

IHSS Advisory Board Humboldt County



Dignity • Independence

In Home Supportive Services Advisory Board
Report to Humboldt County Board of Supervisors
Spring, 2022

Introduction

The IHSS Advisory Board (AB) was established by County Resolution No. 2000-50 on June 6, 2000 and amended by Resolution No. 01-05 on Jan. 9, 2001. This was in response to and in compliance with Assembly Bill 1682, effective July 1, 1999.

The main duties and composition of the board are outlined in this resolution and its amendment. The AB is composed of IHSS recipients and their families, care providers, elder and disability advocates, and a Department of Health and Human Services (DHHS) staff member. The Director of the IHSS Public Authority, IHSS Program Manager and other staff also attend meetings. The main function of the AB is to make recommendations to the Board of Supervisors on the preferred mode of service delivery and to advise the Board on matters pertaining to IHSS on an ongoing basis.

Other functions are to gather and distribute information on the IHSS program to the recipient and provider community and bring information from the community to IHSS staff; outreach to inform the public about the program; attend and host training for AB members; and form alliances with other advocate organizations.

Initially, the state provided a budget for Advisory Boards of \$56,000 a year. This provided funding for many projects, trainings and outreach activities. In 2011 that budget was reduced to \$6,000. Naturally, this limited our scope of activities. The IHSS Public Authority granted an additional \$3000 to our budget this last fiscal year to help boost our recruitment activities for IHSS care providers.

In the early years of the AB, there were one or two reports made to the Supervisors. However, I have been on the AB since 2010, first as an alternate and then as a voting member. In that time, though we have engaged in many various activities pertaining to education and outreach, I do not recall a report to the Board of Supervisors ever being submitted. I intend to give an outline of our activities to date and continue with periodic updates as events dictate.

Our most recent projects:

This year, we have taken ads in the Times Standard electronic version, The Lost Coast Outpost, also electronic, with Bicoastal Media on radio station KFMI and underwriting with KMUD radio. The purpose of these ads is twofold: First, recruitment of care providers, the lack of which has reached crisis proportions in Humboldt County and the state as well. Second, we are encouraging community members, care providers and recipients to join our Advisory Board.

In addition to these ads, the Public Authority is putting provider recruitment posters on ETA buses.

In 2018 our ongoing concern for the need of urgent emergency care for recipients whose providers were unable to work and only able to give short notice, such as a sudden personal emergency or illness, culminated in two of our members visiting Yolo County. They discussed that county's Home Care Now program with their program director, which very successfully filled this need. We prepared a report which was submitted to IHSS staff. They were able to adopt some

of the ideas and now offer an urgent need program for Humboldt County. (That report is included as an addendum A to this report)

Highlights of other activities and projects:

- Published a newsletter from 2010 until 2017 which was sent to providers and recipients. (Addendum B is a copy of our most recent newsletter)
- Supplied gift cards for raffle to participating care providers and recipients.
- Provided backpacks with first aid materials, gloves, masks and other personal protective equipment, and resource materials to providers (with the help of the local office of SEIU 2015).
- Participated in provider appreciation activities which took the form of luncheons, dinners and presentations.
- Participated in the Independent Living Expo produced by Tri County Independent Living in 2018. They will hold another Expo this year which we hope to participate in.
- Provided flash drives with provider information to applicants.
- Provided small day pouches to recipients with pill dispensers and emergency contact and medical information
- Conducted a county-wide survey of recipients and providers to assess the effectiveness of the IHSS program and what improvements could be made. (See a summary of the results in addendum C)
- Hosted a state wide conference of California In Home Supportive Services Consumer Alliance (CICA) which supports and encourages the work and formation of Advisory Boards throughout the state.

We are currently active with, and the AB is a member of, CICA which networks with other advocacy organizations to stay abreast of legislation effecting the IHSS program on a statewide basis.

We would like to develop a more active relationship with you, our Board of Supervisors. To that end, we invite any or all of you to attend meetings, ask questions and familiarize yourselves more closely with our work. We meet on line on the fourth Monday of each month at 2 pm.
Thank you for your time.

Respectfully submitted by
Margaret Lewis, Advisory Board Chairman

Board Members:

Jack Breazeal	Cindy Calderon	Sylvia DeRooy
Andrew Bushcamp	Vivian Deniston	Sarah Mixon

ADDENDUM
A

Report to the IHSS Advisory Board
Discovery visit to Woodland, Ca. regarding their urgent care program,
Home Care Now.

Summary

Members of the Advisory Board have long discussed the need for a program that provides urgent, emergency care for IHSS recipients. Recently we became aware of such a program in Yolo County and viewed a power point presentation on the particulars of the program. It was apparent that a similar program could be implemented in Humboldt County. However, some questions arose. To address these questions, Board members Cindy Calderon and Margaret Lewis visited Yolo County's Social Worker Supervisor, Rossana Vigil on June 19, 2018.

She gave details of the program and how it actually works 'on the ground'. Attached is the report of that meeting with the questions and answers.

(This report is the combined notes of Cindy and Margaret)

Questions posed by Humboldt county staff and Advisory Board members:

1. What are examples of a recipient not being 'in good standing' with the Yolo PA? *Refusal to sign time sheet, labor law violations, minor fraud, doubling providers, using Health Care Now (HCN) as a convenience. Recipient became violent. The other provider was there at the same time the recipient called for Urgent Back Up. Not being honest with staff.*

2. If client has only a few hours available, do they split shifts? And if so, is mileage covered fro both trips? *One split shift is covered per day of assignment as necessary. (Protects the recipient from having to pay a Share of Cost.)*

3. How long does it take for a request to go through? *Depending on the urgency, a request can be processed in a few hours.*

4. Regarding drug and alcohol testing: Who pays for this? How often is it done? *The drug and alcohol testing are done one time only. However, they are considering doing 'random' testing. For example, the care provider is given 2 hours to show up for their blood test, (the lab is only a few blocks from the Registry building.) If a Care Giver misses her/his drug test appointment, he/she is banished from the Registry forever. The testing is paid for from the PA's budget "It's a worthwhile investment for \$30". (\$15 for the blood draw, \$15 for lab processing.)*

Interesting note: a diabetes patient can show a false positive for alcohol.

5. Additional requirement is an interview with the PA or PA staff (to be on Urgent Registry). PA or Registry Supervisor to ask if requirements are met. *HCN requires CPR, tb test, and first aid. These are paid for by the county and are 4 or 8 hours, depending on whether it is the initial training or a refresher. Sometimes the county will let people sit in for a class if they already have it set up. Their IHSS Nurses also do great trainings for*

providers. Classes are open to both care givers and recipients. They recently had a training from Hospice.

6. How does Yolo set the limits for traveling certain distances to a client? *An effort is made to find an available provider close to the consumer. Also, staff consults a map to find the shortest travel route, and provides funds for that route only. Provider must be willing to travel the whole county. The Registry staff will consider authorizing a split shift if the recipient needs warrant it. (Yolo County consists of 1,024 square miles; Humboldt County is 4,052 square miles.)*

7. How is the immediate \$20 stipend paid out quickly? *It usually takes a few days, sometimes up to 30 days if any problems occur, such as the consumer changing the days of need or canceling. This presents time card delays. (All days not to be worked on an urgent time sheet are 'grayed out')*

Recipients are not allowed to call an Urgent provider themselves; this takes away from a highly maintained 'pool' of providers, and also possibly takes away coverage from a recipient who needs it. It also side steps tracking of the system by county staff.

8. Re: documentation "the coordinator mails time sheet and documentation for HCN providers (coordination with Payroll is essential)" How does it work for the time sheet to be mailed to the provider? What documentation? *Payroll provides the time sheet. Only the days of need are vacant, the other days are blocked out. The stipend and mileage are paid by the PA budget. Usually the time sheet is done (printed) within 10 minutes. Except for time sheets for a recipient whom is BVI (Blind/Visually Impaired. These are provided by the state and take longer.) They are working on this.*

9. Do they use special time cards for these assignments? *Yes.(This is explained elsewhere.)*

10. "Both have to complete the satisfaction survey before the provider gets paid." Has this been a problem? *Due to staff reduction, a phone call is used instead of a form. The provider has to check in and out by phone also. Sometimes the SW will call the recipient.*

11. What is the toughest issue that you have come across in rolling out this program? *Ms Vigil was not employed with the county at the beginning of the program, but believes that organizing and developing the various aspects of the program was the most difficult. This program came about from a place of concern for recipient safety.*

Some additional comments:

If a consumer is making frequent use of the program (each person is allowed two three-day assignments a month), staff examines the causes, i.e., is there a safety issue? Is there a problem retaining a regular provider?

This program came about from a place of concern for recipient safety, and has been in place since 2009.

Last year they spent \$920 on Stipends

There are currently 17 active providers with the program, with 8 available for June.

The program can provide care for consumers who have no worker, or used as a stop gap while getting a regular provider.

A Mental Health Provider sometimes helps with interviews.

There should be a recipient awareness training (or communication) so they will be aware of the program.

HCN provides an 'additional set of eyes' - even if the worker only goes out to see that everything is ok (or not) it is worth it as it saves social worker and other staff hours.

Submitted by Cindy Calderon and Margaret Lewis June 25, 2018

ADDENDUM
B



In Home Supportive Services Advisory Board *News Bulletin*

Fall Edition

2017

E-Timesheet Tips and Information

By Gloria Bosco and Keri Schrock

As many of you have probably heard, CDSS is offering Electronic Timesheets as an option. So far there has been positive feedback from those who have used them. Some of the benefits of E-Timesheets include the ability to **check timesheets and payment status**, ability to check timecard history for the past 3 months, and the ability to request supplemental timesheets and best of all you get your payment sooner! If you go to the website prepared, it should be a breeze! Below are some helpful tips.

Check out the You Tube
video: Search: IHSS Electronic
Time Sheets. Lesson 2 is for providers.

The Website to enroll:
www.etimesheets.ihss.ca.gov

(Article continued on back)

November is...



A Note of Appreciation

By Keri Schrock, LCSW,
Program Manager for IHSS

As the new program manager, I would like to take this opportunity on behalf of the Humboldt County Department of Health and Human Services IHSS staff to thank all of the IHSS Care Providers in our community.

The work of care providers requires compassion, attentiveness, understanding, and a deep commitment to the well-being of others. Your hard work enables seniors and people with disabilities to continue living with dignity and self-determination in their own homes and enhances our community as a whole.

Whether you are a family member, friend, and/or professional care provider, you have our appreciation and admiration for the dedication and kindness you give to your relatives, loved ones, and clients. Thank you for helping people live better lives!

News Bulletin!!! What happened to the Newsletter?

One of the Humboldt County
IHSS Advisory Committee's
goals is to *(see back side)*



(Electronic Timesheets continued from front)

Have the following info ready before you start:

- IHSS Provider #
- Birth date
- Last 4 digits of Social Security number
- E-Mail address
- New User Name
- New Password
- A Password for your account (see password guidelines below). We highly recommend you use <http://passwordsgenerator.net> to create your password as you will have to change it every 6 months.

Call the "Help Desk" 1-866-376-7066 x4 (8am-6pm, M-F) for assistance with Electronic Time Sheets.

(News Bulletin- Continued from front)
gather information relevant to recipients and care providers and share that information to you.

Our newsletters were informative but not always timely. So, we are trying the new Bulletin format out for a year.
(see next column at top)

They will be issued and sent four times a year.

The IHSS program changes frequently and we want to be able to share the information with you as soon as possible. What do you think? You can let us know by calling the Public Authority at 707-388-6302 or in writing at the address below. *Thanks-*

SSI Payments to increase in 2018



For the first time in years, people who receive Supplemental Security Income or Social Security will receive an increase in benefits. Recently, the Social Security Administration said that payments will increase 2 percent in 2018. With the change, over 8 million SSI beneficiaries will get larger payments starting Dec. 29. The raise will take effect beginning in January for more than 61 million Americans receiving Social Security.

Humboldt County IHSS
Public Authority
605 K Street
Eureka, CA 95501



ADDENDUM

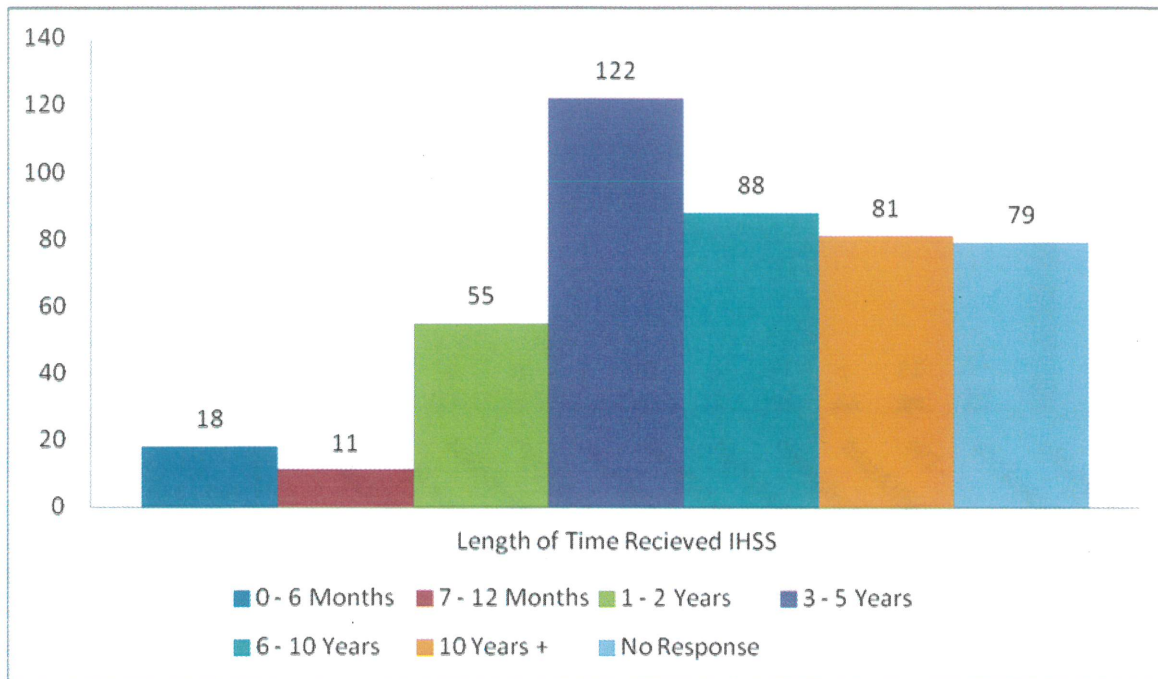
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7/12/2012

