

A SIGNIFICANT ALLIANCE:  
The Independent Living Movement, The Service Employees International  
Union and the establishment of the first Public Authorities in California.

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*During the last decade in the State of California “Public Authorities” have been established in most counties. By providing an “employer of record,” Public Authorities allow for personal attendants, who work in individual homes but are paid by the state, to organize and seek union representation.<sup>1</sup> Public Authorities have also given consumers of personal attendant services a formal mechanism for input into the agency that provides these services.<sup>2</sup> In general, once a Public Authority has been established, personal attendant wages have gone up, and consumers of services have found it easier to find qualified personal attendants.*

*As a formal institution, Public Authorities are the concrete evidence of a joint battle waged and won by both the Independent Living Movement and the Service Employees International Union. That same institution was recently under attack by Governor Schwarzenegger whose budget proposals would have eliminated all funding for public authorities and would have rolled personal attendant wages back to the state minimum. However, in order to fully understand the significance of potentially losing the public authorities, it’s important to understand the depth of the victory that the public authorities represent. It was not simply the victory of higher wages which made it easier for consumers to find and keep attendants; it was not simply the thousands of families whose incomes were raised above poverty level.<sup>3</sup> In fact, behind the fight for the public authorities was the fight against managed care. What was won was nothing less than stopping the spread of for-profit managed care in the provision of publicly funded personal attendant services. What was won was the continued protection of protecting the right of individuals with disabilities to independence and choice. This paper tells that story.*

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<sup>1</sup>Personal attendants, who are also commonly called homecare workers, provide assistance for individuals with a range of disabilities in their activities of daily living. Personal attendants may be required to prepare meals, shop, assist with baths, or provide bowel and bladder care. Without attendant care many individuals with a disability would be confined to an institution (Gerben DeJong, “Defining and Implementing the Independent Living concept” in *Independent Living for Physically Disabled People: Developing, Implementing, and Evaluating Self-Help Rehabilitation Programs*. Nancy Crewe and Irving Zola (eds) [San Francisco, Jossey-Bass, 1983]).

<sup>2</sup>With varying degrees of success, these Public Authorities also provide training and support for consumers and workers and help consumers find personal attendants by providing a worker registry.

<sup>3</sup>For a discussion of the impact of higher wages on turnover and poverty rates, see Candace Howes, “The impact of a large wage increase on the workforce stability of IHSS Home Care Workers in San Francisco County” (University of California Institute for Labor and the Economy, 2002).

California has provided personal attendant services to individuals who meet financial eligibility requirements since the 1950's.<sup>4</sup> However, funds were limited and it was not until the 1970's that In Home Supportive Services (IHSS) became an entitlement program and the state of California became committed to ensuring that every individual who qualified for benefits received them. Currently, over 300,000 Californians receive personal attendant services from IHSS.<sup>5</sup> The majority of IHSS consumers use the Independent Provider (IP) mode. However, counties have the option of also providing services through an agency (contract mode) or by county homemaker employees.

Though the entire program is based on a social model of disability, rather than a medical model, it is in the Independent Provider (IP) mode where consumers of personal attendant services are able choose their own attendants.<sup>6</sup> The right to live outside an institution, as well as the right to hire and fire one's own attendant, are the hallmarks of the

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<sup>4</sup>The In Home Supportive Services Program was created in 1973. From 1959 until 1973 the state provided personal attendant benefits through cash grants (Hale Zukas, Kitty Cone and Joan Leon, "Descriptive analysis of the In-Home Supportive Services Program in California" (World Institute on Disability, 1987 [1984]).

<sup>5</sup>In April of 2003, 305,710 Californians were receiving IHSS personal attendant services ("IHSS Monthly Reports- April" California Department of Social Services, Research and Development Division, 2003).

<sup>6</sup> The Medical Model infantilizes people with disabilities and defines them as ill. The social model not only recognizes the decision making ability of the individual, but puts the focus on the right to participate in society. It's the difference between being kept alive in an institution vs. participating in the polity.

Independent Living Movement.<sup>7</sup> The In Home Supportive Services (IHSS) program is itself a testament to the successful efforts of an earlier generation of activists.<sup>8</sup>

Though in many ways a success story, California's In Home Supportive Services program has also had its difficulties. One of the most intractable problems was the level of compensation received by personal attendants which, until the recent collaboration with the Service Employees International Union (SEIU), was rarely higher than minimum wage.<sup>9</sup> While the low wages created hardship for the workers, consumers also found it difficult to attract and retain attendants with such low wages.<sup>10</sup> By the early 1990's, low wages made it so difficult to find and keep attendants that the IHSS program was considered by many to be in "crisis."<sup>11</sup>

