, we nevertheless managed to accomplish some important tasks for the consumer and help him restart his life in the community.

Shelia J. Auzenne: Filling a Gap

Ms. G had a history of severe medical problems, substance abuse and refusal of service, both IHSS and medical. After a hospital discharge, she was sent to a supportive housing unit in the community that provides minimal assistance. On-Call service for Ms. G began in late January, and at first, she accepted her provider and the care. However, after a few days, she was able to obtain alcohol and began to drink again. Shortly thereafter, her On-Call worker reported her as "intoxicated and disoriented." Even so, the worker was able to get her bathed, fed and have her rest.

All incidents were reported to both her Institute on Aging (IOA) Community Living Fund (CLF) case manager and DAAS. Ms. G's DAAS social worker scheduled an emergency home visit, and not too long after, a joint treatment plan was implemented for this consumer, which involved her going on contract mode for IHSS service hours. In the meantime, On-Call services helped keep the consumer safe in her home, along with regular home visits from her case manager and social worker. Ms. G was constantly monitored until her treatment plan could go into effect, and no further incidents were reported.

Vladimir Etalis: Complicated Case

This particular On-Call case involved San Francisco General Hospital (SFGH), the PA, DAAS and the Department of Public Health (DPH). The consumer, a paraplegic, arrived in San Francisco from another country and wound up in SFGH for a long time. Prior to being discharged, he refused to go to a nursing facility and insisted on living independently in his own apartment.

The PA received a DAAS referral to set up On-Call services for the consumer, and counselors made

an extensive effort to select just the right worker, one able to deliver personal care and also satisfy the consumer's requirements. At the same time, the consumer was receiving DPH services, so his care needed to be coordinated so there was no overlap and services weren't duplicated.

The consumer asked for two full shifts (16 hours) of On Call, but this was not feasible, especially since he was already getting DPH assistance. Working with both DAAS and DPH, we managed to create a schedule whereby the consumer got about eight hours of care a day from all parties, with On-Call assistance in the mornings. Eventually, and with some counseling, the consumer was able to choose a worker from one of the lists of providers sent him by the PA, and he now receives regular in-home services.

Xiao Ying Li: Ongoing Collaboration

Ms. L is a mostly bed-bound IHSS consumer who requires a high level of care but has trouble keeping a regular provider. She has a history of aggressive behavior and has been reported as abusive and uncooperative, which makes it very difficult to provide services to her.

On-Call service for Ms. L was authorized because her current provider was not scheduled to work on a day that she greatly needed care. This was an urgent On-Call request, as the consumer had run out of food. After numerous attempts trying to find a worker available on short notice, a Public Authority On-Call counselor located one within hours to assist the consumer in her home.

The next day, the same worker reported back to the counselor that Ms. L had sent her shopping with an extensive list. However, she began screaming and yelling at the worker when she returned. The worker stayed calm and tried to communicate with the consumer about her various needs. However, the consumer pushed the worker out of her apartment and refused to sign her timesheet.

While all this was happening, the PA was in constant communication with the DAAS IHSS social worker and his supervisor regarding the situation. We expressed our concern about finding On-Call workers willing to serve Ms. L, given her hostility and overall lack of cooperation. They were very appreciative of our handling of this matter, and we are now working collaboratively to find a better way to serve this challenging consumer when the need arises. 🙏

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IHSS consumers and home care workers will endure continuing service reductions and wage cuts, unless legislators reject Governor Jerry Brown's budget proposal which keeps those cuts in place. [Contact your legislator (see sidebar on page 11) to let them know: 1) how cuts to IHSS affect you and 2) the legislature must not cap IHSS pay at 40 hours/week.] One of the most damaging proposals by the Governor will likely be changed by legislators as they finalize the state budget over the next few months. However, it is alarming that he *even* proposed that California would not pay any IHSS worker—no matter how many consumers they work for or whether they are a family member—for more than 40 hours per week. This would lead to both a major service delivery change (because consumers who need more than 40 hours per week would have to hire additional workers) or a dramatic wage and/or household income cut for thousands of people. IHSS service cuts must be restored. And if the law says that all IHSS workers must be paid overtime, the government should fund that amount.

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Photo Credit: Terry Schmitt



During the afternoon session on “Medi-Cal Managed Care,” DPH’s Kim Oka (holding microphone) speaks while (left to right) facilitator Silvia Yee (DREDF), Amber Cutler (NSCLC), Hugh Wang (DAAS), Adrian Nunez (SF Health Plan) and Gloria Thornton (Anthem Blue Cross) react.