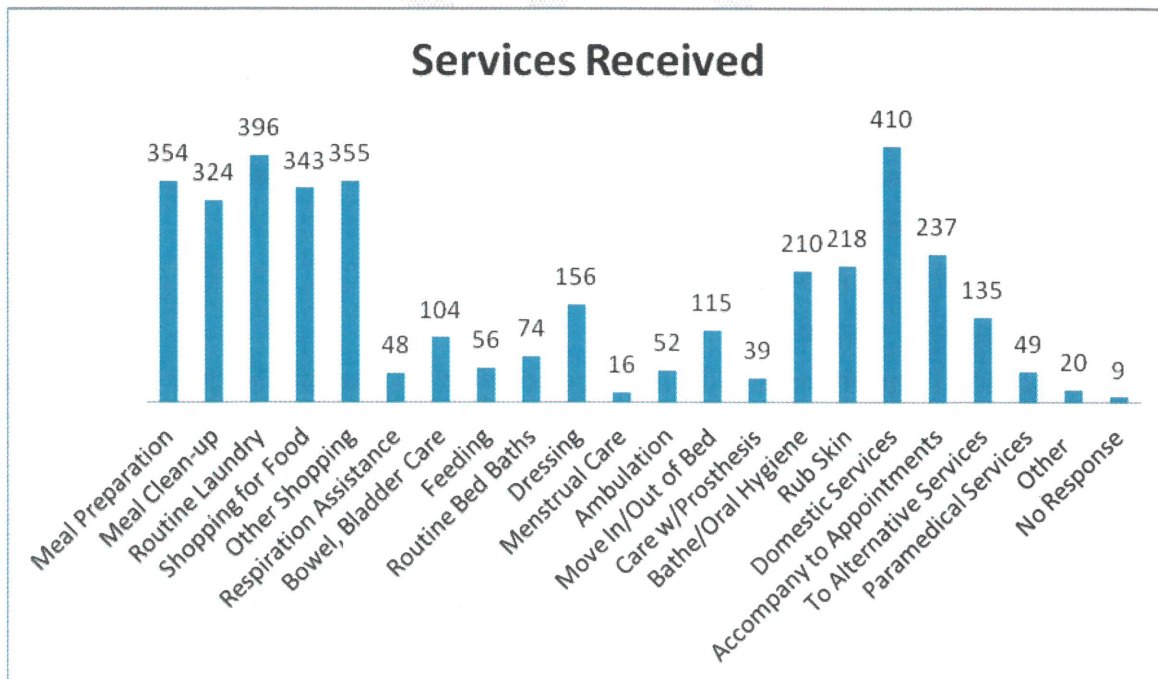
Recipient Responses

sent out -
received -

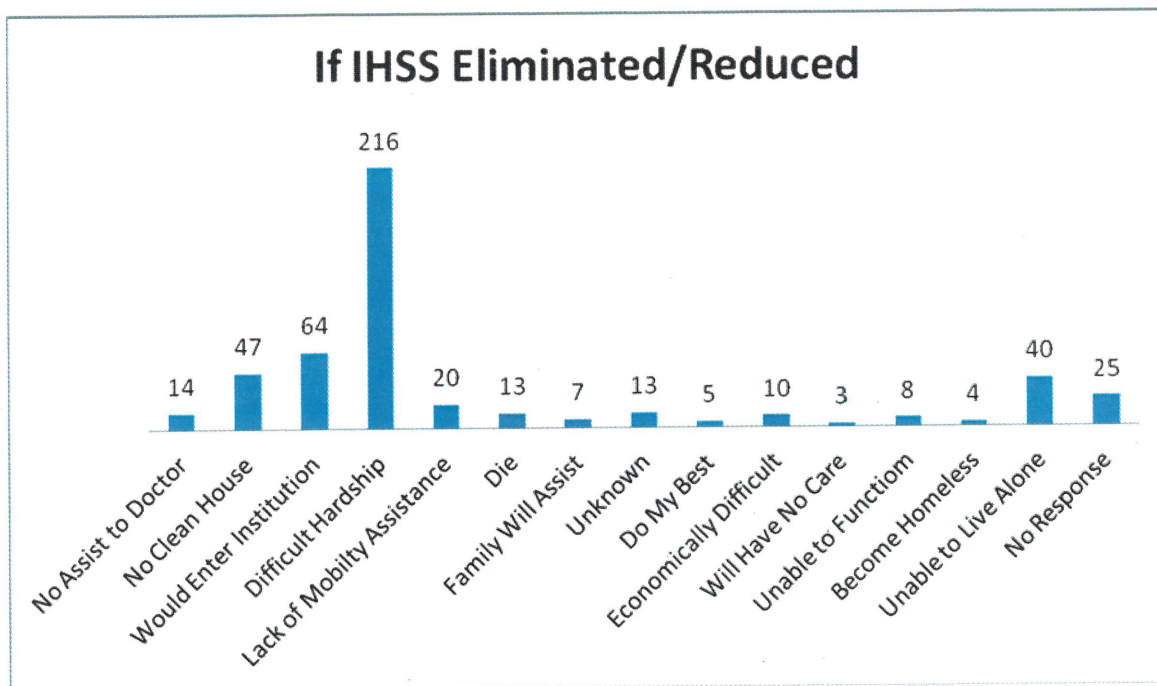
1. How long have you received In-Home Supportive Services?



2. What type of "services" are you now receiving?



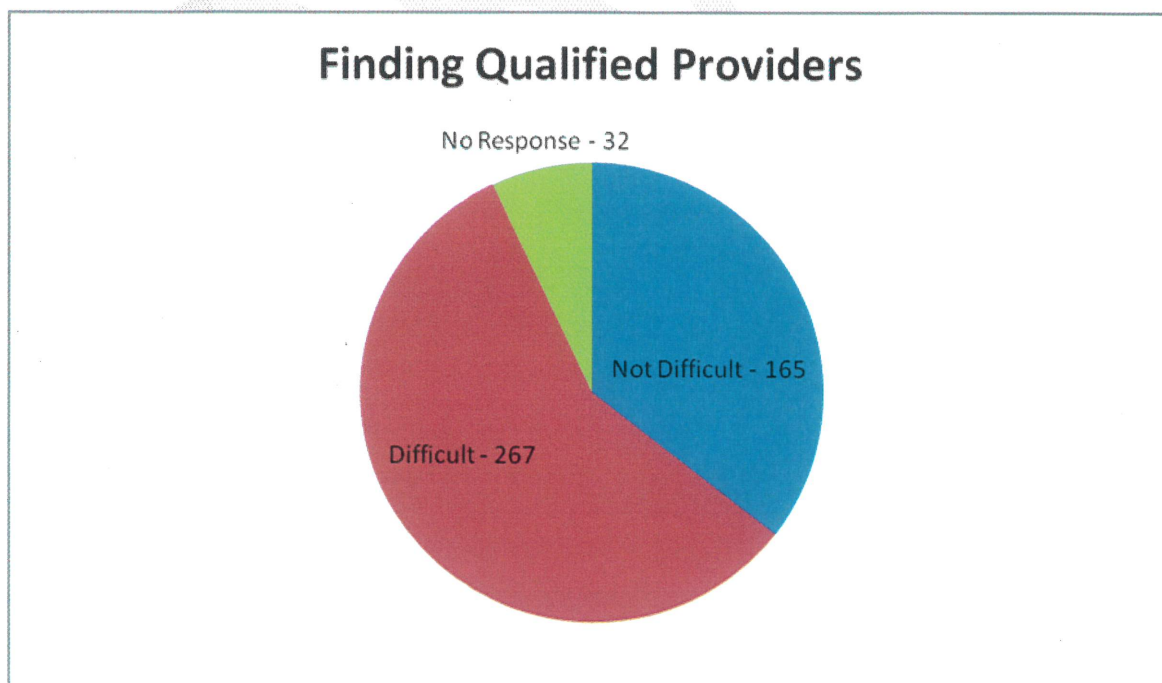
3. If in-home Supportive Services were eliminated or reduced how would your life be different?



- I have no resources to provide for assistance
- Life would become difficult for my family and myself, our home would become a mess
- I would be homebound
- I couldn't afford to have help I need now; my life would be worse than it is now and it would more than likely get worse. I just could do it all the way I already am take advantage of by our community it would be far worse.
- Very different and forced to depend on unqualified people
- I can't express how tragic it would be
- Neither my husband nor I can drive and in this economy with the low \$8 per hour pay it is difficult to find good help – It would be difficult for us! I am not sure what my husband and I would do!
- I would not have assistance in getting food I like to eat, or help to get to my appointments
- I could not function, I could not provide care for myself, I would be all alone
- Couldn't move, make doctor's appointments, feed myself or stand for long periods of time

- Very difficult and hard to do since my care provider does everything for me 24/7 because I am physically unable
- Difficult to do thing on my own
- I would not have help which would make my life different
- Difficult to impossible, my worker volunteers beyond hours paid
- Who would help with my petit mal seizures and go to the hospital when I have a grand mal seizure
- Loss of independence, inability to participate in certain activities, loss of vital support
- I would not have to train so many people. Workers make their money, pay their bills and quit!
- I would have to do my own laundry and it would need to be taken to the wash-house making several trips. I am unable to lift heavy objects
- Without IHSS would be in Rehab much longer; I just want to be home
- Very difficult, getting meds, washing clothes, cooking, and getting to appointments
- IHSS workers did many household chores, but they also asked for more money from me
- A burden to my son
- Pay out-of-pocket and mostly do without

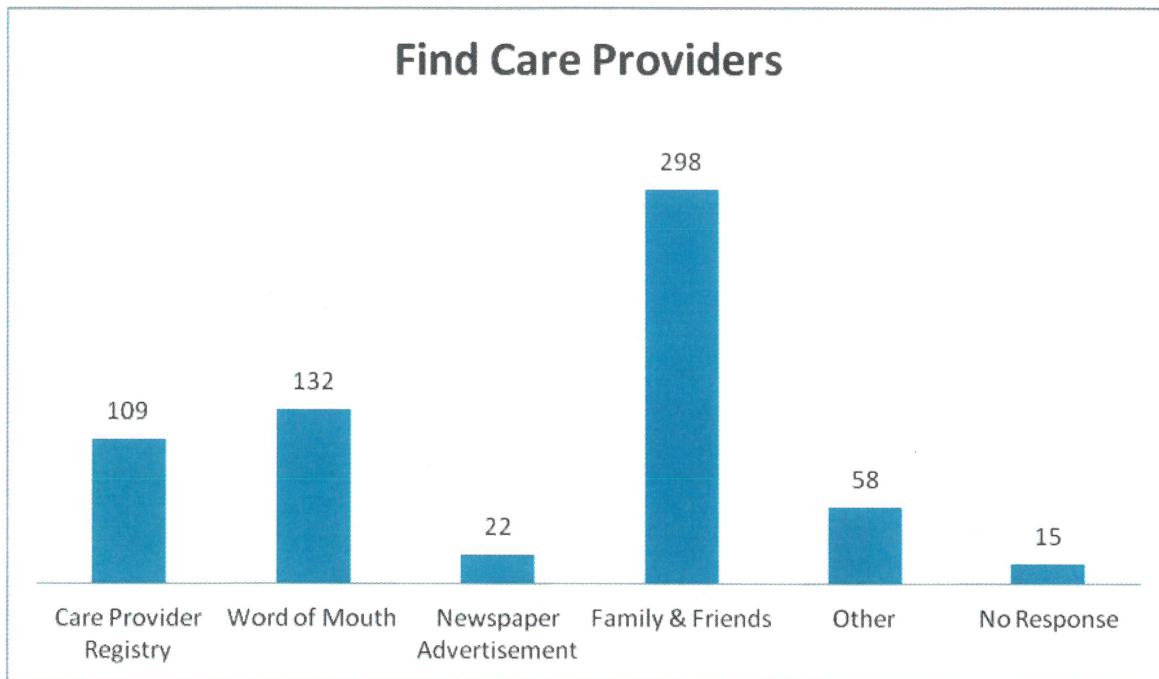
4. How difficult is it to find qualified providers?