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<sup>7</sup> Simi Linton characterizes the Independent Living Movement as the "struggle for access and freedom," ("Staking a Claim: Disability Studies in the Academic Curriculum," Lecture at the University of California at Berkeley, April 5, 2000). The movement promotes de-institutionalization for individuals with disabilities, as well as, access to civic society and freedom to participate. Originating and perhaps also experiencing its heyday in the 1970's, the Independent Living Movement nevertheless continues to move forward, achieving such recent victories as the Olmstead Decision in 1999 which "will further decrease the likelihood of institutionalization" (Janet Heinritz-Canterbury, "Collaborating to improve In-Home Supportive Services: Stakeholder perspectives on implementing California's Public Authorities" [Paraprofessional Healthcare Institute, 2002:

<sup>8</sup> To some extent the movement has been institutionalized in organizations such as the Centers for Independent Living and the World Institute on Disability. Nevertheless, a significant number of activists, independent of any institutional affiliation, continue to participate in the movement. Zukas et al 1987 [1984].

<sup>9</sup> In general, attendants working in the Independent Provider mode received minimum wage. However, some attendants working through an agency in the contract mode, and represented by the United Domestic Workers, received more than minimum wage; they were however a very small minority of the workers statewide.

<sup>10</sup> See the following articles regarding turnover: William Crown, Margaret MacAdam, and Eileen Sadowsky, "Home Care Workers" (Caring Magazine, April 1992); A. Quinlan, "Chronic Care Workers" (Older Woman's League, 1988); Nancy Gilbert, "Home Care Worker Resignations; A study of the major contributing factors" (Home Health Care Services Quarterly, No. 1, 1991).

<sup>11</sup> Little Hoover Commission, "Unsafe in Their Own Homes" (Commission on California State Government Organization & Economy, November 1991).

Also, looming on the horizon in the early 1990's was the effort of National Home Health Care Corporation, a major homecare agency, to expand the use of the contract mode. As with the IP mode, individuals who receive homecare services from an agency in contract mode escape institutionalization. However, there are many significant differences between IP mode and contract mode that warrant mention here. In the IP mode, consumers maintain the right to hire and fire their attendants, determine what needs to be done and determine how much time will be required for the tasks. In the contract mode, the agency hires and schedules the worker, determines what tasks will be accomplished and determines how much time will be spent on each task. Not surprisingly, consumer advocates assailed National's expansion plans, claiming that the for-profit corporation's plan was to establish managed care that would reduce services and eliminate consumer choice.<sup>12</sup> Nevertheless, by promising cost containment, the plan was popular with certain members of the California Legislature who were preoccupied with rising costs. Therefore, despite the objections of the disability community, the legislature granted National a demonstration project in Tulare County. News of the Tulare County demonstration project was gravely received by consumer advocates because of the fear that a "successful" experience in Tulare could embolden the legislature to expand the program.

However, the most serious threat to the IHSS program came in 1992 when Governor Pete Wilson cut IHSS hours for all consumers by 12 percent.<sup>13</sup> The cut demonstrated that

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<sup>12</sup>Interview with Informant July 2003.

<sup>13</sup> Wilson initially proposed cuts to the program in 1991, however a taskforce was assigned to study the problem and implementation of the cuts was delayed until October 1, 1992. Consumers who were put at risk of institutionalization by the cut in hours were allowed to apply to get the hours reestablished.

though the Independent Living Movement had made tremendous strides in earlier years, by the 1990's in California, some of these gains were under attack, particularly with regard to attendant services.

The Homecare division of the Service Employees International Union (SEIU) was similarly experiencing difficulties. Several years earlier, the SEIU had decided to organize the personal attendant workforce in Los Angeles. One of the first orders of business was to determine the "entity" that SEIU would bargain with for improved wages and benefits. Identifying the "employer" of the personal attendants proved to be a challenge. It was possible to argue that the employer was the consumer, the county, the state or some combination of the three.

It was not in the union's interest to identify the consumer as the employer. Consumers, who must be impoverished in order to qualify for IHSS, lacked the resources to improve wages and benefits. Furthermore, negotiating with each individual consumer would be a legal and organizational impossibility. This left the union with the possibility of identifying the state or the county as the employer.

Attempting to dodge any additional financial responsibility for the workforce, the State of California and the County of Los Angeles both denied they were the employer. In 1985 the State Attorney General's office opined that the counties not the state were the employer of the homecare workforce.<sup>14</sup> Shortly afterward the County of Los Angeles

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<sup>14</sup> California Attorney General's Opinions Volume 68, page 194. Opinion No. 84-308-July 23, 1985.

refused to recognize that homecare workers were their employees and SEIU filed suit.<sup>15</sup> The judge ruled that the county was not the employer; however because of legal technicalities the judge was not able to issue an opinion regarding the employer status of either the consumers or the state, and the union was left where it began, with no employer. SEIU appealed the decision and lost.<sup>16</sup>

Without a victory in the courts, SEIU turned to a legislative strategy. However, in the early 1990's, with a Republican governor in office, getting legislation passed would be difficult.

