STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

CDSS
WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

September 23, 2015

Reason For This Transmittal

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by one or More Counties
[X] Initiated by CDSS

ALL COUNTY INFORMATION NOTICE NO. I-82-15

TO: ALL-COUNTY WELFARE DIRECTORS IHSS PROGRAM MANAGERS

SUBJECT: RELEASE OF THE 2014 IN-HOME SUPPORTIVE SERVICES CONSUMER SATISFACTION SURVEY REPORT

REFERENCE: SENATE BILL NO. 1104 (CHAPTER 229, STATUTES OF 2004); ALL COUNTY INFORMATION NOTICE NO.I-69-04; COMMUNITY FIRST CHOICE OPTION (CFCO) STATE PLAN AMENDMENT NUMBER 13-007 EFFECTIVE JULY 2013

This All-County Information Notice (ACIN) is to inform counties of the release of the 2014 In-Home Supportive Services (IHSS) Consumer Satisfaction Survey Report.

The IHSS Consumer Satisfaction Survey was mandated pursuant to Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004) to develop and implement approaches to verifying recipient receipt of services and evaluate the implementation, impact, and recipient experiences with the Hourly Task Guidelines, the Quality Assurance Initiative and other IHSS-related activities.

Past Consumer Satisfaction Surveys were developed in collaboration with program stakeholders and conducted in 2008, 2010 and 2012. The reports summarizing each of these surveys are available on California Department of Social Services' (CDSS') website.

The Consumer Satisfaction Survey questions were enhanced for the 2014 survey, following the implementation of the Community First Choice Option (CFCO) State Plan Amendment in 2013, which required that certain questions be asked to participants regarding their satisfaction with the program, services and self-direction options. The

resulting report is attached hereto.

If you have any questions or comments regarding the contents of this ACIN, please contact the CDSS, Adult Programs Policy and Quality Assurance Branch, Quality Assurance and Improvement Bureau, Program Integrity Unit at (916) 651-3494 or via email at ihss-qa@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

ANALYSIS OF THE 2014 IN-HOME SUPPORTIVE SERVICES (IHSS) CONSUMER SATISFACTION SURVEY

California Department of Social Services
Adult Programs Division
Adult Programs Policy & Quality Assurance Branch

September 2015

EXECUTIVE SUMMARY

The California Department of Social Services (CDSS), Adult Programs Division (APD) administers the In-Home Supportive Services (IHSS) program to low-income individuals who are elderly, blind and/or disabled. The program helps Californians with high-care needs to remain safely in their own homes rather than being institutionalized.

Since 2008, CDSS APD has commissioned the Institute for Social Research (ISR) at California State University, Sacramento (CSUS) to survey a representative sample of IHSS consumers across the state. This report summarizes the key findings from the 2014 Consumer Survey.

The 1,012 surveys collected in the fall of 2014 point to some general conclusions:

1. As was the case in previous years, IHSS consumers tend to report high levels of satisfaction with the program.

    - Approximately 9 out of 10 survey respondents (87%) feel the program meets their general needs.
    - Nearly all consumers responding to the survey (97%) feel that the services provided are very important to their health and well-being.
    - Consumers tend to indicate that their social workers do a good job communicating with them about program particulars. The average rating for social workers is 3.6 on a 4-point rating scale; an 89% satisfaction level.
    - Most consumers find IHSS written materials to be very helpful. Among those responding to the survey, the average rating for reading materials was 2.6 on a 3-point rating scale, representing an 86% satisfaction level.
    - More than 8 out of 10 survey respondents (approximately 81%) know whom they would contact if they were to need immediate assistance (and their provider was not present).

    In examining these measures of satisfaction together, some patterns emerge regarding how consumers view the IHSS program. In particular, social workers are important to program participants; the happier consumers are with their social workers, the more likely they are to report that the program meets their needs and is important for maintaining their health. Indeed, a consumer's satisfaction level with his/her social worker is as important as the number of hours that s/he receives each month for explaining his/her overall outlook regarding the program. Finally, the positive evaluations of social workers contribute to consumers feeling more confident about whom they would contact in an emergency situation.

2. The majority of survey respondents (approximately 63% in 2014) continue to indicate that the program provides them enough assistance hours. However, such satisfaction with hours is slightly lower than it had been in previous years (2008, 2010, and 2012).

    - When asked whether they receive enough assistance for specific care needs (such as their need for bathing assistance or food preparation), approximately 3% to 5% fewer respondents replied "yes" than did in previous years.

    - With regard to "care-related tasks," a lower proportion of 2014 respondents report feeling satisfied with their hours than did so in 2008 through 2012. These differences are often small and not statistically significant from year to year, but the general downward trend suggests a slight change in consumer perceptions over time.

    - Consumers appear most satisfied with service hours that are associated with dressing, prosthetics care, and menstrual care (on average 68% to 69% of consumers report that they receive the right amount of hours for these tasks).

    - Fewer consumers feel satisfied with service hours relating to bed baths, bowel and bladder care, and meal preparation (on average 56% to 57% of survey respondents report that they receive the right amount of hours for these tasks).

3. Slightly more than half of respondents report having received additional service hours following their county's needs reassessment. This represents a significant change from previous years, when most respondents had reported receiving *fewer* hours following a reassessment.

4. Even though many consumers report having recently received additional hours from the county, some respondents (30% to 35%) still feel they need more assistance with their needs — a point emphasized by many consumers in their responses to the survey's open-ended questions. Also, more consumers report they asked the county to reconsider their authorized hours than had done so in the past. This is consistent with the survey finding, reported above, that hours-related satisfaction levels have slightly decreased.

    - More consumers asked the county for a reconsideration of their hours than had done so in previous years, and their requests for additional hours were more likely to be granted. Of those consumers who requested additional hours, 51% received them (up from 34% in 2012).

    - Consistent with previous years, few consumers (5%) pursued a formal legal appeal regarding their authorized hours. Of those who pursued a formal appeal, 46% indicate they were granted additional hours as a result (up from 40% in 2012).

    Collectively, these findings suggest that the number of assistance hours that consumers receive continues to be an important and sensitive matter for many.

5. Analyzing patterns of satisfaction across different demographic categories (*e.g.,* race, gender, and language preference) suggests that members of different communities experience similar levels of care and access to services.

    - Consumers from different communities report similar levels of satisfaction when it comes to the number of IHSS service hours they receive, their communications with their social workers and the quality of services they receive from IHSS more broadly.

    - Surveys completed in languages other than English revealed similar proportions of consumers who feel satisfied with their hours. This suggests that respondents do not perceive language to be a significant barrier in their interactions with IHSS.

TABLE OF CONTENTS

INTRODUCTION

The California Department of Social Services (CDSS) administers the In-Home Supportive Services (IHSS) program to approximately half a million Californians each month. Most program participants (also known as *recipients* or *consumers*) have low incomes and are elderly, blind and/or disabled. The IHSS program allows consumers to hire relative and non-relative providers who assist them with tasks related to personal, domestic and paramedical care.[1] IHSS provides a significantly less expensive alternative to institutionalization that allows participants to remain safely in their homes and communities, to maintain a sense of independence and to enjoy an improved quality of life.

The California Medicaid State Plan requires that CDSS conduct periodic evaluations of IHSS to assess whether residents receiving these services are satisfied with the program.[2] Specifically, these evaluations assess the following consumer outcomes:

- To what extent do consumers feel satisfied that the IHSS program is meeting their needs and providing them the right number of hours of assistance?
- To what extent do consumers feel that they are able to self-direct the IHSS services they receive?
- To what extent do consumers know whom to contact when they need help, and how to do so?

CDSS uses the information obtained from these evaluations to assess the quality of services that IHSS provides and to identify possible areas of improvement.

Since 2008, CDSS, Adult Programs Division (APD) has contracted with the Institute for Social Research (ISR) at California State University, Sacramento (CSUS) to gauge IHSS consumer satisfaction. To that end, ISR collected and analyzed consumer survey data in 2008, 2010, 2012, and 2014; however, the key findings summarized in this report were produced by CDSS.

This report has five parts. In the first section, the research methods used to conduct the 2014 survey are described. This section includes the demographic composition of consumers who chose to participate in the survey and discusses the overall representativeness of the sample in relation to the broader IHSS population in California.

In the second section, findings are summarized relating to two primary questions:

- How do consumers experience the assessment/reassessment process by which counties determine care needs?
- What are the most common outcomes that consumers associate with a reassessment?

In the third section, findings are reviewed pertaining to three additional questions:

- Do consumers perceive that they currently receive adequate help from IHSS staff

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1 County social workers authorize the specific tasks and hours of care that caregivers may provide.

2 See State Plan Amendments #09-006 and #13-007.

for common care tasks (such as meal preparation, bathing and grooming)?

- Among residents who feel they need more help at home, how many ask the county for reconsideration of their authorized service hours?
- What are the most common outcomes that consumers associate with a reconsideration or a fair hearing by the State?

In the fourth section, overall consumer satisfaction levels are reviewed:

- What is the level of satisfaction that consumers associate with IHSS social workers, the written materials and communications they receive from IHSS and their overall interactions with the program more generally?
- What proportion of IHSS consumers know who to contact and how to contact them if additional assistance is needed when the consumer's provider is absent?
- Are perceptions of satisfaction associated with greater knowledge of who to contact when the provider is absent?

The final section reviews key findings and describes some general conclusions that may be drawn from the 2014 IHSS Consumer Survey.