- I care for a family member
- Difficult to find providers with transportation or near my home

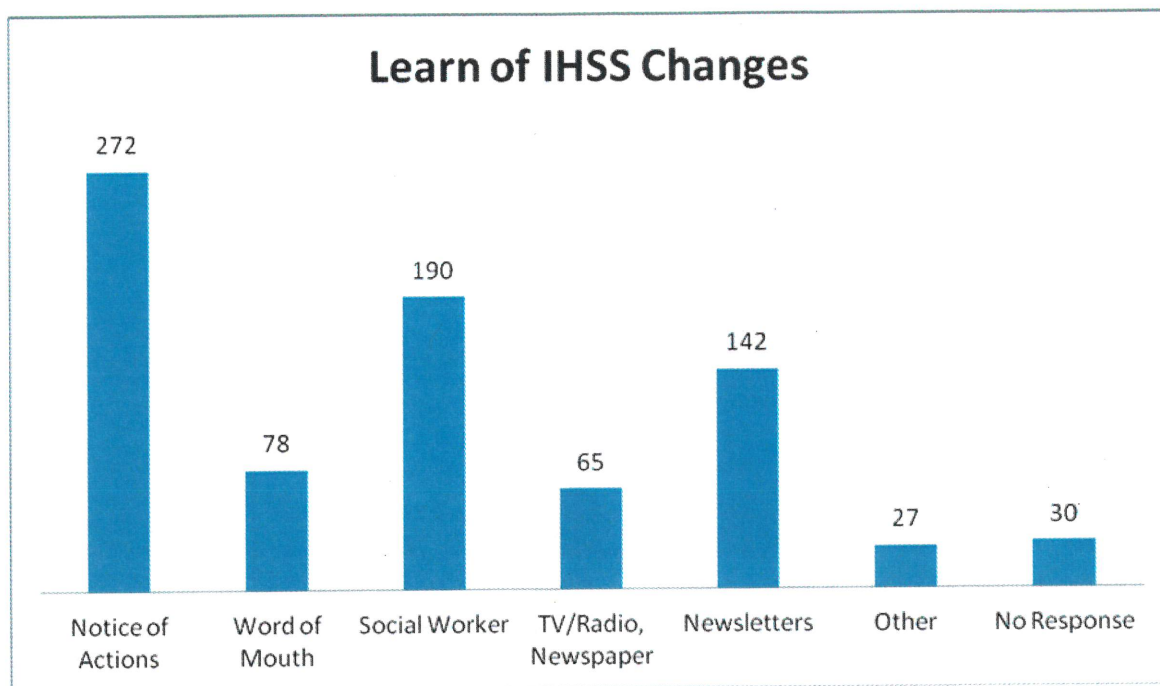
DRAFT

5. How do you find your care providers?



- MSSP
- Regional Center
- College of the Redwoods/Humboldt State University
- Care Provider Register – Difficult because they wanted more money, fewer hours, most smoked, didn't do what they said they would do. Most I didn't keep after Interview.
- Dawning's Supportive Services
- Local bulletin boards
- Willow Creek Resource Center
- Remi Vista
- Contacting facilities with nursing programs
- Agency matches providers to my needs
- Internet/Craigslist

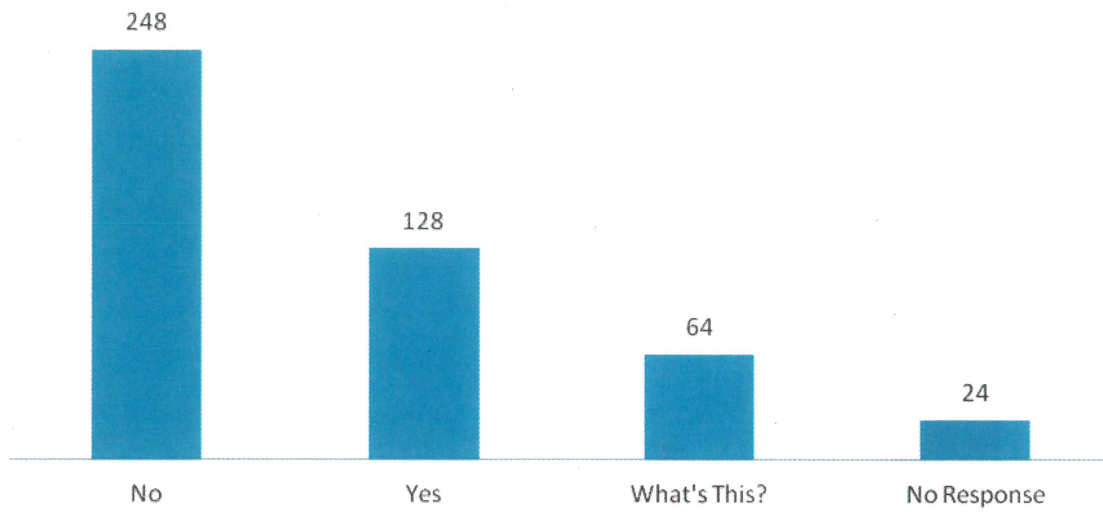
6. How do you learn about changes to the In-Home Supportive Services Program such as activities covered and changes to hours?



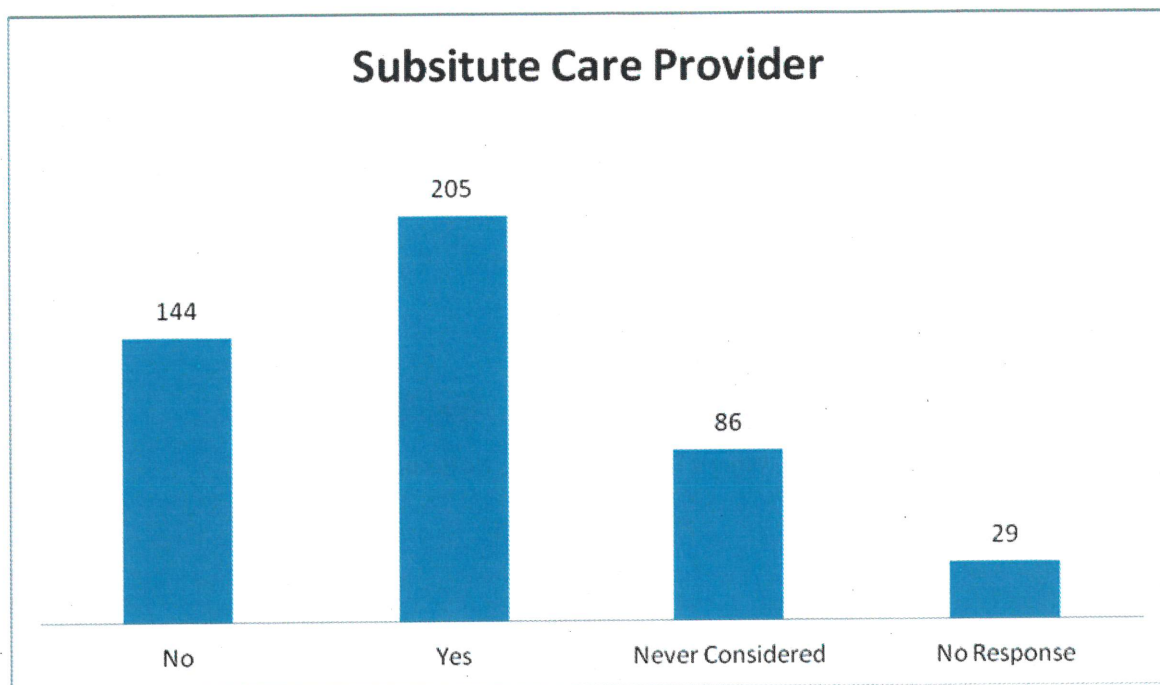
- Convalescent home
- Care provider

7. Have you used the In-Home Care Provider Registry?

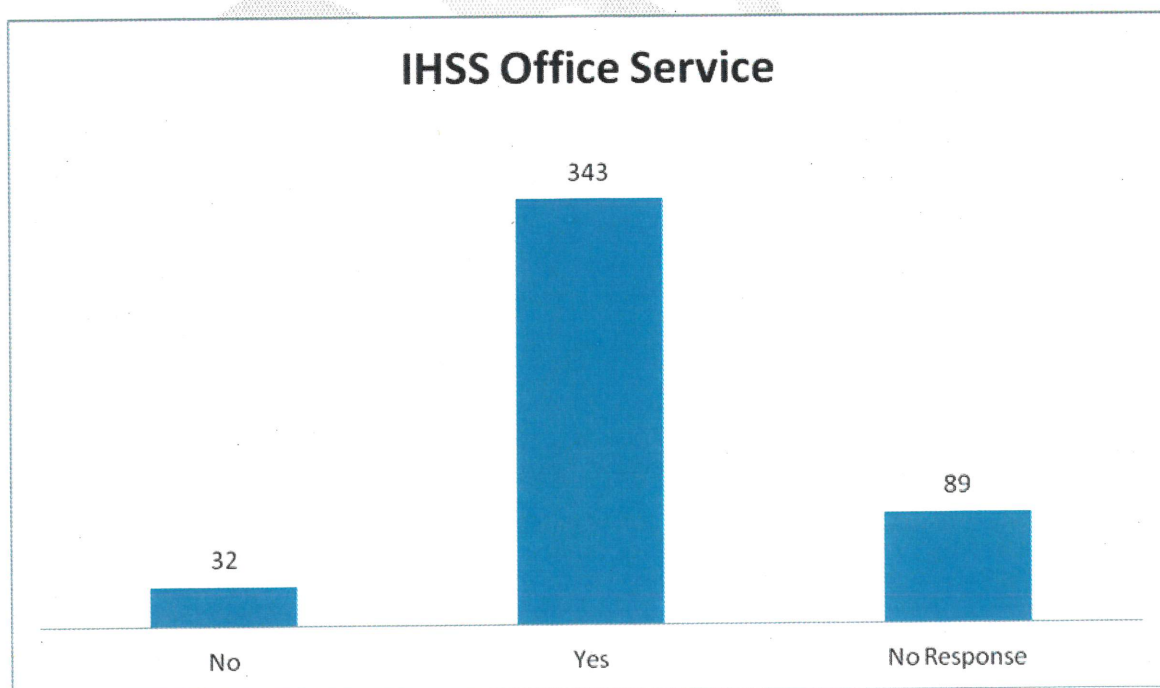
Use IHSS Registry



8. If your care provider is unable to come to work for one reason or another, do you have a back-up plan for your personal care if needed?

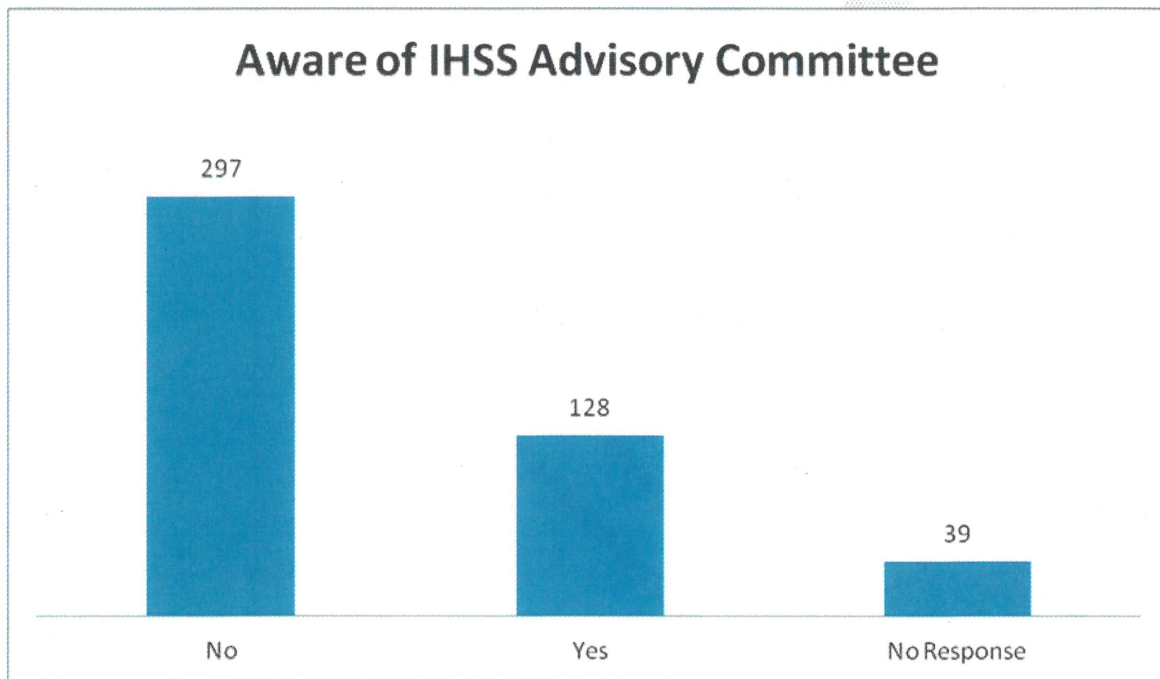


9. When you call In-Home Supportive Services at 808 'E' Street, do you receive friendly prompt service?

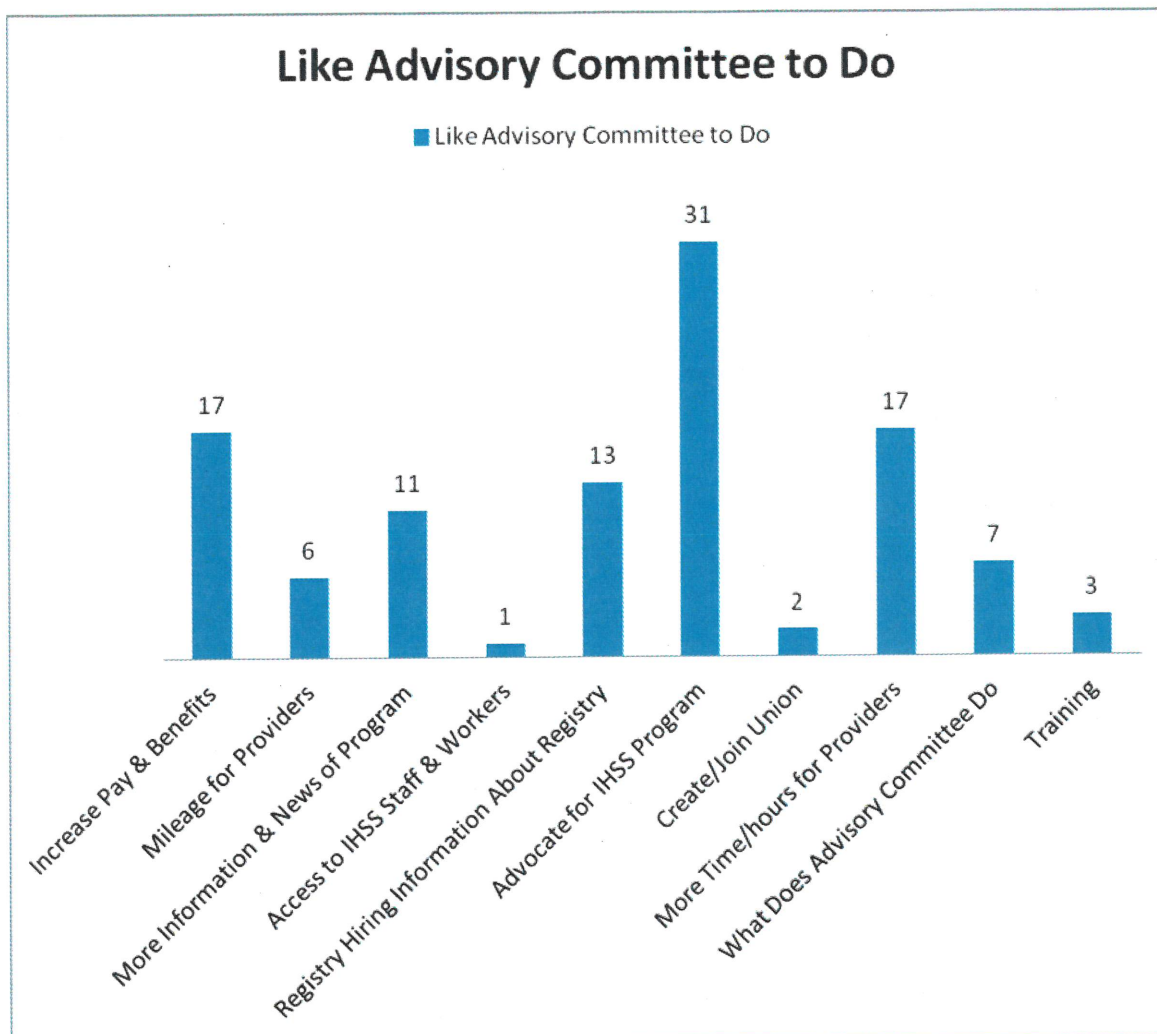


- Poor receptionist phone etiquette
- Poor service – unfriendly
- I was in my home for 1-1/2 months before an interview with the IHSS intake nurse happened
- Have people with better attitudes that answer the phone at IHSS Office