Photo Credit: Terry Schmitt



PA Governing Body President Kenzi Robi asks a question during the morning’s keynote discussion



Photo Credit: Terry Schmitt

While conference attendees ate lunch, PA Governing Body members Kelly Dearman (at microphone), Judith Karshmer, Kenzi Robi and Patricia Wooley read a few of the moving IHSS testimonies from our recent consumer survey.

At our conference, we expressed that our society must fulfill its promise for people with disabilities to live outside of institutions and in barrier-free communities. In *Olmstead*, the U.S. Supreme Court affirmed this human and civil right: that people with disabilities should not be unnecessarily isolated from society to receive assistance, but must receive the assistance they need to function and live outside of institutions and in the “most integrated” communities.

What does that mean? There is no one answer to that question. Racial desegregation required by our

Constitution, though still far short of its full vision, has led to obvious signs of racial discrimination being curtailed. “Segregation” of people with disabilities often occurs from lack of accommodation—no ramps, silent traffic signals, no curb cuts, not enough personal assistance—rather than active discrimination. Removing barriers can lead to more “integration” of people with disabilities into daily activities.

We hope our conference helps people feel less isolated and more willing to stand up for what are always, for any group, hard-fought human and civil rights. Part of the conference was a report on almost 4000 responses to a survey asking consumers not only about the importance of IHSS to them, but also how it could be improved. One striking survey finding concerned the shift to managed care: only 10% of respondents had heard of the Coordinated Care Initiative (CCI), a change underway in the state combining IHSS with other Medicare and Medi-Cal services. One encouraging survey finding was that about a fourth (24%) of those who responded were interested in advocating for IHSS, both maintaining the program and improving it. Panelists and audience members gamely tackled the question of how best to channel this interest quickly and effectively when necessary. A spirited call to advocacy, especially to preserve and promote the consumer voice, ended the day on a high note. 🙌



Photo Credit: Terry Schmitt

A few of the participants at the “IHSS: Into the Future” event.

Contact Your San Francisco State Legislators!

State Senator Mark Leno

Capitol Office:

State Capitol, Room 5100
Sacramento, CA 95814
Phone: (916) 651-4011
Fax: (916) 651-4911

San Francisco Office:

455 Golden Gate Avenue, Suite 14800
San Francisco, CA 94102
Phone: (415) 557-1300
Fax: (415) 557-1252

Assemblymember Tom Ammiano

Capitol Office:

State Capitol
P.O. Box 942849
Sacramento, CA 94249-0017
Phone: (916) 319-2017
Fax: (916) 319-2117

San Francisco Office:

455 Golden Gate Avenue, Suite 14300
San Francisco, CA 94102
Phone: (415) 557-3013
Fax: (415) 557-3015

Assemblymember Phil Ting

Capitol Office:

State Capitol
P.O. Box 942849
Sacramento, CA 94249-0019
Phone: (916) 319-2019
Fax: (916) 319-2119

San Francisco Office:

455 Golden Gate Avenue, Suite 14600
San Francisco, CA 94102
Phone: (415) 557-2312
Fax: (415) 557-1178

You can also go to the websites of these legislators and submit an email (2000 characters) to them on a "select issue," such as "state budget" or "general comments."

Check Out These Websites!

The following websites have the latest information about **statewide developments concerning IHSS:**

www.calduals.org

www.capaihss.org

www.cfilc.org

www.cdcan.us

www.cicaihss.org

www.disabilityrightsca.org

www.ihsscoalition.org

Visit the Public Authority website for our latest activities:

www.sfihsspa.org

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in San Francisco and been its Executive Director for the past 18+ years. I have learned that the way our society treats people with disabilities is not something of which we can be proud. Nor is the way we diminish the work of home care workers and refuse to adequately fund what they should be paid. Overseeing the growth of this agency from my first hires of 5 staff in 1996 to 15 and all of us working with others to improve IHSS has been a personally enriching experience.

Now, the San Francisco IHSS Public Authority faces many changes ahead. And it will do so under new leadership. I am retiring with the knowledge that my successor, Kelly Dearman, is committed to building on what my terrific board, staff and I have done over the years. But I will continue to do what I can to help people understand the uniqueness and importance of having a consumer-directed program of personal assistance for people with disabilities that does not exploit the caregivers and workers who are crucial in their lives. 🙏

— Donna Calame



*IHSS Public Authority
832 Folsom Street, 9th Floor
San Francisco, CA 94107-1123*

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Contact Us!

**San Francisco IHSS Public Authority
832 Folsom Street, 9th Floor
San Francisco, CA 94107-1123**

Phone: (415) 243-4477

TTY: (415) 243-4430

Fax: (415) 243-4407

www.sfhsspa.org