SECTION 1: RESEARCH METHODOLOGY AND SAMPLE

In the fall of 2014, pencil-and-paper surveys were mailed to approximately 5,560 randomly selected IHSS program participants.[3] A subset of those surveys was printed in Spanish, Chinese, Russian and Armenian. The introduction letter that accompanied each survey provided a toll-free number, which gave consumers the opportunity to obtain additional information and/or complete the survey by phone if they so desired. Two weeks after surveys were mailed, 2,000 follow-up letters were sent to a random subset of 2,000 consumers who had not responded to the survey.

During the eight-week period of data collection, 1,123 consumers responded; 1,012 of them completed the survey (either by mail or by phone).[4]

- Of the 1,012 completed surveys submitted by consumers, 870 were submitted by mail and 142 were completed over the phone.
- The survey's overall response rate was 18.2%.
- A total of 111 consumers (or family members of consumers) indicated that they were not interested in participating in the survey, or could not do so due to a disability.
    - There were 68 blank surveys received from consumers wishing to "opt out of the survey" (the introduction letter had described this as a way for consumers to remove themselves from the study).
    - There were 53 phone calls received from consumers or family members of consumers who indicated that they did not wish to participate in the study. Consumers generally provided little information regarding the reasons for their decisions not to participate. Of those who did offer an explanation, a few consumers expressed frustration with having been contacted for the study without their prior permission, and some family members mentioned that the consumer was unable to complete the survey due to a cognitive disability.

Sample characteristics
Demographic information (*e.g.,* age, gender, and racial/ethnic identity) was collected on 825 out of the 1,012 respondents that participated in the survey. As the table on the next page reveals, the distribution of survey respondents' demographic characteristics is the diversity of California IHSS consumers.

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[3] The mail packets also included return envelopes that were self-addressed and stamped.

[4] Approximately 870 respondents answered all or nearly all of the questions of the survey, whereas 136 respondents answered just a few questions (often just open-ended questions).

Table 1
Sample & Population Demographics

	Sample (N=825)	**Population** (N=472,284)
Mean (Age)	64.9	64.1
Standard Deviation (Age)	(19.8)	(22.1)
Median (Age)	68	69
Female (Gender)	62.9%	62.2%
Male (Gender)	37.1%	37.8%
White (Race)	34.4%	34.5%
African American (Race)	15.2%	15.2%
Hispanic (Race)	26.7%	27.9%
Asian American (Race)	23.2%	21.1%
Other (Race)	0.6%	1.3%
House (Residence Type)	45.6%	48.5%
Apartment (Residence Type)	46.7%	46.0%
Mobile Home (Residence Type)	5.2%	3.5%
Hotel (Residence Type)	0.5%	0.3%
Other (Residence Type)	1.9%	1.8%
Single Home (Individuals in the Home)*	50.0%	44.1%
Couple (Individuals in the Home)	20.6%	22.2%
3-4 residents (Individuals in the Home)	18.1%	21.3%
5 or more (Individuals in the Home)	11.3%	12.3%

*Refers to a statistically significant difference between the composition of the sample and the broader IHSS population.

- Overall, there are few demographic differences between the consumers who completed the survey, also known as the "survey sample" and the broader population from which they were randomly drawn. While there are slight percentage differences in some demographic categories (*e.g.,* gender), most of these differences are minimal and not statistically significant.

- One notable exception is that respondents who live alone were slightly more likely to respond to the survey than those who live with others (50.0% vs. 44.1%).

- The known language preferences of IHSS consumers suggest that the survey sample is also generally representative of California's diverse population. For the most part, surveys completed in English, Spanish, Chinese, Russian, and Armenian mirror the proportions of consumers who reportedly speak these languages among the broader IHSS population.

    - Spanish and Russian speakers are well represented in the sample (*e.g.,* 17% of the sample speak primarily Spanish in the home compared to 18% of the IHSS population).
    - English speakers and Mandarin Chinese speakers are slightly overrepresented in the survey.

- Approximately 64% of IHSS consumers report that they speak English in the home. As 68% of surveys were conducted in English, English speakers may be slightly overrepresented in the sample. This bias was particularly noteworthy in surveys completed over the phone.
- Approximately 9% of surveys were completed in Mandarin Chinese, though only 7% of IHSS consumers reportedly speak Mandarin Chinese in the home. A closer examination of racial/ethnic identification reveals that Chinese consumers are over-represented (11.5% vs. 7.5%) relative to other Asian-American groups.

- Consumers residing in counties throughout California's many regions appear well represented in the survey; consumers from 43 of the state's 58 counties participated in the survey in relative proportion to the IHSS population as a whole. For example, approximately 4.3% of surveys came from Sacramento County, which mirrors the overall percentage of IHSS consumers from this county (3.7%).

    - While 13 counties are not represented in the survey, most of these counties represent less than .01% of the IHSS population (such as Alpine and El Dorado counties).
    - Two counties are overrepresented in the survey; San Francisco County (6.2% of the sample compared to 4.7% of the IHSS population) and Del Norte County (0.3% vs. 0.1%).

Overall, because differences between the sample and the population are very small, we did not apply statistical weights to adjust the analysis of data. These trends suggest that the report findings can be generalized from survey participants to the IHSS consumer population as a whole.

SECTION 2: HOURS AND REASSESSMENT OF NEEDS

The first set of consumer survey questions asked respondents about the number of monthly service hours they receive from IHSS and whether the county had recently reassessed their care needs (on which each consumer's authorized hours are based). Specifically, the surveys asked consumers to report (a) the number of service hours they are authorized to receive each month (Question 3), (b) whether the county had recently reassessed the consumer's needs (Question 4), and (c) the outcome of the reassessment process (Question 4). Question 4 also enabled respondents to discuss their impressions of their most recent assessment — which many consumers chose to do.

Hours of Service

Under state law, the maximum possible assistance for most IHSS consumers is 195 hours monthly. Individuals with severe disabilities and those who have greater care needs may receive up to 283 hours of assistance per month. Consistent with these requirements, the number of authorized service hours reported by consumers varied from 2 to 283 hours per month.

- One-quarter of respondents report that they receive fewer than 48 hours of services per month (or 12 hours per week).
- The top quartile receives between 100 to 283 hours per month (or 25 to 70 hours per week).
- On average, consumers report that they receive 85 hours of assistance per month.

[Figure 1: Number of IHSS Hours per Month (n=840) has been removed. It displayed percentages of consumers and the corresponding hours of assistance received per month].

Reassessment of Needs

The number of service hours that an IHSS consumer receives is based on a standardized assessment of an individual's particular health and care needs. During the IHSS intake process, county social workers initially conduct assessments of care needs, which are then reassessed on a 12 to18 month basis.

When asked if they remember having a recent reassessment, nearly 3 out of 4 respondents indicated "yes" (72%).

- As highlighted in the figure below, this is a slightly higher percentage than was reported by consumers in 2012 (72% compared to 68%).

- When considering the margin of error (depicted in the figure as black brackets), the proportion of consumers who report "yes" to this question is essentially the same across years.

[Figure 2: Rate of Reassessment of Hours by Survey Year has been removed. It displayed four data points: 1) 71% of consumers surveyed in 2008 reported a recent reassessment (n=655); 2) 72% of consumers surveyed in 2010 reported a recent reassessment (n=3,039); 3) 68% of consumers surveyed in 2012 reported a recent reassessment (n=2,024); and 4) 72% of consumers surveyed in 2014 reported a recent reassessment (n=828).]

Most counties conduct reassessments with consumers on a 12- to 18-month basis. To determine the extent to which consumers recall having had at least one reassessment during their time receiving IHSS, the survey examined respondents who report having received IHSS services for more than 24 months.

- Among individuals who have been in the program for more than two years (and should therefore have received at least one reassessment), approximately 1 in 5 (22%) do not remember a recent reevaluation of their hours by the county.

It should be noted that this question is based on respondents' abilities to recall recent events, which could be difficult for some IHSS consumers.[5]

Outcome of Assessments

Of those consumers who recalled a county reassessment of their assistance needs, 74% report that their hours changed as a result. By contrast, 1 in 5 consumers (20%) report that their hours did not change, and a small percentage (6%) report they don't remember.

[Figure 3: Reassessment Outcomes (n=575) has been removed. It displayed three data points: 1) 74% of respondents reported that hours changed after reassessment; 2) 20% of respondents reported that hours did not change after reassessment; and 3) 6% of respondents reported that they did not remember.]

Among consumers who say their hours have recently changed, a majority indicate that their hours have increased. As indicated by the table on the next page, more consumers in 2014 report receiving additional hours after a reassessment than have done so in the past.

- Specifically, the proportion of consumers who report increased hours after a reevaluation almost doubled from what was reported in previous years (from 31% in 2010 to 52% in 2014).
- The proportion of consumers who report decreased hours after a reevaluation declined by roughly one-third (from 31% in 2010 to 23% in 2014).
- This represents a reversal in the trend observed in previous years, when an increasing number of consumers were reporting that their service hours had been reduced. In 2010 and 2012, equal proportions of consumers experienced an increase, decrease, or no change in hours after an evaluation. By contrast, in 2014, consumers experienced an increase in hours 30% more often than either of the other possible outcomes.

[5] Some consumers report being unsure of whether they have had a county reassessment.