10. Are you aware of the In-Home Supportive Services Advisory Committee and its mandate and function?



11. If so, to the above question, what would you like the Advisory Committee to do?



*No Response – 356

- Call a public meeting with music and a little fan fare
- Find care providers that will work their hours – if they are qualified, pay them more
- Check with the social worker if hours are justifiable
- Voting on thing that help
- Give more hours
- Check on care provider and be sure they are doing what they agree to do and they are doing a good job. Be sure appointments and returning calls are done.
- They are as good as can be – no improvement needed
- Broaden the scope of work to be performed and more hours

- Food stamps for Seniors and travel for providers
- More careful training and screening of providers; such rule no family following in and out (?)
- No share of cost
- More qualified workers for care giving and monitor periodically
- Keep program as is, it seems to be working
- More training to have compassion and etc.
- More care providers to this valley and pay them more
- Find more funds for more hours
- Ability to have others sign timesheet; improve timesheet
- Protect the disabled and elderly, keep us out of homes, keep us in our own homes
- Get a little more public support
- Have people on the committee that really understand the needs of the elderly and disabled
- Need my hours back

12. Additional comments:

- I enjoy living independently and do not want to live in an institution or with family. Without assistance of my care provider I could not do this survey.
- I think it would be ashamed to reduce hours because people need a lot of help in the world that are less fortunate than me.
- If something should happen to my worker, would I be able to find another?
- Worker who would not steal or lie to me!
- As I get older and need more services, my care hours are lowered. The older I get the more help I need, not the other way around.
- Finding help when my regular provider is sick
- More security, I have had jewelry stolen
- Hope they do not cut more hours, as I age, I need more assistance (age 76)
- Hourly cuts
- Larger boxes on the timesheets leaving room to write down hours worked – especially since IHSS is so particular about being able to read it clearly. It's had to write 2.32 hours in a spot made for a single number ; not require 10ths and hundredths in those boxes – just whole numbers
- Get calls answered right away, answer machine calls; be more personal not a robot
- Government termination of IHSS Program

- Client cannot answer all questions/concerns since more problems/concerns arise after nurse leaves, memory loss, remember later; Email worker?
- The reason I do not have more help from this program is because they cut 75% of my hours
- That IHSS will be cut, it will hurt workers and those who need help
- Show the public a little concern, we care
- I would like to see a community organization sponsors help in getting to meetings and social events
- Very surprised at short-sightedness of government to cut IHSS with so many elderly that need assistance and without would go to Care facilities where the government would pay even more! IHSS is a good program even if it only pays \$8 per hour and does not cover all the time it takes to do various tasks, such as shopping.
- Biggest concern is having providers show up on time and be more caring
- Continuation of this very necessary and worthwhile program in the age of budget cuts
- Quality of providers, many never show up on time
- Notify convalescent hospitals that it could take up to two months to get IHSS assistance so they do not release people with no help
- Afraid to have to live in a mental hospital
- Why does the state want hurt us and put thousands of people out of work?
- Have back-up for weaker person
- Goals are attained
- Satisfied
- Advisory Board will help one another to reach goals of improving IHSS
- The program has been a tremendous help
- IHSS is so important for people with disabilities and jobs for the economy
- About personal health issues
- Service is needed, afraid it will not, and then what will I do?
- Like to see care provider receive mileage
- My needs do not change yet my hours seem to decline every year for the past five years
- I have tremendous trouble with a "mediator" and insurance in getting refills for meds. Advocate with doctor to stop changing my drugs to another medication
- No concerns very grateful for program which allows me to live a safe and independent life

- The program is lifesaving, important to those with disabilities. I fear the government will thin IHSS isn't important.
- IHSS seems geared toward very ill or very disabled not for abled-bodied blind
- Taking away assistance to get to appointments and see doctors
- Keep elderly out of homes
- Less hours has made it difficult for my provider to do their jobs and I suffer
- Cuts in services
- The constant fear of losing IHSS having poor health and vision problems
- Care that is very important
- Losing time allotted with higher costs
- Economy, inflation, global warming, food
- Delay in receiving IHSS
- Worried about program being dropped and I would be in trouble
- Happy with providers, lucky to have good ones
- It's a blessing to have in home care and not be in a convalescent home
- I fear government will take IHSS away. It is because of this program I am able to live independently
- Cutting of hours that are essential to my well-being
- Don't let the State shut you down I appreciate you!
- Worried about hours being reduced
- If they keep cutting hours nobody will want to work
- Need help, cutting of hours
- I find men to be excellent providers always timely and helpful – need better pay
- Need Food stamps with cuts in SSI three times in one year
- If I fell who would find me; right now only my IHSS worker
- The Registry does not work and needs to be brought into the computer age; find help easier using the Internet
- Had a friend who did not get the hours needed, I believe she would of lived longer
- Totally in favor of finger-printing and felony background checks. It would be good to emphasize prosecuting care workers who steal
- I am not considered as one who needs a lot of help, my hours are limited to 13 a month but I cannot keep up with chores around my house
- More housing for the disabled, need to live closer to Eureka, presently living in Meyers Flat
- Would like to have a back-up care caregiver when regular caregiver is sick

- Hope IHSS is around when my children may need them
- Loss of hours and losing care provider because of this
- Transportation, friends are all aging and transportation is needed
- Will never get better, what would I do?
- There are companies that examine present procedures and quite often make changes to do things more efficient
- Worry a lot if service will be continued or not
- This is a life-saving service needed by all disabled
- Less services
- Benefits for my Care Provider
- Who would assist me during a seizure
- Not enough workers in this rural setting
- Hope funding continues
- Concerned about financial ability to pay for dental work and cuts Gov. Brown is proposing
- Why do they have to cut services for those who can least afford it?
- Cutting of hours
- What will happen to us who depend on IHSS help? What would happen to those who work for IHSS, the jobs provided? I do not want to be put in a care home where I cannot come and go as I please
- Hours being cut to 8 hours per week and more help is needed
- Cost of losing hours while other cost go up for provider
- Allow more hours and yard work and finance help
- Losing hours
- These workers are worth more than minimum wage
- Getting older and bones are weakening needing more help in the future
- Services being discontinued
- Some services needed not paid for
- Without my two care providers I would be lost; thinking about question #8 gives me a lot of anxiety
- Getting fewer hours or none at all. I would not know what to do, it helps so much to stay in my home
- Need more hours
- I feel cuts in my hours
- Losing more hours due to budget cuts

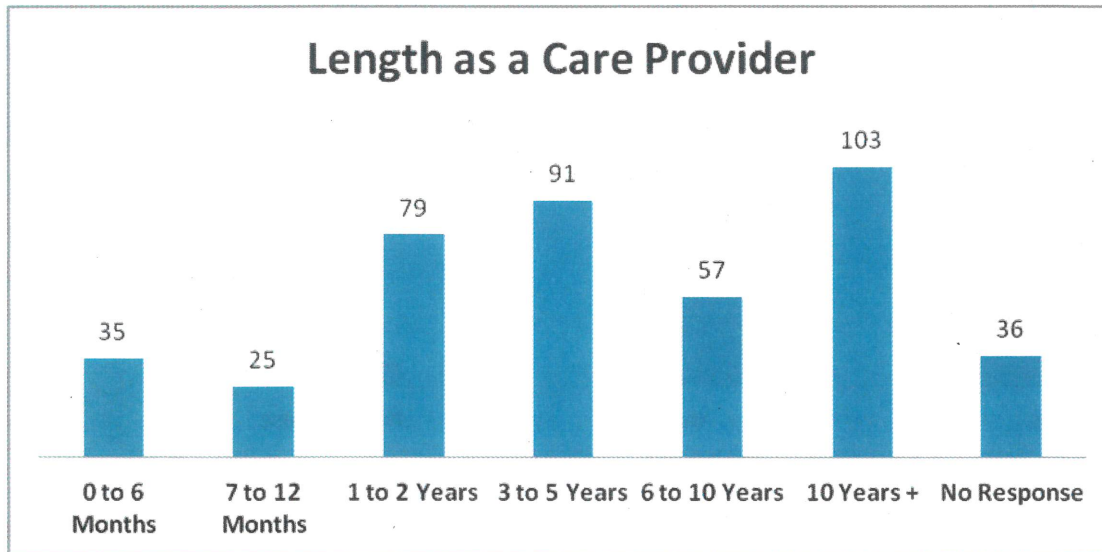
- Seeing the program reduced or eliminated causing more illnesses and even deaths, need more support to even tell doctor of our condition, moods and reactions to meds
- Decreased hours
- Learning more about their conditions
- Balancing the budget on us
- Continued decrease in hours and proper care given to us
- Recent cuts not made clear and do not understand why, discontinuance of program and notification to recipient
- More care providers in Fortuna
- Loss of hours, cutbacks on care desperately needed
- It would be nice to have a pamphlet about the various Social service Programs and how they connect to IHSS
- More IHSS workers and managers
- In a small town need more resources to visit
- Do not want to lose job
- Losing more hours while I am getting worse
- Since hours have been cut I worry about not having help if a fall
- Afraid program will be cut and I don't know what I would do
- Fear that California Legislature will try to eliminate this program
- Cutting of hours takes away from much needed care and help needed. Help find cheaper and better housing!
- Finding help
- What do we do if number 8 happens
- Losing hours, getting another care provider
- Elimination of IHSS and knowing many who would not be able to stay in their homes
- Some care providers don't know how to clean house or cook
- Shutting the program down, it is too valuable
- Cancellation of program
- This program is hard, hard to find care givers to work for minimum wage, they need an incentive to stay
- Cuts in Medi-Cal
- Not having help and being moved out of my home
- Hours being cut
- Arthritis is so bad, fear losing help
- Cutbacks

- Care giver quitting without notice
- Fear of no help
- Budget cuts and effects on services I receive
- Screen care givers better
- Care providers need benefits or a raise
- If I ever lost my worker, how would I replace her
- Care providers need more pay
- More pay for care provider
- Need more workers willing to work
- Quality of care providers
- Fear of losing services is stressful
- The feds and state would reduce more hours taking away from my quality of life
- Share-of-cost is so unbelievably high
- Wheelchair maintenance can be provided by provider
- Fear of losing IHSS (2)
- If I didn't have my worker I would soon go into a nursing home
- Not having someone here when I fall
- The government would become broke and could not provide service, I asked my doctor for a pill not to worry, but he did not have one
- More money for worker
- Move to a rest home without IHSS
- Have MS and cannot take care of myself
- I no longer have IHSS because my Share-of-cost is too high
- Hope further hours will not be cut
- More hours; allowing for simpler ways of doing things
- Program ending and having to live elsewhere, not in my own home
- COLA
- That this program is even being considered to be cut; a lot need it
- Hours being cut
- Losing the quality care I have today
- Workers need a raise as soon as possible
- How long can I last

