



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

A-12

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

Department Name: DSS  
Department No.: 044  
For Agenda Of: 02/10/09  
Placement: Set Hearing  
Estimated Tme: 10 minutes on 02/24/09  
Continued Item: No  
If Yes, date from:  
Vote Required: No Vote Required

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**TO:** Board of Directors, In-Home Supportive Services Public Authority

**FROM:** Department Kathy Gallagher  
Director

Contact Info: Laura Mejia x1254

**SUBJECT:** In-Home Supportive Services Public Authority Report of Activities

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**County Counsel Concurrence**

As to form: N/A

**Auditor-Controller Concurrence**

As to form: N/A

**Other Concurrence:** N/A

As to form: Select\_Concurrence

**Recommended Actions:** Set a hearing for February 24, 2009 for the following:

That the Board of Directors of the IHSS Public Authority may receive and file a report of activities performed by the Public Authority between July 1, 2008 and December 31, 2008, and provide direction to staff as appropriate.

**Summary Text:**

The Public Authority has presented reports to the Board since the PA began its work in January of 2002. The reporting capabilities have been refined and expanded to provide the reports you now see, which are more representative of the entire scope of work of the Public Authority. Particular attention is called to our "urgent need" caregiver replacement program which allows us to have a caregiver in the home of a qualified IHSS consumer within two (2) hours of being notified of the need for service.

**Background:**

As required in the Board of Directors Bylaws, the Public Authority reports twice annually to the Board on its work for the previous six months.

**Performance Measure:**

None

**Fiscal and Facilities Impacts:** None

**Fiscal Analysis:**

Page 2 of 2

Narrative:

No fiscal impacts.

**Staffing Impacts:** None

**Special Instructions:**

After execution by the Chair, please return one (1) copy of the minute order, attention: Paula Haines

**Attachments:**

In-Home Care Network Activity Report

**Authored by:**

Laura Mejia, (805) 614-1254

**In-Home Care Network  
Activity Report**

	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	YTD Total
<b>Provider Information</b>													
Number of Orientations	5	4	4	4	6	2							25
Number of Attendees	14	29	29	43	53	12							180
Orientation Evaluated 5 out of 5	11	23	26	38	47	1							146
New Providers Added	16	8	22	15	12	10							83
Total Active Providers (Working/Available)	264	249	252	259	266	257							
<b>Problem Solving</b>													
Interview Assistance	2	1	3	7	1	4							18
Caregiver Replacement	60	57	68	62	41	60							348
Health Benefits	104	73	64	64	48	160							513
IHSS Information	9	9	7	12	8	5							50
Fraud Reports			1		2								3
Timesheets/Paychecks	26	12	19	21	12	13							103
Union Issues		2			1	1							4
Consumer↔Provider Issues	48	49	48	23	7	7							182
<b>Adult Protective &amp; Child Welfare Reporting</b>													
APS Reports		1		1	2	1							5
CWS Reports													0
<b>Consumer Information</b>													
Total New Consumer Referrals	35	22	45	27	22	30							181
Total Consumers Served	95	75	114	82	70	99							535
Total Consumers Finding Registry Provider	43	36	51	36	28	48							242
Totals Consumers Finding Other Provider	12	22	12	16	15	13							90
Total Consumers Closed For Other Reasons	15	13	20	20	14	14							96
Consumers Still Open	44	44	45	36	43	42							254
<b>Referral List &amp; Match Information</b>													
Number of Lists Sent	91	57	101	80	71	80							480
Average Days to Match	8.1	18.2	8.3	12.3	12.4	15.2							
Number of Matches	43	36	51	36	28	48							242