Table 2
Did Hours Change After Reassessment? (Question 4b)

	2008 (n=476)	**2010** (n=2,390)	**2012** (n=1,547)	**2014** (n=575)
Hours Went Up *Margin of error*	45% *± 4%*	32% *± 2%*	31% *± 2%*	52% *± 4%*
Hours Went Down *Margin of error*	15% *± 3%*	34% *± 2%*	31% *± 2%*	22% *± 3%*
Hours Did Not Change *Margin of error*	34% *± 4%*	29% *± 2%*	31% *± 2%*	20% *± 3%*
Don't Remember *Margin of error*	6% *± 2%*	5% *± 1%*	7% *± 1%*	6% *± 2%*

When asked to consider why the county may have modified their hours (Question 4c), large numbers of consumers cite their changing health as the primary reason (50%). This was particularly the case among consumers who experienced an increase in hours (more than 80% of consumers who experienced an increase cite changes in their health conditions that required greater in-home assistance). In open-ended responses, some consumers elaborate further, mentioning how a chronic condition worsening (such as "arthritis flaring up") had hindered their ability to perform daily tasks. Less commonly, some residents describe a major life event (such as the death of a partner) as the reason their care needs have increased.

The majority of consumers who experienced a reduction in hours believe that these changes were the result of program reductions mandated by the state legislature.

- In 2010 and 2012, the percentage of respondents believing that new program rules were impacting their hours increased sixfold from 2008 (from 4% to 26% to 27%).

- In 2014, a much smaller proportion of respondents cite rule changes to explain their decrease in authorized hours (approximately 15%).

As indicated by the table below, approximately 12% of consumers who answered Question 4c are unsure of why their hours have changed (regardless of whether their hours increased or decreased).

Table 3: Reasons for Reassessment (Question 4c)

	2008 (n=355)	**2010** (n=1,737)	**2012** (n=1,045)	**2014** (n=406)
Health situation changed *Margin of error*	67% *± 5%*	46% *± 5%*	44% *± 5%*	50% *± 5%*
Home situation changed *Margin of error*	5% *± 2%*	4% *± 2%*	4% *± 2%*	3% *± 2%*
Program rules changed *Margin of error*	4% *± 2%*	26% *± 5%*	27% *± 5%*	15% *± 3%*
Wasn't given reason *Margin of error*	12% *± 3%*	16% *± 4%*	15% *± 4%*	12% *± 3%*
Other reason *Margin of error*	11% *± 3%*	8% *± 3%*	9% *± 3%*	19% *± 4%*

Taken together, the above trends suggest that, in 2014, consumers felt more positive about reassessments and considered the process as one that effectively addressed their changing care needs. However, it should be noted that while most consumers indicate that they have received more hours as the result of a reassessment and appreciate this, many believe that those increased hours are still not enough to meet their needs. In the survey's open-ended responses, some consumers expressed uncertainty about their health conditions worsening and the challenges of caring for themselves with "limited help" from their providers.

The next section explores the particular service areas in which consumers feel they need more help.

SECTION 3: CONSUMER SATISFACTION WITH SERVICE HOURS

The second part of the survey generally assesses how satisfied consumers are with the level of care they receive from IHSS each month. Specifically, Questions 5a through 5h asked respondents to indicate whether they receive not enough, about right, or too many hours for 12 general types of services provided to many IHSS consumers. The survey asked respondents who indicate that they need more help at home whether they had petitioned the county to reconsider the number of monthly hours they were authorized to receive (Question 6). Question 7 also asked whether consumers had pursued a formal appeal process with the state.

Satisfaction with Specific Hours

When asked whether they receive enough hours/assistance for 12 common care needs,[6] most consumers provided partial answers for 8 to 10 of the services listed (few consumers report receiving all 12 types of services listed). On average, consumers report receiving about the right number of hours on 4 to 6 services, and not enough hours on 2 to 4 tasks.

- Generally speaking, the majority of consumers (63% to 68% on most tasks) believe that they receive adequate help from IHSS.

- About one-third of consumers feel that they do not receive enough hours in any one task; very small percentages (often less than 1%) of respondents believe that they receive too many hours.

Figure 4 on the next page simplifies these patterns by depicting only the proportion of consumers who are generally satisfied with the amount of assistance they receive across all 12 tasks (they assess their hours as “about right”). To illustrate changing trends in consumer satisfaction, the figure depicts satisfaction levels for each year of IHSS Consumer Survey data.

Generally, satisfaction ratings for all services fall within similar ranges (56% to 69%), with an average of 63% for all services.[7] Because the margins of error for these satisfaction ratings (which are illustrated as black brackets in the figure) range between 3% and 5%, the levels of satisfaction for many services are essentially the same.

Nevertheless, a few services are associated with consumer satisfaction levels statistically above or below the average satisfaction score.

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6 These included tasks that are associated with meal preparation, meal cleanup, bowl and bladder care, feeding, routine bed baths, dress, ambulation, bathing and hygiene, rubbing and repositioning, transfer assistance, menstrual care, and assistance with prosthetics.

7 This a weighted average that takes into account the relative number of valid responses associated with each service category, which varied from
423 to 829 responses.

[Figure 4: Percent of Consumers Satisfied with Hours Authorized by Specific Tasks has been removed. It displayed survey data from 2008, 2010, 2012 and 2014 about satisfaction with hours authorized in Meal prep, Meal clean up, Bowel and bladder, Feeding, Bed baths, Dressing, Ambulation, Bathing, Repositioning, Transfer, Menstrual care and Prosthetics.]

- Consumers are slightly more satisfied (at an average of 68%) with the amount of assistance they receive for feeding and menstrual care.

- Consumers are slightly less satisfied (an average of 56%) with the amount of assistance they receive for routine bed baths and meal preparation (different service from feeding; includes planning for meals and general cooking).

Few differences in satisfaction levels were found between men and women or across consumers representing different racial/ethnic groups. (Compared to other groups, Hispanic consumers seem slightly more satisfied with bowel and bladder care services.) This suggests that the program has been successful at providing equal access to services across different communities and groups.

When considering how levels of satisfaction may have changed in 2014, the trends are less clear. Across every service category, satisfaction levels are lower than they were in previous years. However, these differences are relatively small, and as Figure 4 illustrates, often fall within the margin of error.

Every service category shows a drop in satisfaction levels during the last six years, and this downward trend is consistent from year to year. This suggests that satisfaction levels have generally decreased, if only slightly, across most categories. The decline in trends - however small - provides some evidence that IHSS consumers have continually perceived that they are receiving less support than necessary in each subsequent year since 2008.

Asking for a Reconsideration

When IHSS consumers feel unsatisfied with their level of assistance, they can formally ask the county to reconsider the authorized hours of service they receive each month.

As the figure below shows, in 2014, 34% of respondents report that they asked the county to reconsider their hours — a modest increase from previous years.

[Figure 5: Rate of County Reconsiderations by Survey Year has been removed. It displayed four data points: 1) 29% of respondents in 2008 (n=650) reported that they asked the county to reconsider their hours; 2) 25% of respondents in 2010 (n=3,084) reported that they asked the county to reconsider their hours; 3) 29% of respondents in 2012 (n=2,068) reported that they asked the county to reconsider their hours; and 4) 34% of respondents in 2014 (n=806) reported that they asked the county to reconsider their hours.]

Similar to the decline in levels of satisfaction discussed in the last section, the increase in county reconsideration for 2014 is modest and not statistically significant when compared to 2008 and 2012 (though it does differ statistically from 2010). Nonetheless, the general upward trends in requests for county reconsideration and corresponding declining levels of satisfaction with hours show that slightly fewer consumers feel satisfied with the amount of services they receive.

However, it is not clear that consumers who feel dissatisfied with their authorized hours typically ask the county to reconsider their level of need. Taking into consideration how consumers answered the previous set of questions about their current hours of assistance (and in particular respondents who report having not enough hours in over half of their responses to Questions 5a through 5h), only half of these generally dissatisfied consumers asked for reconsideration by the county in 2014.

Outcome of Reconsideration

Among individuals who asked for reconsideration from the county in 2014, approximately half report that the county authorized more hours (Question 6b). As highlighted by the figure below, this marks a notable increase from 2012, when 34% of consumers received additional hours from their counties.

[Figure 6: Percent of Consumers who Received Additional Hours after Reconsideration by Survey Year has been removed. It displayed four data points: 1) 46% of respondents in 2008 (n=189) reported that they received additional hours after reconsideration; 2) 40% of respondents in 2010 (n=488) reported that they received additional hours after reconsideration; 3) 34% of respondents in 2012 (n=406) reported that they received additional hours after reconsideration; and 4) 47% of respondents in 2014 (n=231) reported that they received additional hours after reconsideration.]

However, because relatively few consumers pursue this course of action, the overall sample size for this question is statistically small across all four years (resulting in high margins of error).

As a follow-up to Question 6b, the survey questionnaire includes an open-response textbox that allows respondents to elaborate on the reasons why they believe the county reconsidered their hours. In that textbox, many respondents indicate that they had emphasized to the county their “sudden” or “recent changes” in health and how this was significantly impeding their ability “to manage” day-to-day tasks. One respondent described; “… [The county] gave me more hours after I told them my health situation and that I needed more attention.” Others had asked the county to take into consideration that “their eyesight” or “their “Parkinson’s” had recently gotten worse, and how these challenges were now preventing them from taking care of their most basic needs (or in some cases, the basic needs of others in their home).

Within this context of describing their ongoing health challenges, several respondents report that their social workers had actively encouraged them to ask the county for more hours, and that they appreciate such guidance and support.

Appealing Hours

Consumers who remain unsatisfied after requesting that the county reconsider their hours have the option of pursuing a fair hearing with the CDSS State Hearings Division to appeal the county’s assessment. While few consumers request a formal reconsideration of hours by the county, an even smaller percentage requests a state hearing. Figure 7 illustrates that approximately 5% of consumers report having requested a fair hearing in 2014 (Question 7).