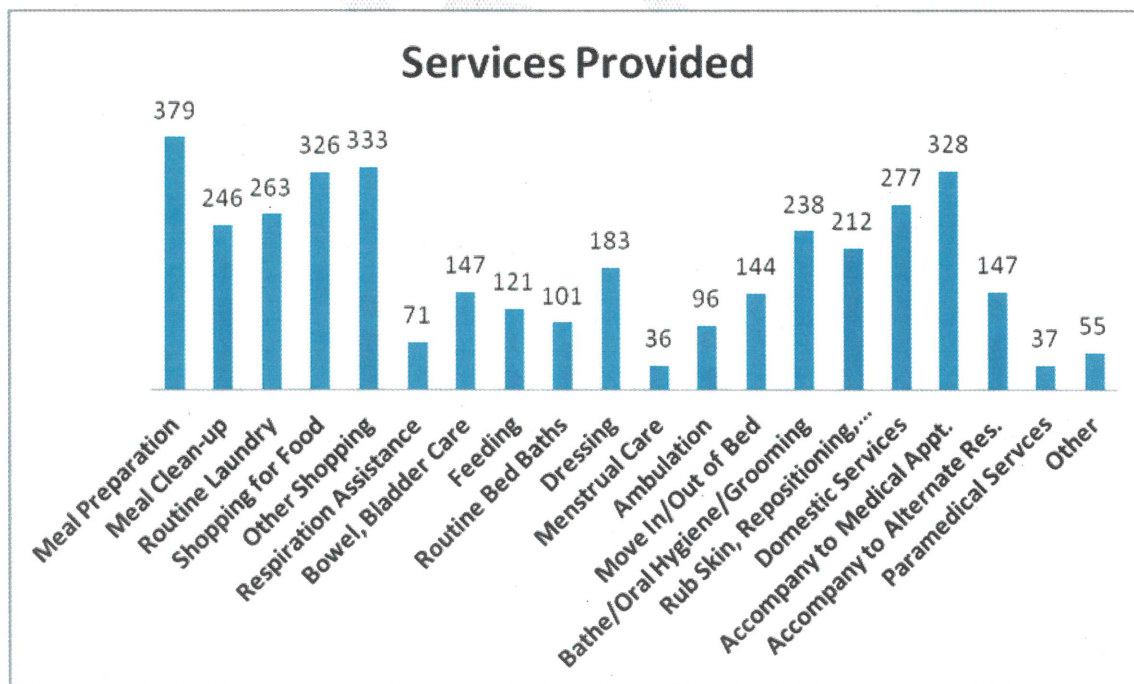
Provider Survey Results

There were 426 surveys returned from Care Providers

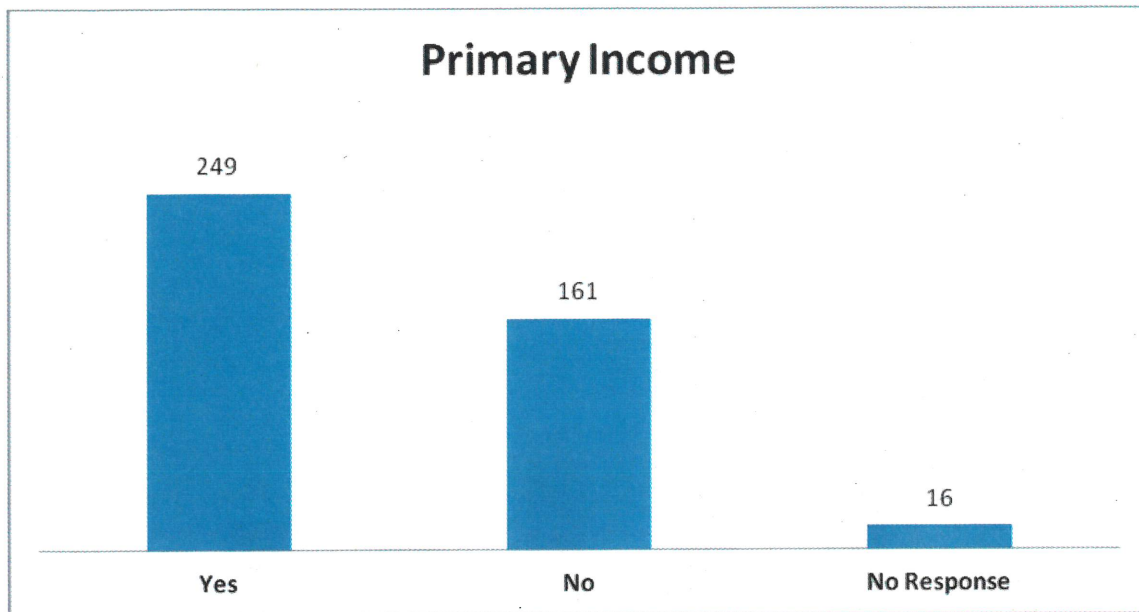
1. How long have you provided In-Home Supportive Services as a Care Provider?



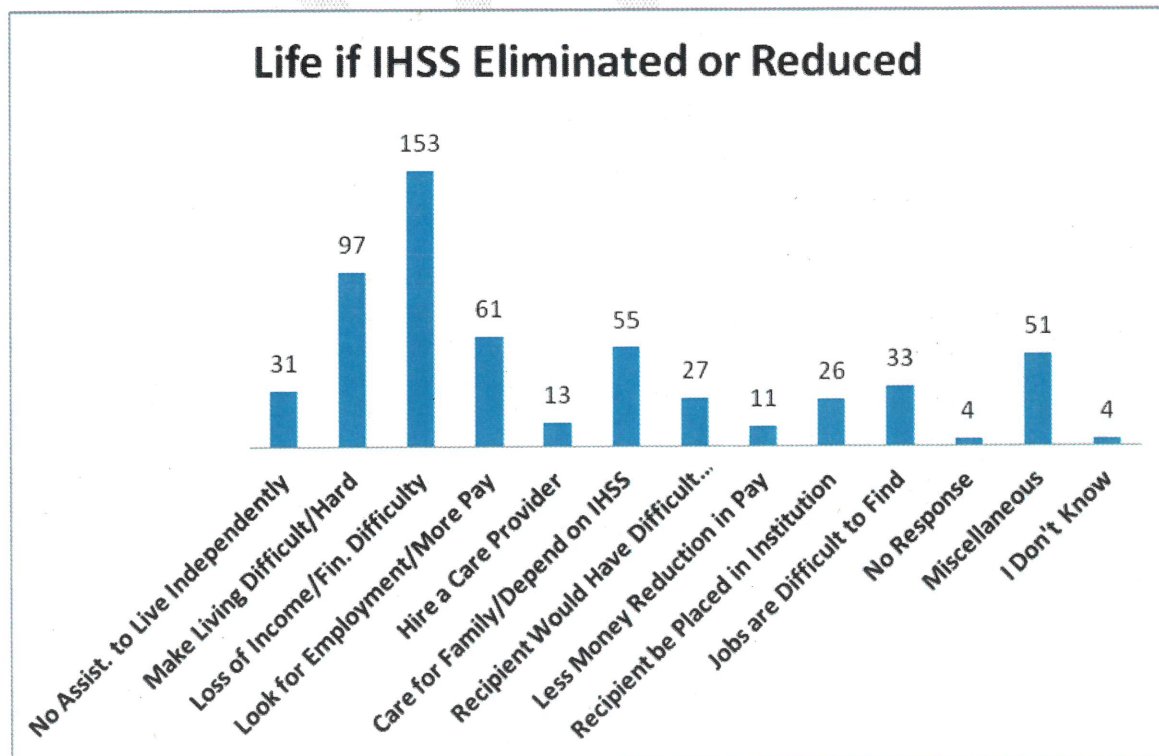
2. What type of “services” are you now providing?



3. Is care giving your primary source of income?



4. If In-Home Supportive Services were eliminated or reduced how would your life be different?



- It would be difficult, but the people I work for need help, I do not think they need to be put in a care home because people are treated poorly there.
- Insufficient monthly income to maintain home payments and other necessary expenses.
- It would be difficult. Care giving is something I enjoy, but the paycheck is my lifeline. Taking or reducing the program would leave me in serious hardship.
- Loss of the program would leave me in financial hardship. My client would be in a bad situation without any care like this program provides.
- I would not be able to find a job so rewarding and with flexible hours. I take care of my 85 year old Father also with no pay.
- Wouldn't be able to have that extra money to feed my family healthy food or enough money for gas.
- I would still take care of my son, but losing the income would have a negative impact on our household.
- Yes, it would be very hard to support my family and take care of my grandmother (recipient).
- It is very difficult to find employment, especially employment that leaves one feeling fulfilled by helping those who need time, physical help, attention and caring.
- I would have no way to care for my mother who has Alzheimer's and can't care for herself. I'd have to try to find work where there is no work to be found. Since my hours have been cut already, we are having trouble making it month to month.
- I would not be able to pay for our prescriptions or pay for our other needs like phone or electricity.
- Is a necessary second income. I am on Social Security. I would lose my home without this income. With IHSS, I can stay here and take care of my mom. She really needs me to care for her. She didn't have enough help without me.
- There would be less hours of "Time outside of our home," if IHSS were eliminated or reduced.

- I assist on an occasional basis to fill-in when the regular mentor staff is unable to provide care - it wouldn't be detrimental to my life if reduced, but incredibly detrimental to the life of the person IHSS collectively provides care to.
- More difficult to provide needed services to the client. My client is more affected than I am.
- More difficult - I help provide needed personal items for my wife (recipient). Credit for more hours I work (24/7), would help me do that. I just received notice my hours are being reduced from 86.4 hours to 52.8 hours.
- My life would be dramatically affected, but more important the recipient's life would become devastated. His care requires 24 hour care that would not be possible without IHSS. IHSS allows him to remain with his family in a loving, supportive environment while accessing support services. He has the right with IHSS to live in a home and not in an institution; we would be financially forced to put him in an environment that would disrupt his entire life!
- I would lose my home, my care, my life, and my client would have to live somewhere else.
- I would have to look for another job, I would miss my clients. I have become very fond of them, they are like family.
- Wouldn't make the money needed to pay some of my bills. And there is always someone that needs help in their life, old or young. If we didn't have this program then a lot of people would have to stay in a facility.
- Loss of income. Also, I would be concerned about how my recipient would be able to care for himself without my help through IHSS.
- I like taking care of Barbara, but I would still provide care for her regardless.
- More concerned about the client not having care, or being institutionalized.
- I would be out of a job - finding, training and receiving IHSS is crucial. It keeps those people living in their homes. Keeps their independence. This job keeps me active, mentally & physically.
- I am a single parent with a disabled child. I need to be available at all times due to his disabilities. I am allowed if need be to take my child to work with me, I receive no help from father for he is permanently disabled

- My disabled daughter would lose her independence and have to move back home with me. That would change all of our lives all of her progress would be for nothing - and my light and the end of the tunnel would be gone.
- All clients must provide private pay. All IHSS folks have had their hours cut by at least half in the last year anyway.
- I wouldn't have employment. I would have to seek another career. Thousands would be neglected which is abuse of our system! Let's not think about that haven't had too! Too many people in need of good care givers. I'm always offered jobs with IHSS.
- I would do it for free because the person is my friend also
- It would be very difficult for my husband to be home alone. We won't have any income at all; this program is such a blessing.
- Trying to find another job especially in rural areas would be extremely difficult. I would have to move. My hours have been reduced by 3.9%
- I would stress out to have to make a living and pay someone else to have for my mom while I work.
- I would have a hard time taking care of my mom without the money.
- My life, not much. However, the woman I provide care for would need to go into a full care nursing home.
- It would be harder to pay the bills each month. If we couldn't pay the bills, my mom would have to go to a nursing home.
- It would be a nightmare! My son needs 24 care for which I am paid minimum wage - if the state puts him in a home with the same, it would cost \$100,000 or more.
- This is my disabled granddaughter that lives with me, so it would be loss of income.
- I would need to enter into home health or CNA assignments. I wouldn't like to see it happen. I think elderly people and young developmentally delayed people enjoy autonomy as much as possible (At 95 - 100 yrs. some kind of assistance is usually needed!).
- I would still be doing/providing the same services. The recipient is my son, I just wouldn't be paid.
- I don't depend on IHSS for my income. I do it to assist an elderly person that needs just a little help.

- Other than IHSS I receive \$220 from cash aid for my daughter, so I would not be able to make rent and other bills.
- My mom would not have the proper care, because I would have to move and find another job, unfortunately I'd have to find two jobs.
- I would have to find a new job. And the foster child with special needs will not be able to afford the care she needs and will probably end up institutionalized.
- It would be even harder having only one income. But the worst would be all the recipients that need care, would not have it. We would need to cut back even more.
- Volunteer or private hire, Christian responsibility to do onto others supersedes
- My client's life would immediately change. She has a neurological condition that prevents her from caring for self in nearly all ways. She would have to go to a nursing facility. With my help, she can live in her own place - If that happens, my life would change as well - I would go back to full-time work in another field.
- I would look for another job. I am very fond of my clients, they are family. They might have to go into a care home.
- I would have little or no income because of the rural area I live in and it's too costly to travel to go to work. I would probably have to move to somewhere else.
- I care for my child and it's imperative that I be here for him. Without IHSS we would be struggling financially more than we are now. Life would be drastically more difficult.
- The income helps put food on the table and I am caring for a relative who depends on me!
- Knowing the people I support would have to go into an assisted living is not a good thing. These people want to be at home where they feel safe and will be at peace when they die.
- My daughter who receives help would not have the amount of help she needs to live independently in her own apartment.
- It would leave a lot of seniors with no help at all. I would find a job - somewhere else. It would be a hardship on this community

- My parents would not be able to take care of themselves totally. I would have to look for more work it, would hurt them and me.
- Total Disaster! My friend and partner of 10 years might possibly end up in some sort of care facility or worse (Homeless/die) at 49 years old. As time goes on due to her disease her health is failing more and more, causing the need for more care.
- My mother-in-Law would still need help. Doing all she needs help with would be difficult without pay. I would have to get another part-time job.
- Lower my income (Primary source is Social Security.). It would also take some of the joy out of my life. I enjoy providing the service I am able to provide.
- I would be without a supplemental income, but more importantly I might not be able to provide the care that is needed.
- No income and my client would not be able to take care of self. I would lose everything without an income.
- I would need to find a job, but the person needing care would be affected most negatively.
- I would lose my only source of income. I would need to find another job. My life and the life of my recipient could be put in jeopardy.
- At 60, I have to save for all my medical, dental, eyes, car repairs. I just have to work as much as I can!
- My income would plummet, but my patients would be in real trouble without me or someone like me. One would not be able to continue living independently.
- I would have to work more at other jobs to try and make ends meet. I would have to start over with applying for more work and after working for a provider for so long, it would be hard to change. I would also be sad for the IHSS recipient to lose services.
- It wouldn't because I will always take care of my mother. My mother however would be devastated. She can't afford to pay for any help and she's glad I get some money for my efforts.
- Would have to find other work and find/hire a caregiver for my son. Who is profoundly delayed, need full-time assistance.

- It would be difficult. Caregiving is something I enjoy, but the paycheck is my lifeline. Taking or reducing the program would leave me in serious hardship.
- I would be left with working a less flexible schedule, thereby reducing my availability for seasonal contract employment.
- My sister-in-law would not be able to have care and services that she now has to enjoy a full and happy life.
- I would have to move on to another job. I would say the difference would be to the clients whom need the support. There are many people that don't have assistance, that need it.
- Substantial financial hardship. This income pays household bills, all need necessities and the lack of funds, the means to get by, fades only the needs and rarely more, if the income were gone.
- I care for my mother who lives with us and to care for her and find work outside the home would be extremely hard to do both.
- My son would not eat. I have tried three times to prepare him to live on his own & each time eventually years, months, he sinks into depression. If IHSS were eliminated I would have less time to care for him & more worries.
- It would be much more difficult for me to afford food, medicine, health care, and other necessities, for both myself and recipient (My son).
- Not much. Because I have another job that helps bring in some income. I know I cannot live in IHSS income alone.
- If IHSS were significantly reduced I'd have to continue doing everything I do now and also find another way to replace lost income. If it were eliminated, I would have to place one or both of these recipients in a care home.
- Would need to find a different second job as my main job will not support me and my family
- It would be very difficult to live any kind of quality life, i.e., pay bills, eat a decent diet, contribute to my community, etc. - I live at a very modest economic level as it is, any reduction would incur serious ramifications.