[Figure 7: Rate of Fair Hearing Requests by Survey Year has been removed. It displayed four data points: 1) 4% of consumers requested a state hearing in 2008 (n=615); 2) 3% of consumers requested a state hearing in 2010 (n=2,892); 3) 4% of consumers requested a state hearing in 2012 (n=1,987); and 4) 5% of consumers requested a state hearing in 2014 (n=837).]

While this is a slightly higher percentage than in previous years (3% in 2010), this difference is small and is not statistically significant.

As indicated by the figure below, most hearing outcomes in 2014 resulted in the State Hearings Division Administrative Law Judges deciding in favor of providing the consumer more hours (46% to 28% of the time). However, because very small numbers of respondents pursue a formal appeal with the state in any year (only 39 did so in 2014), it is difficult to generalize from these trends with survey data.[8]

Still, the State Hearings process appears slightly more likely to decide in favor of consumers than in 2012 (46% compared to 40%), even when accounting for the margins of error. Such outcomes are also consistent with the observed trend (reported above) of consumers generally receiving additional hours following a reassessment or reconsideration by the county.

[Figure 8: Fair Hearing Outcomes (n=39) has been removed. It displayed three data points: 1) 46% of consumers surveyed report that they received the hours they needed; 2) 29% of consumers surveyed report that they did not receive more hours; and 3) 25% of consumers surveyed report another outcome.]

Most consumers who indicate “Other Outcome” (25% of responses) discuss that they are not sure what has happened with their appeal request. Many of these individuals indicate that they are disabled and dependent on others to navigate the appeals process for them (such as a social worker or family member). Generally speaking, these comments suggest that consumers are unclear about the status of the appeal due to a lack of communication and/or their limited understanding of the appeal process.

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[8] Survey estimates of any infrequent phenomenon will likely have relatively high margins of error.

SECTION 4: CONSUMER SATISFACTION WITH IHSS

The third set of questions on the Consumer Survey asks consumers to assess their interactions and communications with the IHSS program. Specifically, the survey asks consumers to evaluate the written materials they receive from IHSS (Question 1), the communications they have with their social workers (Question 9), and the impact they believe the program generally has on their lives (Questions 10, 11 and 12). The survey also asks consumers whether they know whom to contact if they need additional assistance when a provider is absent (Question 8). Finally, the last question of the survey asks consumers to elaborate, from their perspective, on the specific things that IHSS could do to improve the program and services they receive (Question 12).

Quality of Written Materials

The first question asks respondents to rate the helpfulness of reading materials provided by IHSS - such as pamphlets, booklets and forms - on a 3-point scale (1=Not Helpful, 2=Somewhat Helpful and 3=Very Helpful). Respondents may also indicate that they have not received these materials from IHSS or were not provided them in a language that they could read. Generally speaking:

- IHSS consumers are twice as likely to describe IHSS materials as “Very Helpful” (54%) than “Somewhat Helpful” (29%), and over nine times as likely as “Not Helpful” (4%).

- Approximately 89% of consumers report having received written materials from IHSS. This finding mirrors results from 2010 and 2012.

- Only 2% of consumers report receiving written materials in a language they do not read. This is also similar to what previous years’ surveys revealed.

[Figure 9: How Helpful Are the Written Materials of IHSS? (n=816) has been removed. It displayed five data points: 1) 54% of respondents reported that IHSS written materials were very helpful; 2) 29% of respondents reported that IHSS written materials were somewhat helpful; 3) 4% of respondents reported that IHSS written materials were not helpful; 4) 11% of respondents reported that they did not receive any IHSS written materials; and 5) 2% of respondents reported that IHSS written materials were printed in a language they did not read.]

The average rating for reading materials is 2.6 on the helpfulness scale. Consumers assess reading materials at an 86% satisfaction level (2.6 divided by 3) in regard to helpfulness. As highlighted by the figure below, this satisfaction level has changed little from year to year, indicating that consumers have remained generally satisfied with IHSS pamphlets and other materials.

[Figure 10: Reading Material Ratings by Survey Year has been removed. It contained four data points: 1) 87% satisfaction level in 2008 (n=560); 2) 88% satisfaction level in 2010 (n=2,774); 3) 88% satisfaction level in 2012 (n=1,830); and 4) 86% satisfaction level in 2014 (n=714).]

Satisfaction levels with reading materials are on average higher among Hispanic and Asian American consumers than among consumers who identify as White or African American. This suggests that consumers who are more likely to read IHSS materials in Spanish, Mandarin, or another language are slightly more satisfied than consumers who read these materials in English.

- Hispanics and Asian Americans are on average 4% to 12% more satisfied with reading materials than are other groups.
- Surveys completed in Armenian, Chinese and Russian are associated with levels of satisfaction similar to surveys completed in English (when accounting for the margin of error).
- Overall, these trends suggest that reading materials are seen as accessible and useful by all groups and across various languages.

Social Worker Communication

Question 9 asked consumers to assess their social workers in terms of effectiveness in explaining the IHSS program. As the figure below reveals, the majority of consumers are very satisfied with their social workers in this regard.

- Respondents are three times as likely to rate their social workers with the highest score than with any other score.

- This is reflected in an overall 89% satisfaction level (the average score of 3.6 on the 4-point scale).

[Figure 11: How Well Did Your Social Worker Explain the IHSS Program? (n=857) has been removed. It displayed four data points: 1) 70% of respondents report that the social worker fully explained the IHSS Program; 2) 21% of respondents report that the social worker mostly explained the IHSS Program; 3) 5% of respondents report that the social worker partly explained the IHSS Program; and 4) 4% of respondents report that the social worker did not explain the IHSS Program.]

Furthermore, as highlighted by the figure below, this high of level of satisfaction is similar to what was reported in previous years. There are no notable demographic differences (race, gender, or preferred language) with regard to satisfaction.

[Figure 12: Social Worker Ratings by Survey Year has been removed. It displayed four data points: 1) 90% of respondents were satisfied with their social worker in 2008 (n=630); 2) 91% of respondents were satisfied with their social worker in 2010 (n=3,022); 3) 90% of respondents were satisfied with their social worker in 2012 (n=2,072); and 4) 89% of respondents were satisfied with their social worker in 2014 (n=857).]

Knowing Whom to Contact

Question 8 asks respondents if they know how and whom to contact when a provider is absent and they need immediate assistance. According to the distribution of responses to this question, 4 out of 5 consumers (81%) believe that they know whom they would contact in these situations.

[Figure 13: Percent of Consumers that Know Whom they Would Contact if Provider is Absent has been removed. It displayed four data points: 1) 81% of consumers knew whom they would contact if their provider was absent in 2008 (n=678); 2) 83% of consumers knew whom they would contact if their provider was absent in 2010 (n=3,190); 3) 81% of consumers knew whom they would contact if their provider was absent in 2012 (n=2,143); and 4) 81% of consumers knew whom they would contact if their provider was absent in 2014 (n=871).]

- As illustrated by Figure 13, responses to this question have varied little from year to year with the majority of consumers reporting that they know what to do if they need immediate assistance.
- There are no demographic differences between individuals who know how and whom to contact in these situations versus those who are unsure.

Meeting Needs and Maintaining Health

When consumers are asked directly whether IHSS generally meets their varied needs (Question 10) and specifically whether IHSS helps them maintain their health and well-being (Question 11) a clear majority of respondents are in agreement that IHSS assistance plays these important roles in their lives.

- 87% of respondents (nearly 9 out of 10 consumers) indicate that the program meets their needs. This finding is similar to observations in 2010 (89%) and 2012 (91%). (In 2008, 81% of respondents had responded that way).

[Figure 14: Percent of Consumers that Believe IHSS Meets their Needs by Survey Year has been removed. It displayed four data points: 1) 81% of consumers believed IHSS met their needs in 2008 (n=672); 2) 91% of consumers believed IHSS met their needs in 2010 (n=3,221); 3) 89% of consumers believed IHSS met their needs in 2012 (n=2,160); and 4) 87% of consumers believed IHSS met their needs in 2014 (n=879).]

- For Question 11, 96% of respondents report that IHSS services are "very important" for their health and well-being. Responses have varied little from past surveys. Less than 0.5% of respondents in any year report that IHSS services are "not important."

Other Patterns of Program Satisfaction

Previous sections have summarized how consumers tend to rate IHSS reading materials and social workers favorably, each of those contributing to positive overall consumer impressions of the program. In examining these survey questions collectively, patterns emerge that may highlight how consumers form their opinions of the IHSS program and the benefits it has on their lives.

A closer examination of Question 8 suggests that knowing whom to contact in situations when a provider is absent may, in part, reflect the thoroughness of a consumer's particular social worker (which was examined in Question 7). The survey suggests that positive evaluations of social workers are strongly correlated with consumers feeling more confident about whom they would contact in an emergency situation. Similarly, positive evaluations of IHSS reading materials are correlated with consumers feeling more confident in these situations. Responses to these questions reveal that written materials and social workers each contribute independently to keeping IHSS consumers informed, even after controlling for the level of care that consumers receive each month.

As highlighted by the figure below, this analysis suggests:

- Consumers who are satisfied with their social workers are three times more likely to know who to contact compared to consumers who say they are dissatisfied (75% to 27%).

- Consumers who are satisfied with their social worker, reading materials and their hours are almost four times more likely to know who to contact than are dissatisfied customers (98% to 27%).

These strong relationships are present when controlling for race, gender and - more significantly - the number of service hours that consumers receive each month. 31% of consumers are generally satisfied with just their hours and are slightly more likely to know who to contact when compared with dissatisfied consumers (27%). This suggests that social workers and IHSS reading materials play an important role in helping consumers feel informed about whom they can contact when they need help—independent of the number of authorized hours they receive each month.

[Figure 15: Probability of Knowing Whom to Contact Associated with Written Materials and Social Worker Ratings (n=640) has been removed. It displayed five data points: 1) 98% of consumers who are highly satisfied with their social worker and materials know whom to contact when provider is absent; 2) 75% of consumers who are highly satisfied with just their social worker know whom to contact when provider is absent; 3) 46% of consumers who are highly satisfied with just the materials know whom to contact when provider is absent; 4) 31% of consumers who are satisfied with just their hours know whom to contact when provider is absent; and 5) 27% of unsatisfied consumers know whom to contact when provider is absent.]

In addition to these findings, other analyses reveal that social workers play an important role in shaping how consumers view the IHSS program more broadly. In particular, the more satisfied a consumer feels about his or her social worker, the more likely the consumer is to report that the program meets his or her needs (Question 10) and is important for his or her health (Question 11).

- Consumers who are satisfied with the communication provided by their social workers are 20% more likely to say that IHSS meets their needs than are those who are dissatisfied (55% compared to 34%).

Interestingly, consumers who are just satisfied with their service hours are comparable to consumers who are just satisfied with their social workers in terms of their assessment that IHSS meets their needs (55% compared to 53%). Being satisfied with one's social worker is just as important as being satisfied with one's service hours, according to this model of general program satisfaction.

- Consumers who are generally satisfied with hours, social workers and reading materials tend to be roughly 51 percentage points more likely to say that IHSS meets their needs than are generally dissatisfied consumers (85% compared to 34%).

These significant relationships persist when controlling for race, gender, and other demographic factors, suggesting that social workers matter greatly in how IHSS consumers form their impressions about the program.

[Figure 16: Probability that IHSS Met Your Needs Associated with Quality of Written Materials and Social Worker Ratings (n=659) has been removed. It displayed five data points: 1) 85% of consumers who are highly satisfied with their social worker and materials report that IHSS meets their needs; 2) 55% of consumers who are highly satisfied with just their social worker report that IHSS meets their needs; 3) 53% of consumers who are highly satisfied with just their hours report that IHSS meets their needs; 4) 47% of consumers who are highly satisfied with just the materials report that IHSS meets their needs; and 5) 34% of unsatisfied consumers report that IHSS meets their needs.]

In Consumers' Own Words…

The last question of the 2014 Survey was an open-ended question about what the program could do to improve services provided to consumers and better meet their needs. A significant percentage of respondents chose to respond to this question, resulting in over 550 paragraph length responses. These responses were systematically analyzed using a method of coding key themes and then mapping out relationships between them. This qualitative analysis reveals some of the nuanced ways in which consumers' view the IHSS program, as well as some of the problems that they would like to see addressed.

IHSS Meets Most of My Needs

The most common theme observed in consumers' open-ended responses (present in approximately 40% of returned surveys) is some version of how the IHSS program meets the needs of the consumer and/or improves the consumer's quality of life. In many of these responses, consumers describe the varied ways in which the program helped them "be at home," maintain their sense of independence, and sometimes just "survive," despite their high level of care needs. "I'm almost blind and 79 years old," discusses one respondent. "She [my care provider] comes a lot because I can't see even labels and need help with most things."

More Hours, Please…

Despite the outpouring of appreciation for IHSS expressed by many consumers, the second most common theme (observed in approximately 35% of responses) is the consumer's stated need for more service hours. Some of these responses simply state "more hours, please," and "not enough hours." While many of these respondents report that they have recently received some additional hours from the county, many consider the increases granted to be insufficient.

While many consumers preface criticisms by emphasizing their appreciation for the program, they nonetheless discuss increasing hours as "the one thing" that IHSS could do to improve services. "Everything IHSS is doing is meeting my needs," states one consumer, ". . . but it would help if IHSS returned the hours they have taken [away last year], because my health has not improved since [then]…the hours that are being taken away, we need them." State law required a 7% reduction in authorized service hours for IHSS consumers, one of a series of measures taken by the legislature to balance the state budget.

Increasing Pay for My Provider is Important

About 11% of consumers mention wanting increased pay for their caregivers—individuals whom they feel go "above and beyond" their required duties.

Many respondents also call for pay increases, within the context of "budget cuts" to the IHSS program. As one respondent complained, "it would help if the percentage that was cut from everyone's hours are restored, as their [the provider's] income is limited."

While mentioned less frequently, some consumers expressed an opinion that increased pay would lead to better care.

Social Workers Who Return Calls and Those Who Don't

Approximately 10% of consumers identify "social worker communication" as an area that could be improved upon. In this respect, some consumers mention that their social workers could at times be difficult to get hold of, that their calls and messages can go unanswered for several days, and in some cases that those calls are not answered at all.

Still, despite the slow response time of some social workers, most respondents' attitudes toward IHSS staff are quite positive: "If they could be a little quicker to respond . . . otherwise my case worker has been wonderful."

IHSS Keeps Me (and My Family) Connected

When describing their living situations, consumers often imply that they generally feel alone and isolated. Nevertheless, close to 10% of respondents stated that caregivers who visit their homes not only provide "daily help," but also ease the sense of loneliness that they frequently feel throughout the week. Indeed, responses consistently reveal how IHSS visits helped keep some consumers "going" every week. As one respondent describes, "I am 85 years old, my friends are all deceased…I don't know what I would do without IHSS."

Relatedly, several respondents note that IHSS has allowed them to take care of a disabled family member in the comfort of "their own home." Many of these respondents say they are "thankful" that IHSS has allowed them "to remain a family," which many associate with a higher quality of life. "The IHSS is a life saver that allows us to keep our disabled daughter in a loving family environment." Others suggest that maintaining physical and mental health involves sustaining meaningful social relationships, which IHSS provides. "The IHSS gave me a better life," writes one respondent. "Your program is helping me to live better."

CONCLUSIONS

Collectively, the findings described in this report point to some general conclusions:

1. As was the case in previous years, IHSS consumers in 2014 tend to report high levels of satisfaction with the program.

    - Approximately 9 out of 10 consumers (87%) feel the program meets their general needs.
    - More than 9 out of 10 consumers (97%) feel that services provided are "very important" to maintaining their health and well-being.
    - On average, consumers feel their social workers do a good job of explaining the IHSS program to them and answering questions.
    - Most consumers find IHSS written materials "very helpful."
    - A large majority of consumers know whom they would contact if they needed immediate assistance and their provider was not present.

    In examining these measures of satisfaction together, patterns emerge regarding how consumers view the IHSS program. In particular, the more satisfied consumers report feeling about their social workers, the more likely they are to report that the program meets their needs and is important to their health. The survey indicates positive evaluations of social workers contribute to consumers feeling more confident about whom they would contact in an emergency situation.

    Combined, these findings suggest that social worker interactions and consistent communication matter strongly in how consumers assess their experiences with the IHSS program. This is consistent with what many consumers had to say in the open-ended response part of the survey.

    Providers also play an important role in how consumers experience their IHSS assistance, as was pointed out in many of the open-ended responses. Approximately one-third of open-ended responses reference some fact regarding providers who go beyond their duties to help consumers in many ways.

2. Analyzing respondents' demographic information (such as their race, gender and language preference) suggests that members of different communities experience similar levels of care and access to services.

- Consumers from different communities report similar levels of satisfaction when it comes to the number of IHSS service hours they receive, the quality of communication they have with social workers, and the quality of services they receive from IHSS.

- Hispanic consumers appear slightly more satisfied with services overall than do other groups, and are the least likely to ask the county for a reconsideration of their hours.

- Surveys completed in languages other than English reveal similar proportions of consumers who feel satisfied with their hours. This suggests that respondents do not perceive language to be a significant barrier in their interactions with IHSS.

The consistency of these results suggests that consumers across a diverse range of communities, and particularly among consumers who do not speak English, are well satisfied with the quality of their IHSS experiences.

3. A majority of consumers (approximately 63% in 2014) continue to believe that they have been authorized to receive enough hours of IHSS assistance to care for their needs. However, this level of satisfaction with hours is slightly lower than it had been in 2008, 2010 and 2012.

    - Approximately 3% to 5% fewer respondents report that they receive enough assistance for specific care needs (such as their need for bathing assistance or food preparation).

    - With regard to every care task, slightly lower percentages of respondents report being satisfied with their hours in 2014 than had in 2008, 2010 and 2012. These differences are often small and statistically insignificant.

    - Consumers feel most satisfied with service hours associated with dressing, prosthetics care, and menstrual care (on average for these tasks, 68% to 69% of consumers report that they receive the right amount of hours).

    - Consumers seem to feel less satisfied with service hours associated with bed baths, bowel/bladder care, and meal preparation (on average for these tasks 56% to 57% of consumers report that they receive the right amount of hours).

4. While slightly fewer consumers feel satisfied with their hours than reported in past surveys, a large proportion (about half) report receiving additional hours from the county after a reassessment of their needs. This represents a significant difference from previous years, when most respondents reported that their hours had been reduced after a reassessment.

- In 2014, roughly half of consumers (51%) report receiving more hours after a reassessment by the county.

- In 2012, one-third of consumers (31%) reported receiving more hours after a reassessment by the county.