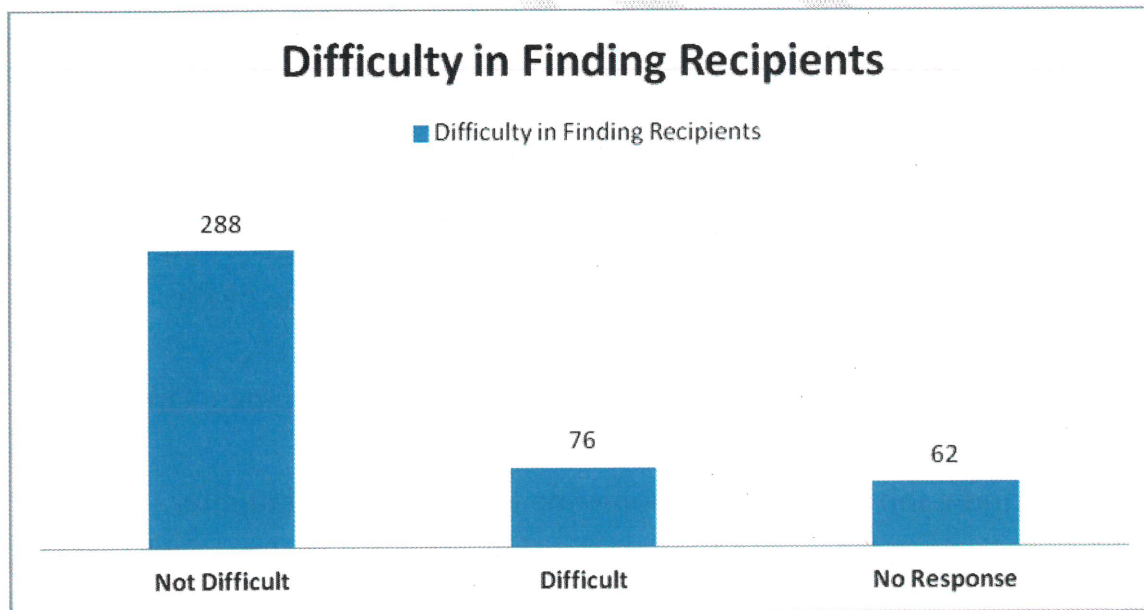
- My 80 year old mother, whom has Alzheimer, would have no one to care for her; I would have to return to full-time work outside my home. It would be devastating and would pretty much mean the end of my mother
- I'm my wife's care provider. This would be very hard. My wife, she would not get the care that the hospital and doctor have told me is needed.
- It seems like they could find other sources that they could take money from. It would affect me and paying my bills.
- I would have to move. I am struggling now keeping a float with my clients hours being reduced - I have 3-5 clients, 1-2 hours each - it's next to impossible to get 40 hours a week. I average 25-30 hours, rarely do I get 35 hours.
- I am not sure how I could afford to take care of mom with no income. Also, I am a nurse and work as a HHA for Hospice while mom is at ADH.
- I would have less on no money at all - And no prospect of continuing helping low income folks in need as a way of providing for my own needs.
- I would have to somehow continue care for my mother and find a job elsewhere. She is in bed or wheelchair and my being gone would be hard on her.
- My son would be in an institution at more money and would be in a zombie state on drugs.
- I would feel less support. I know it would make the client's life even more difficult. Better wages have to be forth coming.
- It is close to half of my income. It would dramatically affect our lives if IHSS were eliminated.
- I'd lose a friend. The person and their family mean a lot to me. I don't care about the money, but I'd lose a friend and I would be worried sick for them and end up working for free
- It makes up 1/2 of my family's income. It would be different to impossible to make ends meet
- I would have to pay for a home nurse to watch my medically challenged son and find a job outside the home and withdraw from college
- I would have a hard time finding a job around here, as Humboldt County is more economically challenged than other areas

- I wouldn't be making the extra 100 a month. It helps me out a lot. I would probably visit my recipient every once in a while to make sure he is taken care of.
- I would probably continue the care but not get compensated for it
- I am in the poverty-level income-bracket. If IHSS were eliminated or hours reduced I would have to get another job to make up for hours lost and my recipient would not have the care she needs. If she had to live in a care home, her health would deteriorate rapidly.
- I would have no source of income and would need a new job. I would also lose the positive relationships that I have developed with my clients because I wouldn't be able to spend so much time with them.
- My husband wouldn't have a care provider and ultimately probably not be with us very long!
- I need this extra income to help support my family of 6; my Aunt also needs my help on taking care of herself.
- I care for my deaf/blind spouse and work full-time. I would have to place them in a care facility. Spouse also has mental illness
- It's very different because I am used to my daily chores when I worked and when I cease to work it will affect my income.
- I would probably have to apply for Medi-Cal assistance
- Since I care for my spouse full-time, our income would be greatly reduced. I would be forced to put him into a skilled nursing facility in order to go to work. Recently my husband spent 16 days in a nursing facility. The room and board fee alone was 27% more than what I am paid to care for him at home. It would cost the State of California a more than 27% to pay for all his care in such a facility.
- I have relatives who depend on receiving these services, three families who require these services -- my services would be needed to help -- it would be a disaster.
- I have to pay somebody else to take care of my recipient, so I can spend more time on my primary work (I'll be bad all the way around).
- I would have to move - give up my vehicle with a wheelchair ramp - no longer be able provide transportation to clients. I would no longer be self-sufficient and would never be able to stop working.

- Many elderly people wouldn't be able to stay at home and also disabled people. What would happen to them? Their quality of life would drop drastically.
- Better pay, (for me) but client's needs could be unmet by fewer MD visits resulting in costing the State more in the long run when so many disabled people rely on IHSS to survive.
- I would have to keep doing this work without income. My family member is not in a position to do without care.
- I would be working more jobs and talking care of my mother. I would be worn to exhaustion trying to keep up.
- I would no longer be getting a pay check; so I would be taking care of the people I love the most for free & have to get some sort of other kind of job that pays to take care of people.
- I am a caregiver for my mother, she relies on me and another caregiver for life assistance - without both of us my mother could not live independently and she can't afford assisted living, nor can I.
- Yes, I would have no income, and then I would be in need of assistance from Social Services.
- I would probably not meet my home mortgage obligations, and, therefore, end up living under a bridge somewhere.
- I would have to try and find a job (At nearly 60 years of age.), and my son would have to go into a care home, as he requires round the clock supervision.
- I would have to find a part-time job to supplement my income. This would leave less time for me to provide care to my father.
- I need to find a job - need to pay someone to be with my daughter.
- If it were eliminated I would find another job. If reduced, I would be unable to continue as a care provider, and again, I would find another job.
- I would still take care of him as the disabled person is my husband. The little bit of money I get caring for him does help us out though.
- IHSS is a valuable source of help for seniors, and if it were no longer available, many elderly clients would not be able to function on their own.
- I would have to find a different line of work. It would be very difficult to find a job in a different field.

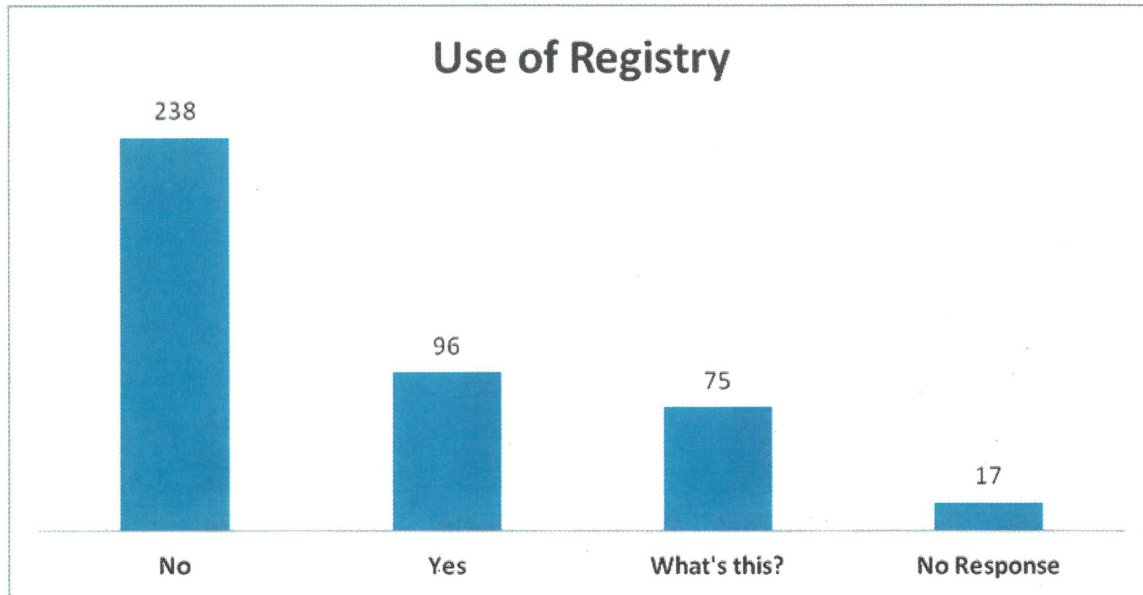
- I would be devastated and would not be able to pay my bills. My life would be very unsatisfying.
- I have to stay home in order to take care of my special needs child. I don't know what I would do if the services were taken away!
- It would be impossible to take care of my daughter at home or more than likely would have to look for alternate care (Board & care/nursing home.) because I would not be able to financially care for my family.
- I would be out of work. The person I care for would have no help. I guess I would help her for free, but that would not be able to feed my family.
- I'd have to lie down and die or look for a job flipping burgers, or washing dishes at Denny's.
- I suppose I'd go find other work. My schedule is already very scattered; more clients would make it worse.

5. How difficult is it to find Recipients?

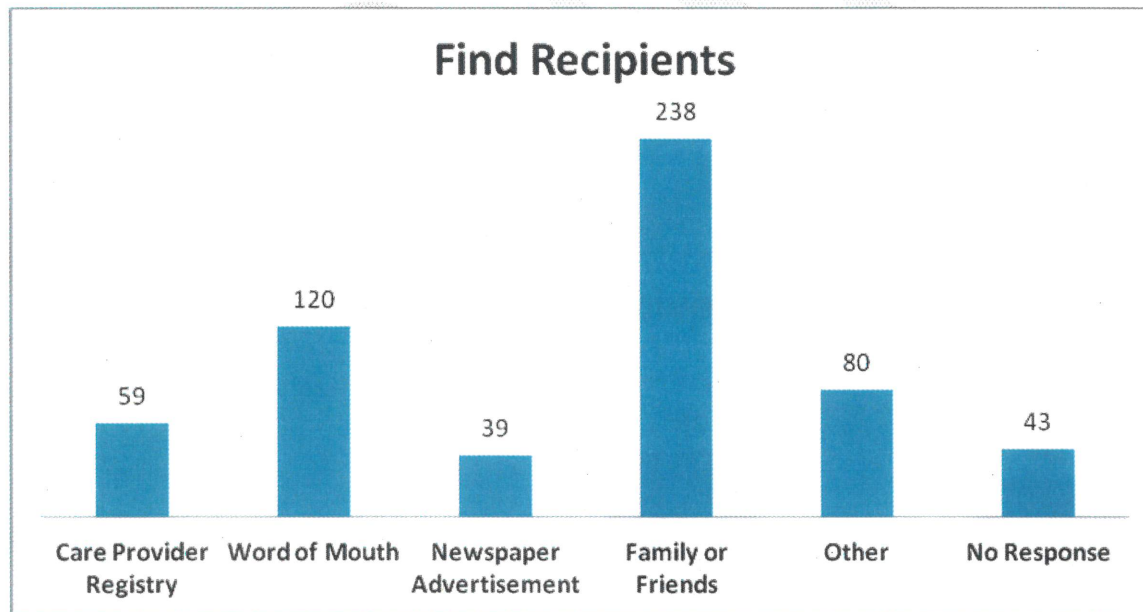


- Recipient is family member
- Recipient is neighbor
- Recipients' often live too far away
- Finding recipients with enough hours is difficult

6. Have you used the In-Home Supportive Services Care Provider Registry?

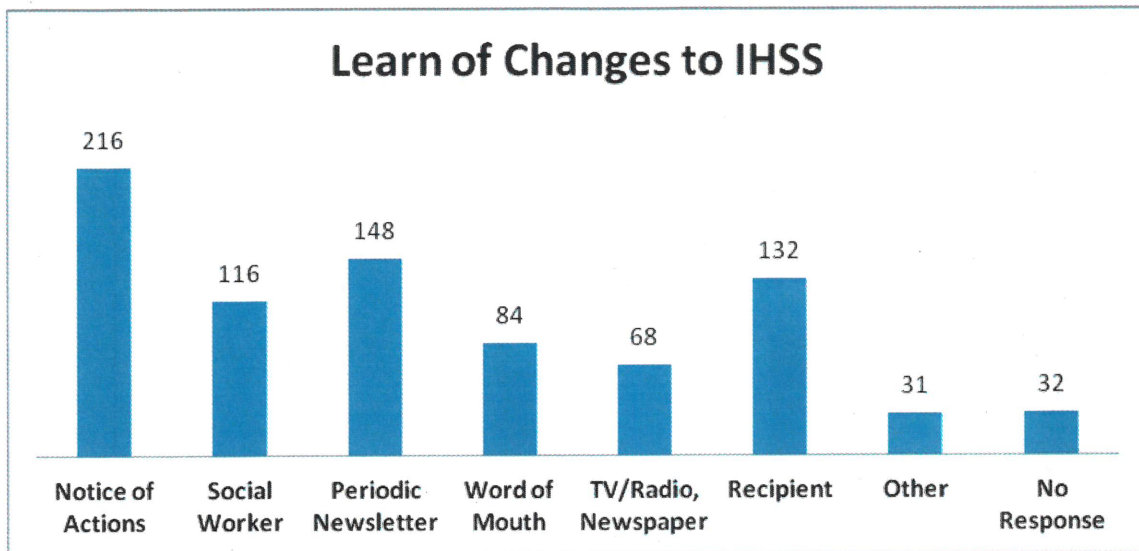


7. How do you find your recipients?



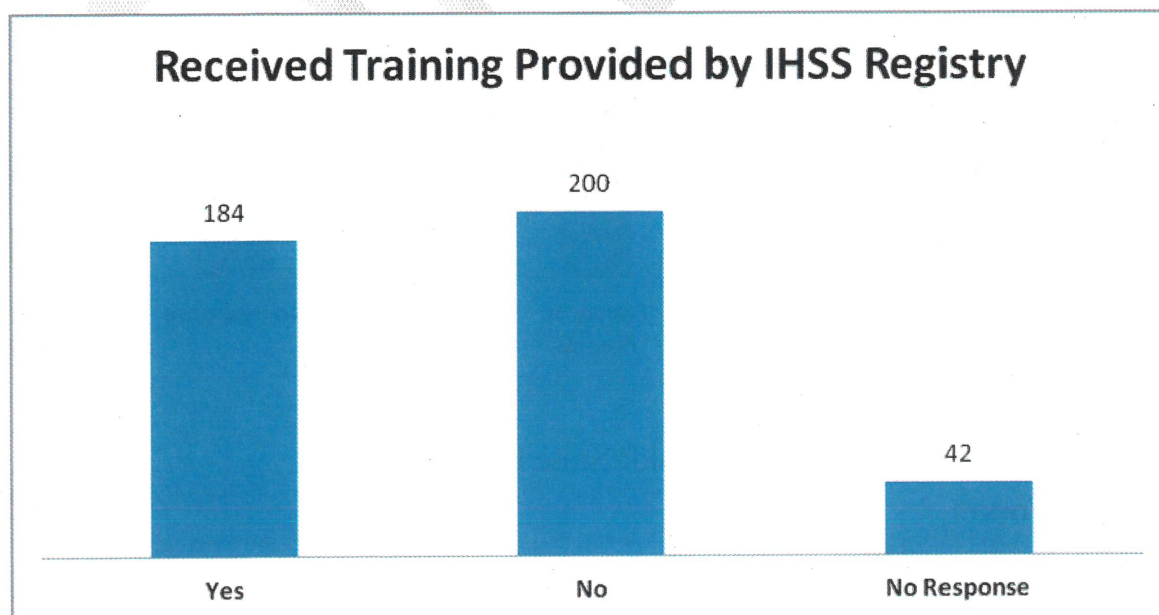
- College of the Redwoods/Humboldt State University
- Social Worker
- Unemployment Office
- Craigslist/Internet