About one-third of respondents (between 30% and 35%) still believe they require more assistance, a point emphasized by many consumers in the open-ended questions of the survey. Also, more consumers report asking the county to reconsider their authorized hours than did so in previous years. This is consistent with our finding that satisfaction levels regarding hours have decreased.

- More consumers asked the county for a reconsideration of their hours than had done so in previous years. They were also more likely to be granted additional hours than in the past.

- Consistent with previous years, few consumers (5%) pursued a formal appeal process with a state court regarding their authorized hours. Of those who did pursue a formal appeal, 46% indicate having been granted more hours as a result (up from 40% in 2012).

APPENDIX A: SURVEY QUESTIONS AND RESPONSES

Question 1: How helpful are the pamphlets, booklets, and forms that you received about the IHSS program?

	2008 (n=679)	**2010** (n=3,214)	**2012** (n=2,149)	**2014** (n=816)
Very helpful *Margin of error*	54% *± 4%*	56% *± 2%*	57% *± 2%*	54% *± 3%*
Somewhat helpful *Margin of error*	27% *± 3%*	28% *±2%*	26% *± 2%*	29% *±3%*
Not helpful *Margin of error*	2% *± 3%*	2% *± 1%*	3% *± 1%*	4% *± 2%*
I did not receive any *Margin of error*	15% *± 3%*	10% *± 1%*	12% *± 1%*	10% *± 2%*
They were in a language I do not read *Margin of error*	3% *± 1%*	4% *± 1%*	3% *± 1%*	2% *± 1%*

Question 2: How long have you received IHSS services?

Years	Frequency	Percent
Less than 1	89	10.51
1	107	12.63
2	104	12.28
3	90	10.63
4	77	9.09
5	73	8.62
6	36	4.25
7	35	4.13
8	36	4.25
9	27	3.19
10	55	6.49
11	9	1.06
12	23	2.72
13	10	1.18
14	18	2.13
15	19	2.24
16	5	0.59
17	4	0.47
18	3	0.35
19	3	0.35
20	14	1.65
22	5	0.59
24	2	0.24
25	3	0.35

n=847, Mean=5.689, Standard Deviation=5.0, Median=4, Minimum=0, Maximum=25

Question 3: How many hours a month are you authorized to receive IHSS services?

Hours	Frequency	Percent
0-10	13	1.6%
11-20	12	1.4%
21-30	32	3.8%
31-40	83	9.9%
41-50	89	10.6%
51-60	86	10.2%
61-70	105	12.5%
71-80	64	7.6%
81-90	62	7.4%
91-100	66	7.9%
101-110	41	4.9%
111-120	33	3.9%
121-130	29	3.5%
131-140	23	2.7%
141-150	10	1.2%
151-160	9	1.1%
161-170	6	0.7%
171-180	4	0.5%
181-190	12	1.4%
191-200	7	0.8%
201-210	5	0.6%
211-220	2	0.2%
221-230	3	0.4%
231-240	6	0.7%
241-250	2	0.2%
251-260	9	1.1%
261-270	12	1.4%
271-280	2	0.2%
281-283	13	1.6%

n=840, Mean=85.2, Standard Deviation=57.9, Median=69, Minimum=0, Maximum=283

Question 4A: Have you had a reassessment?

	2008 (n=655)	**2010** (n=3,039)	**2012** (n=2,024)	**2014** (n=828)
Yes *Margin of error*	71% *± 3%*	72% *± 2%*	68% *± 2%*	72% *± 3%*
No *Margin of error*	29% *± 3%*	28% *± 2%*	32% *± 2%*	28% *± 3%*

Question 4B: Did your hours change based on your last reassessment?

	2008 (n=476)	**2010** (n=2,390)	**2012** (n=1,547)	**2014** (n=575)
Hours went up *Margin of error*	45% *± 4%*	32% *± 2%*	31% *± 2%*	51% *± 4.1%*
Hours went down *Margin of error*	15% *± 3%*	34% *± 2%*	31% *± 2%*	22.4% *± 3.4%*
Hours did not change *Margin of error*	34% *± 4%*	29% *± 2%*	31% *± 2%*	19.8% *± 2%*
Don’t remember *Margin of error*	6% *± 2%*	5% *± 1%*	7% *± 1%*	6.3% *± 2%*

Question 4C: What was the main reason you were given for the change in your hours?

	2008 (n=355)	**2010** (n=1,737)	**2012** (n=1,045)	**2014** (n=406)
Health situation changed *Margin of error*	67% *± 5%*	46% *± 2%*	44% *± 3%*	50% *± 5%*
Home situation changed *Margin of error*	5% *± 2%*	4% *± 1%*	4% *± 1%*	3% *± 2%*
Program rules changed *Margin of error*	4% *± 2%*	26% *± 2%*	27% *± 3%*	15% *± 3%*
Wasn't given reason *Margin of error*	12% *± 3%*	16% *± 2%*	15% *± 2%*	12% *± 3%*
Other reason *Margin of error*	11% *± 3%*	8% *± 1%*	9% *± 2%*	19% *± 4%*

Question 5: For each IHSS service listed, please indicate whether your current authorized hours are *not enough, about right,* or *too many.*

Meal Preparation

	N	Not enough hours	Hours are about right	Too many hours
2008	590	37.8% *± 3.9% (MoE)*	62.0% *± 4.3% (MoE)*	0.2% *± 0.4% (MoE)*
2010	2,902	40.9% *±1.8% (MoE)*	58.9% *± 2.1% (MoE)*	0.2% *± 0.2% (MoE)*
2012	1,923	43.6% *± 2.2% (MoE)*	55.8% *± 2.1% (MoE)*	0.6% *± 0.3% (MoE)*
2014	829	42.6% *± 3.4% (MoE)*	56.9% *± 3.4% (MoE)*	0.1% *± 0.5% (MoE)*

Meal Cleanup

	N	Not enough hours	Hours are about right	Too many hours
2008	587	30.3% *± 3.7% (MoE)*	69.0% *± 4.1% (MoE)*	0.7% *± 0.7% (MoE)*
2010	2,918	32.9%% *±1.7% (MoE)*	66.8% *± 2.5% (MoE)*	0.3% *± 0.2% (MoE)*
2012	1,906	37.2% *± 2.2% (MoE)*	62.% *± 2.2% (MoE)*	0.5% *± 0.3% (MoE)*
2014	837	36.8% *± 3.3% (MoE)*	63.0% *± 3.3% (MoE)*	1.0% *± 0.5% (MoE)*

Bowel and Bladder Care

	N	Not enough hours	Hours are about right	Too many hours
2008	367	32.7% *± 4.8% (MoE)*	67.0% *± 5.5% (MoE)*	0.3% *± 0.6% (MoE)*
2010	1,688	35.5% *±2.3% (MoE)*	63.9% *± 2.3% (MoE)*	0.7% *± 0.4% (MoE)*
2012	1,246	38.7% *± 2.7% (MoE)*	60.6% *± 3.1% (MoE)*	0.7% *± 0.5% (MoE)*
2014	484	43.0% *± 4.4% (MoE)*	57.0% *± 4.4% (MoE)*	1.0% *± 0.9% (MoE)*

Feeding

	N	Not enough hours	Hours are about right	Too many hours
2008	351	25.4% *± 4.6% (MoE)*	74.1% *± 5.1% (MoE)*	0.6% *± 0.8% (MoE)*
2010	1,658	26.0% *±2.1% (MoE)*	73.8% *± 2.3% (MoE)*	0.2% *± 0.2% (MoE)*
2012	1,197	30.6% *± 2.6% (MoE)*	68.9% *± 3.1% (MoE)*	0.5% *± 0.4% (MoE)*
2014	465	33.8% *± 4.3% (MoE)*	66.0% *± 4.3% (MoE)*	1.0% *± 0.9% (MoE)*

Routine Bed Baths

	N	Not enough hours	Hours are about right	Too many hours
2008	309	36.6% *± 5.4% (MoE)*	62.8% *± 5.4% (MoE)*	0.6% *± 0.9% (MoE)*
2010	1,622	37.1% *±2.4 (MoE)*	62.3% *± 2.1% (MoE)*	0.6% *± 0.4% (MoE)*
2012	1,207	38.3% *± 2.7% (MoE)*	61.1% *± 3.4% (MoE)*	0.9% *± 0.5% (MoE)*
2014	475	42.7% *± 4.5% (MoE)*	56.0% *± 4.5% (MoE)*	1.0% *± 0.9% (MoE)*

Dressing

	N	Not enough hours	Hours are about right	Too many hours
2008	512	25.2% *± 3.8% (MoE)*	74.0% *± 4.1% (MoE)*	0.8% *± 0.8% (MoE)*
2010	2,481	27.6% *±1.8% (MoE)*	72.1% *± 2.2% (MoE)*	0.2% *± 0.2% (MoE)*
2012	1,790	30.6% *± 2.1% (MoE)*	69.1% *± 2.1% (MoE)*	0.4% *± 0.3% (MoE)*
2014	685	30.9% *± 3.7% (MoE)*	68.3% *± 3.5% (MoE)*	0.6% *± 0.8% (MoE)*

Ambulation

	N	Not enough hours	Hours are about right	Too many hours
2008	430	30.9% *± 4.4% (MoE)*	68.4% *± 4.2% (MoE)*	0.7% *± 0.8% (MoE)*
2010	2,160	30.8% *±1.9% (MoE)*	68.9% *± 2.3% (MoE)*	0.3% *± 0.2% (MoE)*
2012	1,532	34.5% *± 2.4% (MoE)*	65.1% *± 2.1% (MoE)*	0.3% *± 0.3% (MoE)*
2014	608	36.0% *± 3.8% (MoE)*	63.3% *± 3.8% (MoE)*	0.6% *± 0.8% (MoE)*

Bathing, Oral Hygiene and Grooming

	N	Not enough hours	Hours are about right	Too many hours
2008	529	35.7% *± 4.1% (MoE)*	63.9% *± 4.1% (MoE)*	0.4% *± 0.5% (MoE)*
2010	2,599	37.3% *±1.9% (MoE)*	62.3% *± 2.2% (MoE)*	0.4% *± 0.2% (MoE)*
2012	1,865	39.3% *± 2.2% (MoE)*	60.1% *± 2.3% (MoE)*	0.6% *± 0.4% (MoE)*
2014	711	40.5% *± 3.6% (MoE)*	58.6% *± 3.6% (MoE)*	1.0% *± 0.7% (MoE)*

Rubbing Skin & Repositioning

	N	Not enough hours	Hours are about right	Too many hours
2008	402	29.9% *± 4.5% (MoE)*	69.4% *± 5.2% (MoE)*	0.7% *± 0.8% (MoE)*
2010	1,776	32.8% *±2.2% (MoE)*	67.0% *± 2.1% (MoE)*	0.2% *± 0.2% (MoE)*
2012	1,305	35.1% *± 2.6% (MoE)*	64.6% *± 3.2% (MoE)*	0.3% *± 0.3% (MoE)*
2014	488	34.8% *± 4.2% (MoE)*	64.8% *± 4.2% (MoE)*	0.0% *± 0.0% (MoE)*

Transfer

	N	Not enough hours	Hours are about right	Too many hours
2008	346	28.0% *± 4.7% (MoE)*	71.4% *± 5.1% (MoE)*	0.6% *± 0.8% (MoE)*
2010	1,658	27.6% *±2.2% (MoE)*	72.0% *± 2.2% (MoE)*	0.4% *± 0.3% (MoE)*
2012	1,231	31.9% *± 2.6% (MoE)*	67.5% *± 3.1% (MoE)*	0.6% *± 0.4% (MoE)*
2014	494	33.2% *± 4.1% (MoE)*	66.0% *± 4.2% (MoE)*	1.0% *± 0.9% (MoE)*

Menstrual Care

	N	Not enough hours	Hours are about right	Too many hours
2008	101	24.8% *± 8.4% (MoE)*	74.3% *± 9.1% (MoE)*	1.0% *± 1.9% (MoE)*
2010	553	21.9% *±3.4% (MoE)*	77.6% *± 3.2% (MoE)*	0.5% *± 0.6% (MoE)*
2012	419	28.4% *± 4.3% (MoE)*	70.6% *± 4.5% (MoE)*	1.0% *± 1.0% (MoE)*
2014	182	29.6% *± 6.6% (MoE)*	69.1% *± 6.7% (MoE)*	0.3% *± 2.5% (MoE)*

Care & Assistance with Prosthetics

	N	Not enough hours	Hours are about right	Too many hours
2008	177	24.9% *± 6.4% (MoE)*	74.6% *± 6.2% (MoE)*	0.6% *± 1.1% (MoE)*
2010	1,319	27.2% *±2.4% (MoE)*	72.3% *± 2.5% (MoE)*	0.5% *± 0.4% (MoE)*
2012	1,026	29.9% *± 2.8% (MoE)*	69.0% *± 3.7% (MoE)*	1.1% *± 0.6% (MoE)*
2014	423	30.7% *± 4.4% (MoE)*	68.0% *± 4.5% (MoE)*	1.0% *± 1.1% (MoE)*

Question 6a: If you need hours, did you ask the county to reconsider?

	2008 (n=650)	**2010** (n=3,084)	**2012** (n=2,068)	**2014** (n=806)
Yes *Margin of error*	29% *± 3%*	25% *± 2%*	29% *± 2%*	34% *± 4%*
No *Margin of error*	71% *± 3%*	75% *± 2%*	71% *± 2%*	66% *± 4%*

Question 6b: When you asked the county to reconsider, what happened?

	2008 (n=189)	**2010** (n=488)	**2012** (n=406)	**2014** (n=231)
Received more hours *Margin of error*	46% *± 7%*	40% *± 4%*	34% *± 5%*	47% *± 6%*
Did not receive more hours *Margin of error*	55% *± 7%*	60% *± 4%*	66% *± 5%*	53% *± 6%*

Question 7: Did you request a fair hearing to appeal the amount of hours approved by your social worker?

	2008 (n=615)	**2010** (n=2,892)	**2012** (n=1,978)	**2014** (n=837)
Yes *Margin of error*	4% *± 2%*	3% *± 1%*	4% *± 1%*	5% *± 2%*
No *Margin of error*	96% *± 2%*	97% *± 1%*	96% *± 1%*	95% *± 2%*

Question 7A: When you requested a fair hearing, what happened?

	2008 (n=21)	**2010** (n=88)	**2012** (n=77)	**2014** (n=39)
Hearing has not taken place *Margin of error*	38% *± 21%*	42% *± 10%*	36% *± 11%*	18% *± 12%*
Withdrew hearing request *Margin of error*	0% *± 0%*	13% *± 7%*	13% *± 8%*	3% *± 5%*
Received hours needed *Margin of error*	19% *± 13%*	22% *± 5%*	8% *± 7%*	23% *± 7%*
Received hour, but need more *Margin of error*	10% *± 13%*	7% *± 5%*	12% *± 7%*	5% *± 7%*
Judge agreed with county decision *Margin of error*	5% *± 9%*	7% *± 5%*	9% *± 6%*	18% *± 12%*
Waiting for decision *Margin of error*	10% *± 13%*	3% *± 4%*	3% *± 4%*	18% *± 12%*
Other outcome *Margin of error*	19% *± 17%*	7% *± 5%*	20% *± 9%*	15% *± 11%*

Question 8: Do you know who to contact if your provider does not show up as scheduled and you have an immediate need for In-Home Supportive Services?

	2008 (n=678)	**2010** (n=3,190)	**2012** (n=2,143)	**2014** (n=871)
Yes *Margin of error*	81% *± 3%*	83% *± 1%*	81% *± 2%*	81% *± 3%*
No *Margin of error*	19% *± 3%*	17% *± 1%*	19% *± 2%*	19% *± 3%*

Question 9: How well did your social worker explain the IHSS program to you and answer any question that you had about the program?

	2008 (n=630)	**2010** (n=3,022)	**2012** (n=2,072)	**2014** (n=857)
Fully explained *Margin of error*	72% *± 3%*	74% *± 2%*	72% *± 2%*	70% *± 3%*
Mostly explained *Margin of error*	18% *± 3%*	19% *± 1%*	19% *± 2%*	21% *± 3%*
Partly explained *Margin of error*	6% *± 2%*	4% *± 1%*	5% *± 1%*	5% *± 1%*
Did not explain *Margin of error*	4% *± 2%*	3% *± 1%*	3% *± 1%*	4% *± 1%*

Question 10: Does the IHSS program meet your needs?

	2008 (n=672)	**2010** (n=3,221)	**2012** (n=2,160)	**2014** (n=879)
Yes *Margin of error*	81% *± 3%*	91% *± 1%*	89% *± 1%*	87% *± 2%*
No *Margin of error*	19% *± 3%*	9% *± 1%*	11% *± 1%*	13% *± 2%*

Question 11: How important is the IHSS program for maintaining your health and well-being?

	2008 (n=n/a)	**2010** (n=3,290)	**2012** (n=2,205)	**2014** (n=895)
Very important *Margin of error*	-- --	97.4% *± 0.5%*	97.6% *± 0.6%*	96.9% *± 1%*
Somewhat important *Margin of error*	-- --	2.3% *± 0.5%*	2.1% *± 0.6%*	2.6% *± 1%*
Not important *Margin of error*	-- --	0.2% *± 0.2%*	0.3% *± 0.2%*	0.6% *± 0.5%*

Question 12: What would help the IHSS program better meet your needs?

Below is a sample of responses:
“Everything is ok but I need more hours.”
“More hours please!”

“My provider does so much; cooking, cleaning, bathing, helping me with everything ... I have a mental disability and a physical disability and so I need help for a lot ... I don’t know what I would do (without my provider).”

“Please pay my provider more or give her a raise, because she works more hours than she is paid for.”

“More hours towards helping with transportation and appointments.”

“A better social worker. More availability from the social worker. Typically a day or two to respond. More training on the care workers part. More info on what can be done and what can't be done. Need more hours because of the severity of the disability (quadriplegic, mentally underdeveloped).”

“I need more hours. More communication from the social worker. Not happy. The county and judge do not care.”

“Returning phone calls in a timely manner, when we have a desperate need. I had a change of address and also had a name change and never had a return call for about five months.”

“Give more hours, have better customer service, and empathy towards the individuals receiving the service.”

“The program would better meet my needs with giving more hours, so my provider does not need to hurry her service routine daily. To keep cooking and cleaning up after meals, doing laundry, personally helping me on hygiene, bath and toilet needs, beddings, daily massage for the pain relief of my fibromyalgia and neuropathy.”

“My son has autism and we wouldn’t be able to have him at home without these services. It’s better that he’s [at] home but it’s a lot of work cleaning him and helping him every day…I couldn’t do it by myself…thank you.”

“I believe more attention needs to be paid to the individual's needs and associated tasks. With protective supervision, there are also so many other needs that are not being covered by allotted hours.”

“Just keep doing the same great service. It has helped me a lot to get better and more healthy. Thank you all.”