8. How do you learn about changes to the In-Home Supportive Services Program such as activities covered and changes to hours?

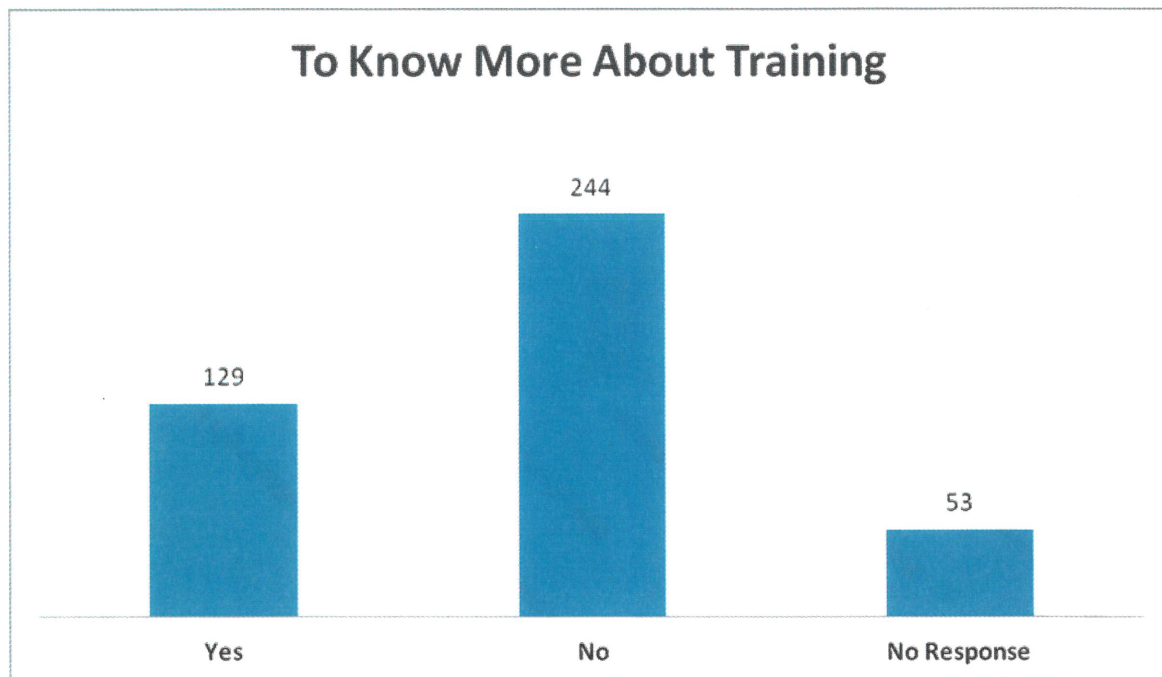


- Changes in hours are not received in a timely manner
- More information about IHSS should be sent out to the recipient and provider

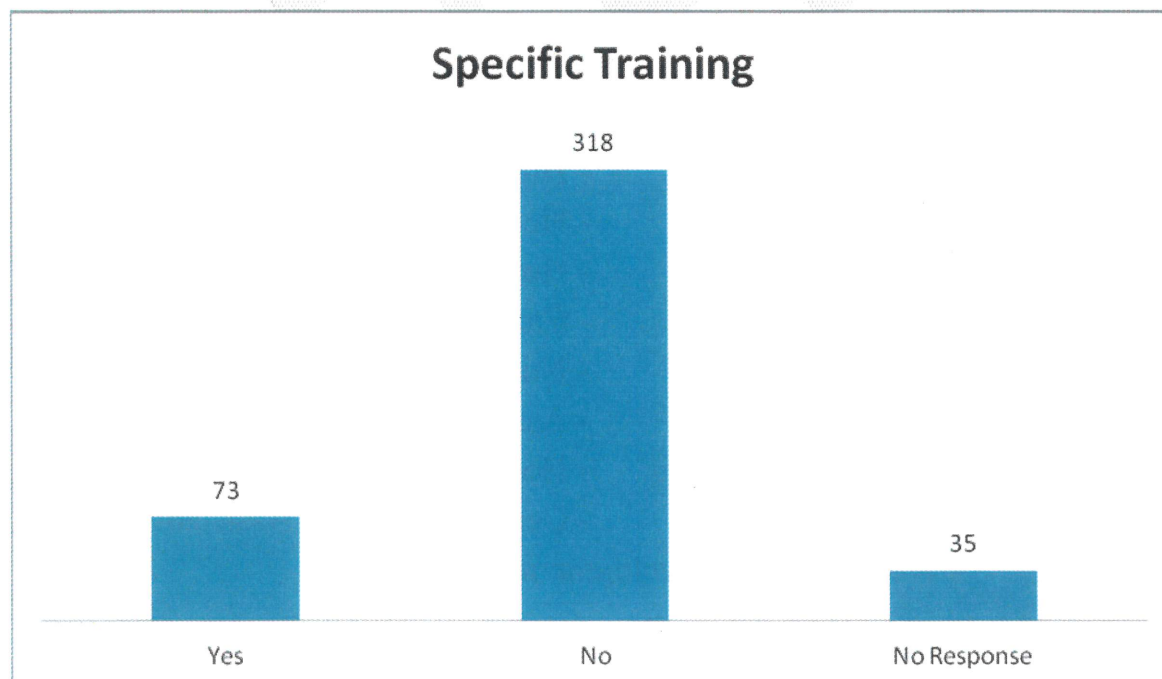
9. Have you received training from the In-Home Supportive Services Care Provider Services Registry?

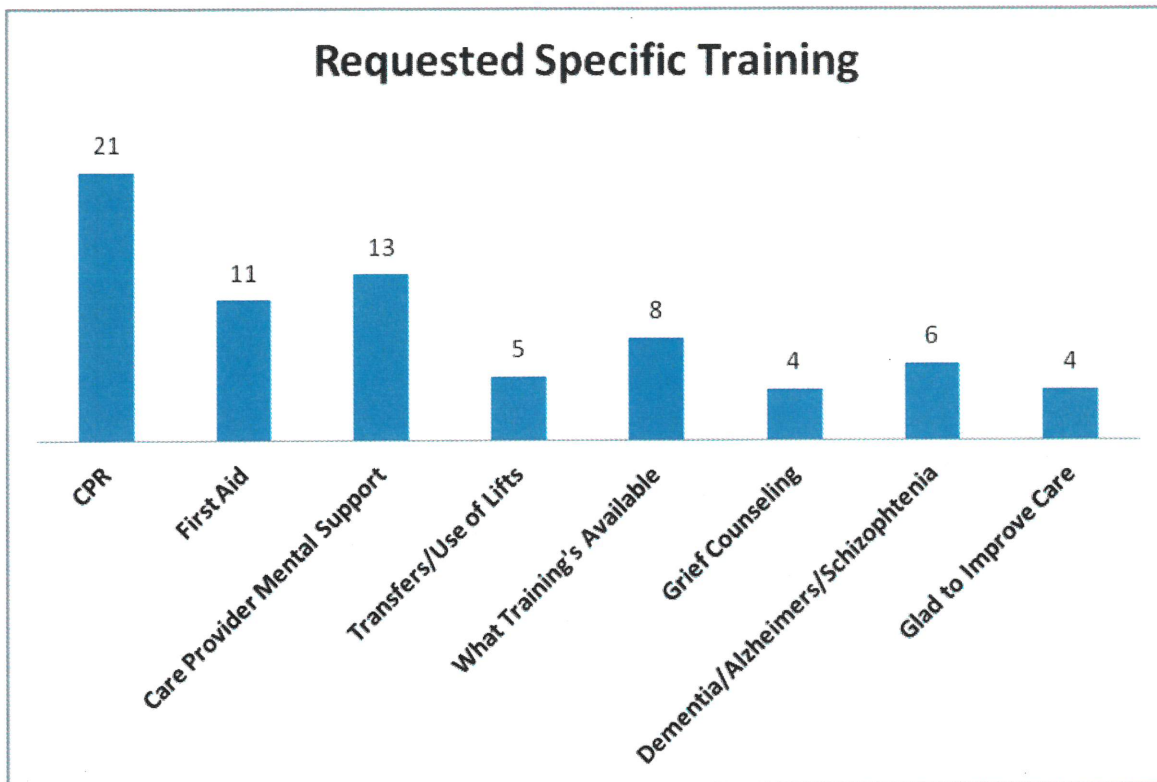


9. (a) Would you like to know more about training offered?



9. (b) Is there a specific training you would like to receive?





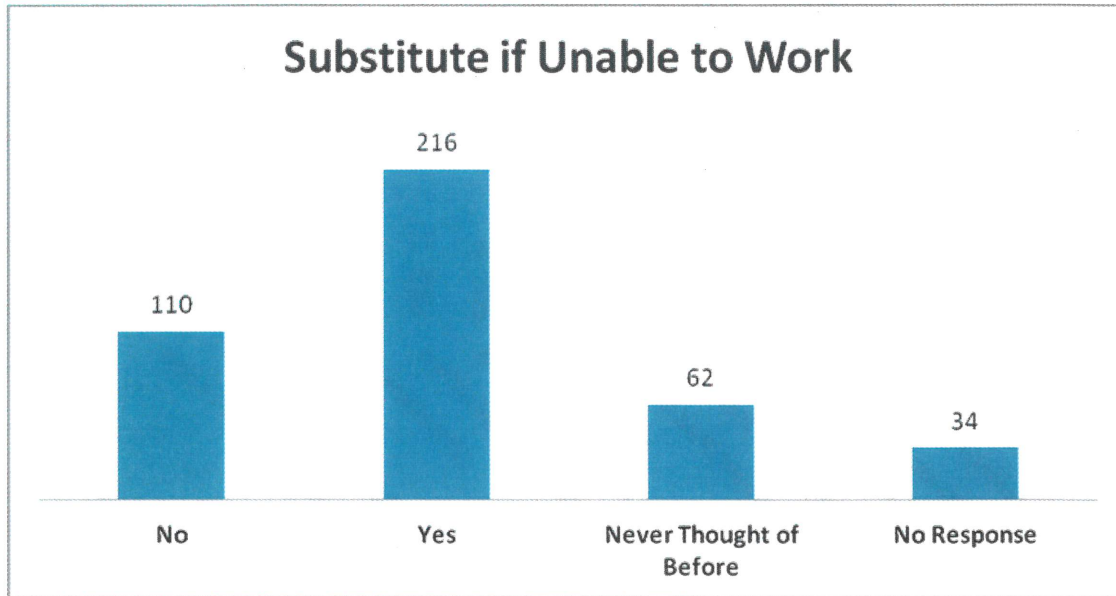
Diabetes awareness

IHSS Time Card Preparation

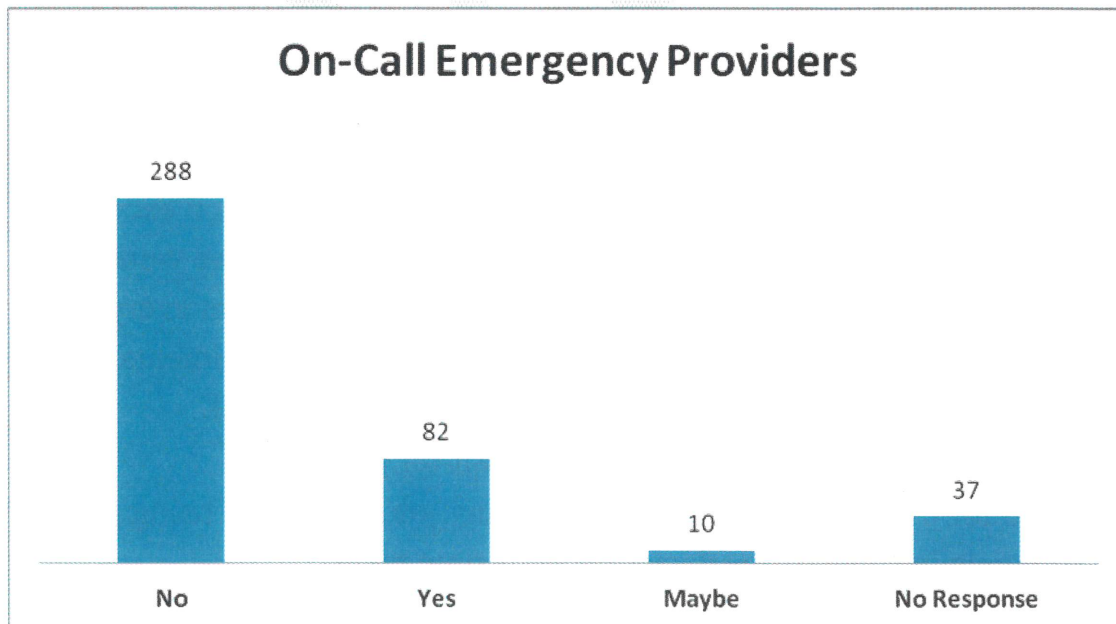
General Training Comments:

- No time
- Hold in Fortuna; Garberville
- Not right now
- How to give injections
- Seizure Awareness
- Working with Elderly
- Working with Doctors/Social Workers
- Meal Preparation/Restrictive Diets
- Hold during the morning
- Hold during the day
- How to take vitals
- Catheter/Bowel Care
- Nurse's Training
- Assertiveness training
- Home Therapy
- Certified Nursing Assistant
- Working with Developmental Disabilities

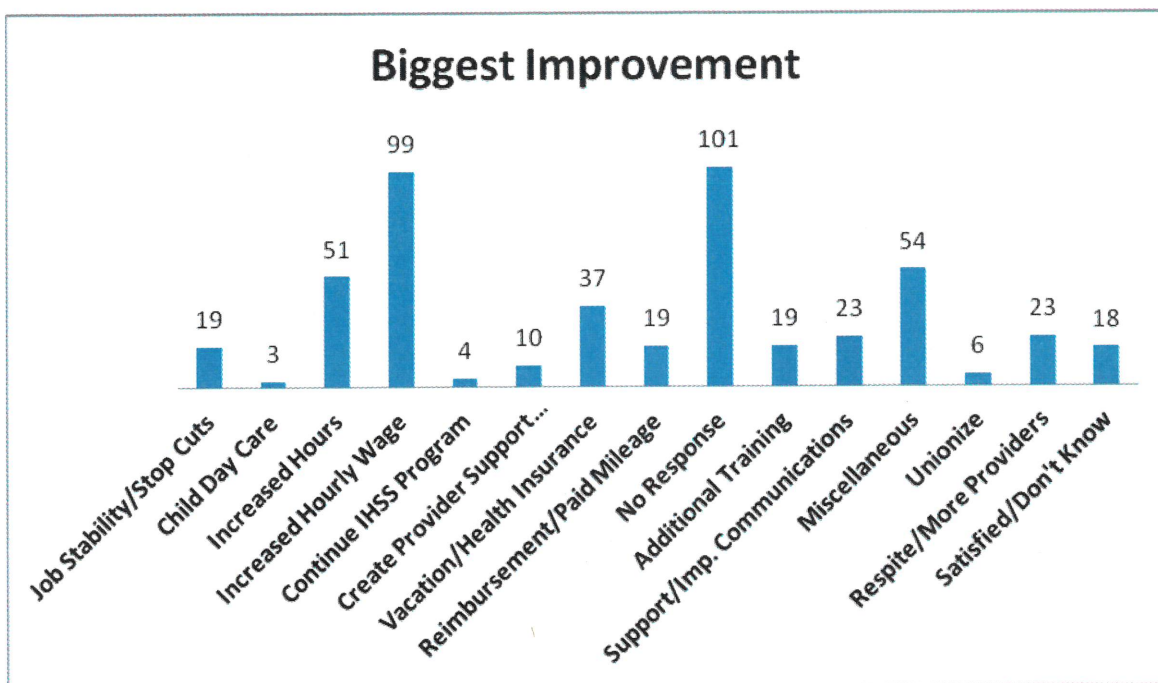
10. If you are unable to go to work for one reason or another, do you have a back-up plan for someone to take your place?



11. Would you be willing to be on a list of “On-Call Emergency Care Providers?”



12. What would make the biggest improvement in your role as a care provider?



- I care for my father and I will make a decision to care for someone else when I am finished with my father's case.
- I'm doing what I can do!
- Letting people know they don't have to go to nursing homes.
- To have more cooperation from the consumers.
- A lot of times my recipient requires extra assistance; pretty much exceeding 4 hours daily and surely I am not getting maximum hours for the work I put in (That's beside the point.). I think bettering my knowledge in every aspect of my recipient's health needs, as well as his terminal ailments, would be my biggest improvement, for my recipient, as well as myself.
- More communication with IHSS; direct deposit for paychecks.
- Being paid for the actual time I spend doing my job, instead of being paid what someone in some office decides a job's time takes.
- One recipient with 210 hours because of gas prices. I don't like spending more on gas than I get on my check.
- Getting gloves.

- Being able to get more hours, but having the hours compatible to each other.
- Improvement/You learn from different recipients every day!
- Learn different people/to know different people.
- Care giver support groups.
- Accessible cleaning supplies such as “gloves,” “ODO-BAN” cleaners. Bed-liners, paper-towels, and garbage bags.
- More pay! I’ve been working for \$8 per hour for three years with no vacation or benefits; an increase in pay!
- Extra hours! I put in so many extra ones as it is.
- Caregiving is one of the most thankless jobs around. A “Thank You” or an “Atta Boy” would be nice. It’s my family I take care of and they seem to feel they’re doing me a favor.
- To get hours for all the housework I do, instead of being penalized because I live here (i.e., I am responsible for ½ housework because I live in the same dwelling). Because my recipient can’t do the things I can because of her different disabilities. Also, not having to worry that my recipient will have her services taken away, making it hard for her to stay in her home.
- To have more hours to take personal care of my recipient.
- A pay increase, for the kind of work we do. We work hard and I feel we are not appreciated by the County.
- To get a van with an electric lift.
- Income increase with time/experience.
- Just to make sure they are always safe because they are not always safe in their own home or apartment.
- If you stop cutting services to people who need help.
- When I’m dead, I would like to leave Al my optic nerve.
- I’m satisfied.
- More hours in the day! I hate to turn people away.
- Not having to worry that funding and hours will be reduced or eliminated. Higher pay and insurance would make it easier to focus on the job and not worry about bills and disasters.
- Freedom from worrying about job security.
- Medical benefits offered – Unionize all workers.

- Just ensure the right services are provided to the recipient.
- I know it is impossible, but – a raise – it’s hard work physically and emotionally for small paychecks – but our State is a mess (Financially – But this is a beautiful county.)!!
- From what I have heard, in Humboldt County, we receive the lowest wages compared to other counties; so a pay raise would be great!
- More hours to be paid for since, I do a lot more than I get paid trying to keep my spouse out of a care facility. The care facility would be very detrimental to her outlook and place a downturn to her mental and physical/emotional health.
- Not to have to spend time doing accounting and proving the person I care for, and have for 39-1/2 years, that he continues to need care. There should be a way to identify permanent needs of people with life-long disabilities. The constant threat of losing the few hours that a person has. When there is no way you can take full-time care of an adult. With disabilities on 28 hours per month; what would it cost to have this same person, if they were not living in their own home cared for by a loving family?
- I am 88. Assistance in-home (or elsewhere) for my 65 year old daughter when I am sick or hospitalized.
- A timely re-assessment of our situation with our Medi-Cal worker. That department is currently six-months behind in paperwork. Our “Share of Cost” should be significantly reduced because I have stopped working in order to care for my spouse full-time. However, the State continues to deduct a large amount from my IHSS check. This is the second month this happened, I realize your office has nothing to do with how efficiently the Medi-Cal operates, but this is very frustrating to us!
- A balanced California budget that doesn’t cut IHSS and a medical plan.
- By helping the elders with what they need and to learn from them so I can improve my abilities as a provider.
- More allowed hours for work done. I get paid for approximately ½ of what I do (i.e., drive to UC Davis for appointment; I got paid for eight hours – which included one month of care as well.). These people would become homeless again, unable to care for themselves at best; brain damaged, mentally/physically ill. Thank you for your services.

- Having better tools and resources of outreach for my recipients.
- Equal payment for mileage taking client to doctor's appointments and visits.
- Experience and training. Design better In-Home-Health devices – I have several great ideas for better care. Thank you for your interest.
- It is hard to survive on minimum wage.
- Higher wages and benefits. I haven't had a day off in 13 years.
- Not to manage County and State time-cards – it would be so much easier to combine them.
- Cannot think of a thing. Maybe enlarged time-card. The boxes are very small.
- To know that my State and Federal governments value this valuable program and of course all folks involved as well, and showed it by quitting threats to its existence which is inhuman at its best.
- Thank you for caring!
- More money and medical benefits, further training (Something along the line of workshops for care of specific conditions.). Please don't let this program stop. Despite minimum wage it's satisfying to know you're helping someone stay in their home!
- More hours to take care of people, not taking hours away. Because some people, you need time to work with them. It might be help just to talk with them a bit. If you just push people around to make them go faster they tend to shut off, because you have to get to know them in order for them to trust you. I feel you are not giving elderly and disabled people enough time.
- Looking for larger home with a yard would be best. Apartment living now with lots of others. Like more personal, practical, comfortable, yeah! Comfortable for all, Amen! You welcome in home care helps many impaired and elderly, please continue services, these are not so fortunate physically or mentally persons will lose a lot from extreme bad cuts. Always help according to need, elderly and weak. I pray for providers and clients.
- I could look for more IHSS clients if the pay were a little better – at least \$10 per hour and the union is able to negotiate health care insurance for those working more than 20 hours a week.

- IHSS has made an enormous positive impact on my life and on my disabled children. I care for my severely retarded daughter, and for the last two years, for a disabled son with diabetes, seizures and mental illness/retardation. There aren't words to tell you what IHSS means to us all. I am profoundly grateful to this wonderful program.
- Recipient cannot be left alone. If we had someone to stay with recipient for my doctor, dentist, jury, etc. appointments, recipient would not have to go with me.
- More handicapped accessibility county-wide (Parking, etc.). More financial support so I can secure those "little extras" for the people I care for. It really makes a difference to be able to show-up with some flowers or a birthday card or a nice book. Smiles and generosity are good medicine.
- Acceptance by the IHSS agency of power of Attorney with regard to time-cards and the signature of the recipient when said recipient's provider is also POA. The presently used procedure is inadequate, when a recipient no longer knows how to write his/her name.
- Flexibility from clients regarding scheduling hours – 80% want between 10-3, 90% of the calls I only get 1-2 hours a day and want you "on-call" for appointments.
- More hours – more pay per hour – about ending up homeless – You people cut my hours – 50 hours for Jonathan – no one came me forewarning – I have to borrow money just to get to work, can't pay bills – wish someone would have let me know ahead of time so I had a chance to prepare.
- Gasoline prices/better pay and benefits.
- A living wage for me, permission to wash windows, empty cat boxes and tend a garden for my clients. An hour a week to up and elderly person's quality of life would make the program go much more humane. Also, a better screening process through the registry would ensure clients with severe mental/physical conditions are not paired with providers lacking the skills or education to cope with some.
- We are very happy with John Call when we get to see him. To make it easier to communicate with the IHSS Office. People in the office and behind the desk are not nice and give short answers. NOT easy to communicate with IHSS.

- Better service from the VA.
- Transportation
- If I was 20 years younger or better off financially. At this point, I do most transportation, shopping, companionship/consultation, laundry, and little stuff.
- I need supplies sometimes that I am unable to purchase as I am a low-income senior.
- Possibilities of getting better help and have once in a while a nurse come to check on health.
- More hourly wages or more hours covered, I take care of her every need 24/7.
- For the responsible parties in this program to provide a clear understanding to those who fund it how much work is involved and how much it is needed by the recipients. Perhaps, having them think about each day in their lives, from the moment they wake up, until the time they go to bed and all things they do with that time frame to care for themselves. Next imagine not being able to do the majority of those everyday living skills for themselves. What would it take, on someone else's part, to keep you properly cared for and able to live in your home? More than you can imagine, I can assure you. Much more consideration is needed.
- My recipient is a very nice woman and I love what I do, I so enjoy helping her. I guess the best improvement would be to get our checks a little sooner. Don't get me wrong, I appreciate the job. Thank you – It's great that you help a lot of people – good job!
- To have some sort of Social Safety Net like insurance, earned sick and vacation days, a retirement program, and a few more dollars per hour.
- I'm not sure what to answer here. For me the system seems to be working, but I am not using IHSS to support myself.
- If my client lived in better circumstances (Bigger apartment, clean facilities) it would be easier to clean and organize. He is living in substandard quarters.
- More hours for the recipient will give him/her a better outlook on their lifestyle, especially when home-bound. My recipient is home-bound therefore I have to do all the shopping.

- To please stop making hour cuts, as it is, I am down to earning \$400 monthly due to cuts (Primary source of income).
- Him to stay in our home because it is my job and I don't have to leave him to work elsewhere. That said, I am approaching 60 and don't know how many years I will be able to have him home with me. So, IHSS again will help in that capacity. The new care providers. So far though, I can still attend to his needs.
- I have everything I need at this point. But of possible I would like more hours.
- Learning to interact more efficiently with dementia clients and/or angry/distraught clients, and clients with altered/unusual mental states.
- Having security in the program would help eliminate anxiety about our care for our family member. Also, an email notification and alert system that keeps workers informed about local and State happenings on a weekly basis.
- Credit for more hours worked being a live in provider 24/7. Extra cash would provide for some of her personal health needs.
- If there were a larger pool of care providers it would alleviate the pressure on those of us who provide for people who need constant care.
- Better pay for gas and time.
- Being able to read the mind of my client – Who has no speech and is Developmentally Disabled – I see the frustration when I do not understand, but we do our best.
- To be confident that every recipient is comfortable and cared for.
- Better wages would probably cause me to look at helping more than my son.
- An hourly raise due to the economy and high gas prices.
- Transportation other than bike.
- Not having the hours cut back, in fact hours be increased
- No improvement needed I have great clients.
- Need more hours to make a living, health insurance as I can't get my medicines any longer.
- If hours are reduced – higher wages – If we use our vehicle to take recipients to doctors, shopping, etc. – we need to be given mileage expenses.
- Better response to phone messages (You guys rock in person) and more pay!

- Higher wages through union.

DRAFT