“When you call the social workers’ office, please return our call as soon as possible because sometimes they don't return our calls.”

“Everything IHSS is doing is meeting my needs, thank you, but it would help if IHSS returned the hours they have taken because my health has not improved since 2012. The hours that are being taken away, we need them.”

“I have no complaints. I don’t know what I would do without IHSS.”

“To be visited every six months instead of annually.” “Very helpful for my family, thank you!”

“Wish they would take into consideration my health has declined and will continue to decline. A few more hours a month would help out so much. Thank you.”

APPENDIX B: ADDITIONAL METHODOLOGIES

To provide CDSS with a representative picture of how IHSS consumers in California feel today about the services they receive, surveys were administered to approximately 5,560 randomly selected participants of the program in the fall of 2014. In this section, we review the specific sampling procedures, instrumentation revisions, data collection process, and analytical strategies pursued during the12-week span of this evaluation project. We conclude this section by discussing the demographic composition of the final sample and its representativeness to the broader IHSS population from which it was drawn.

Sampling Procedures

To derive a representative sample of the IHSS population, CDSS utilized data from the Case Management, Information and Payrolling System (CMIPS). The CMIPS data contained information on all California IHSS consumers who had received services during August of 2014. From this data, a simple random sampling process and selected 5,560 consumers from an eligible population of 477,684. Based on statistical analyses comparing the demographic composition of the sample to the known characteristics of the population, the sample drawn was representative of IHSS consumers in California.

Instrumentation

As in previous years, the 2014 IHSS Consumer Survey was administered in paper format to accommodate individuals who speak languages other than English in the home. To enhance readability, the six-page survey was printed on 11 X14 inch paper and in 16-point text. A subset of the surveys was translated into Spanish, Chinese, Russian and Armenian and was printed in those languages.

CDSS and a panel of stakeholders developed the initial statewide Consumer Survey instrument in 2008.The survey was designed in part to evaluate the impact of the Hourly Task Guidelines that were developed during this time, as well as to more broadly assess consumer perceptions of the IHSS program.[12]

The finalized survey instrument contained a total of 12 questions and 13 follow-up sub-questions, most of which were closed-ended categorical questions with two to four response (check-the-box) options. Approximately half of the questions were about the number of hours that consumers receive each month for a variety of care tasks, a quarter of the questions asked consumers about their experiences with the assessment process, and the remaining questions asked consumers about their general satisfaction with IHSS. The survey also contained four open-ended response questions to allow consumers to elaborate on their answers.

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[12] This effort followed the enactment of Senate Bill 1104 (Chapter 229, Statutes of 2004) which directed CDSS to implement a variety of oversight and program integrity measures within the IHSS program, collectively known as the Quality Assurance Initiative. Included in this initiative was a new set of regulations designed to standardize the ways counties authorized service hours for consumers

In order to assess changes in consumer perceptions since the last survey in 2012, the 2014 Consumer Survey retains most of the questions from the previous years. To improve the flow and readability of the survey instrument, however, modest revisions were made in 2014, including:

- Simplifying the wording/phrasing of some questions.
- Modifying the skip logic of question blocks so that follow-up sub-questions are more closely spaced.
- Reordering questions and response options to reduce response bias.

After the English version of the survey instrument was revised, a professional translation service incorporated changes to the Spanish, Russian, Armenian, and Chinese versions of the survey.

Data Collection and Maintenance

Survey packets were mailed to 5,560 randomly selected IHSS consumers at the mailing addresses listed for them in CMIPS.

- Survey packets included a letter explaining the purpose of the project, the six-page survey, and a prepaid self-addressed envelope to return the completed survey.
- Mailings were completed in two waves, with 2,780 survey packets sent in the second week of October 2014 and 2,780 mailed in November 2014.
- For participants whom CMIPS identified as primarily speaking Spanish, Mandarin-Cantonese, Russian or Armenian, surveys were provided in those languages.
- The introduction letter sent with the survey provided a toll-free phone number to accommodate consumers who preferred to complete the survey by phone. Staff manned the phone line for eight consecutive weeks between October and December, Monday through Friday, from 9 a.m. to 4 p.m. Staff fluent in Spanish conducted surveys in both English and Spanish. An over-the-phone interpreter service was provided to consumers who spoke other languages.
- Completed surveys were received by mail starting at the end of October and continuing through mid-December.
- For the purpose of encouraging greater participation, approximately two weeks after the original survey packets had been mailed, 2,000 follow-up letters were mailed to a random subsample of participants that had not responded to the survey. The first 1,000 letters were sent at the end of October and a second set of 1,000 were mailed at the end of November.
- During the eight-week period, 1,123 IHSS consumers responded to the survey either by phone or mail; 1,012 respondents completed the survey.

Approximately 870 respondents answered all or nearly all of the survey questions. 136 respondents answered just a few questions (often just the open- ended question). 142 consumers completed the survey over the phone, and the remainder (870) mailed back the completed survey.

- The U.S. Postal Service returned 305 eligible surveys, indicating that participants had moved or were deceased.
- 111 consumers indicated (via phone or email) that they were not interested in participating in the survey.
- The overall response rate to the survey was 19.2%.

Data Storage and Security

Due to the sensitive and confidential nature of the CMIPS file, researchers retained the data in a password protected CD-ROM. Data sampling was done exclusively on a computer disconnected from the Internet as well as from any local network. During the course of the project, the CD-ROM was stored in a locked cabinet.

A variety of enhanced measures were taken to ensure the confidentiality of IHSS consumers throughout the project were pursued:

- After sampling had been completed, a de-identified version of the CMIPS data was created by removing all columns associated with names, IHSS consumer numbers and any other identifying information. The original CMIPS CD-ROM was destroyed.

- Address labels that included consumers' names were printed internally instead of by the vendor that printed the surveys.

A three-level coding system was developed to accurately track which participants had completed the survey without compromising their confidentiality. This system also allowed leveraging of the demographic information of CMIPS and merging of data without using identifying information such as names or consumer numbers.

- Every IHSS consumer in the CMIPS data set was assigned a randomized unique identification number (UID) that identified unique cases within the data set in terms of name, date of birth and street address before the file was de-identified.

- Each of the 5,560 participants was assigned a randomized participant identification number (PID).

- Consumers' PIDs were linked to unique UPC barcodes, which were printed on each outgoing survey packet and return envelope. During the mailing and data collection phases of the project, staff scanned UPC barcodes of every outgoing packet and incoming return envelope, without referring to identifying information like names or addresses that were not present in any of the returning material.

- A data key was maintained to link these three pieces of information - UIDs, PIDs and UPC barcodes—on a separate file stored on a locked computer drive.

Combining these three identification systems, with the data key, permitted periodic assessment of which participants in the sample had completed the survey and which were eligible for a follow-up letter. This identification-tracking system also made possible the merging of individual survey responses with a modified version of the CMIPS data containing limited demographic information about the respondent, including his or her race, gender, age, county, and type of residence. By linking surveys with their return envelope barcodes, and their corresponding PIDs and UIDs, 825 out of 1,012 respondents were matched with their demographic characteristics contained in the CMIPS data.

- A total of 187 survey respondents could not be matched with demographic information because of missing UPC barcodes and PIDs. This often occurred when participants completed a survey over the phone and could not read or locate the UPC barcode number on the return envelope. Some consumers also preferred to mail their surveys back using their own envelopes. Surveys did not contain a UPC barcode to protect consumer confidentiality. Human and/or technological error during the scanning process likely also contributed to some survey responses missing PIDs.

- Physical hard copies of the de-identified surveys were retained in a locked cabinet.

Sample Characteristics

The sample of 1,012 respondents appears to be representative of the broader IHSS population from which it was drawn. The demographic composition of 825 CMIPS matched respondents that chose to participate closely resembles the characteristics of the IHSS population as a whole in terms of age, gender, race, and residence type (see discussion in Section 1 for more detail).

Quantitative Methods

Because the goal of the 2014 Consumer Survey was to provide a representative snapshot of how IHSS consumers throughout California feel today about the services they receive, study participants were selected from the entire IHSS population in August 2014, using a simple random sampling technique. This allowed for patterns to be identified within the sample and broad generalizations to be made regarding how IHSS consumers in the population generally feel about these issues.

A series of statistics were used to describe the degree to which patterns and associations found in the sample are likely to also be found in the population as a whole. This is generally described as *statistical significance*, and specifically refers to the degree of certainty, or probability, that a certain pattern is both present in the sample and in the population. For example, the 2014 Consumer Survey reveals that there are several statistically significant differences — at a 95% degree of confidence — between how

Hispanics and non- Hispanics rate their satisfaction with IHSS. This means that there is at least a 95% chance that the differences we observe between Hispanics and non-Hispanics in the sample, in terms of their satisfaction with IHSS, reflect realities in the population. Alternatively, there is a 5% chance that the differences observed between Hispanics and Non-Hispanics are flukes due to random sampling.

Qualitative Methods

As in previous iterations, the 2014 Consumer Survey also included several open-ended questions that allowed respondents to provide direct feedback about their experiences with IHSS. These types of open-ended questions provide more insight and context into how consumers view the program—particularly in their own words—than is possible with standard survey questions.

A significant percentage of respondents chose to answer these questions, resulting in over 550 paragraph-length responses in 2014. These responses were systematically analyzed by coding key themes that emerged in those responses and then mapping out the relationships between responses. This qualitative analysis revealed some of the nuanced ways that consumers view the IHSS program, as well as the problems and concerns that they would like addressed.