In the summer of 1992, both the Independent Living Movement and the homecare division of the Service Employees International Union were in crisis. SEIU had experienced several setbacks in their efforts to organize homecare workers, while IHSS consumers were threatened by the expansion of the contract mode and were having their hours cut by 12 percent. Key individuals in both the Independent Living Movement and the SEIU were aware of the other's predicament. Since at least 1986, SEIU international staff had been in conversation with individuals in the Independent Living Movement, notably some staff members at the World Institute on Disability.<sup>17</sup> Other SEIU international staff also had key contacts with representatives from important senior rights and disability rights groups, such as the California Senior Legislature and the California

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<sup>15</sup> SEIU vs. County of Los Angeles, Case no. 672-381: Los Angeles County Hall of Records.

<sup>16</sup> SEIU vs. County of Los Angeles, California Appellate Reports: KFC 48 pg 761-787.

<sup>17</sup> A report published by the World Institute on Disability in 1987 stated that unionization would be the best way to improve wages for personal attendants (Simi Litvak, Judy Heumann and Hale Zukas, "Attending to America: Personal Assistance for Independent Living: A Report of the National Survey of Attendant Services Programs in the United States" (World Institute on Disability, 1987). SEIU representative, Kirk Adams, contacted WID in 1986.

Foundation for Independent Living Centers. It was at precisely this difficult moment in the fall of 1992 that a spontaneous caucus between various representatives of disability rights, senior rights, and the union formed to propose a solution. This was not a carefully laid out strategy planned over months. Rather, a surprisingly small number of individuals- a half dozen or so, many of them professional or part-time lobbyists- in a matter of weeks, days, too little time to get the formal authorization of their organizations, crafted an agreement that would have a major impact on the IHSS program.<sup>18</sup>

The key was to design a bill that would meet the needs of both the union and the personal attendant user community, and that would have a good chance of passing through the California legislature and getting signed by the governor. The final product was Senate Bill 485; the Public Authority legislation. This legislation would give counties the option of creating an "employer of record" either by establishing a "Public Authority" or by contracting with a consortium. The union (in the counties that agreed to set up employers of record) could then organize the workers and bargain with the county, via the Public Authority or consortium. The counties were given some flexibility in the form the Public Authority would take: they could create an independent Public Authority or the county board of supervisors could designate itself as the Public Authority.<sup>19</sup> In every case, the consumer community would be given a formal voice; more than 50% of the directors or

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<sup>18</sup> Nailing down the exact number of individuals involved has been difficult because of the impact of time on the memories of my informants and the fluidity of the situation. Note that others have called this group a "coalition," I prefer the word caucus because it is more reflective of the small, ad hoc of the group.

<sup>19</sup> None of the California Counties decided to contract with a consortium.

the advisory committee (depending on the form of the Public Authority) were required to be consumers.

A formal voice and the prospect of higher wages for one's attendants, though important, were not enough to guarantee the support of the consumer advocates. Given the disability community's long history of oppression in the name of "care," representatives wanted some assurances that consumers would not lose the right to hire and fire their attendant or their ability to direct what happened inside their own homes.<sup>20</sup> They did not want their homes "turned into shop floors" with complex work rules, subject to grievances and strikes.<sup>21</sup> Their support for the Public Authority legislation was therefore contingent upon the union agreeing that they would not interfere with the individual consumer's right to hire and fire, and that they would not strike. Although the agreement was informal, the various chapters of the SEIU in California (called local unions) have all generally abided by the spirit of the original informal agreement.<sup>22</sup>

However, the Public Authority legislation was only part of the solution. The informal caucus that agreed to push for Public Authority legislation simultaneously agreed to work together to restore the 12 percent cuts in IHSS hours and to stem the tide of the contract mode. The group also sought to implement the legislation by pushing for ordinances

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<sup>20</sup> Dejong (1979) uses the expression, "imprisoned by care" to describe the treatment of large numbers of individuals with disabilities who were institutionalized in the decades prior to the Independent Living Movement.

<sup>21</sup> Interview with consumer advocate, June 2003.

<sup>22</sup> This is not to say that the issue has not been raised between the parties at various local public authorities. However in all cases it has been resolved to the satisfaction of the consumer community. In 2003, SEIU Local 250 did threaten to strike a homecare agency. Some consumer activists have called this a breach of the agreement; however SEIU claims that the agreement was regarding workers in the IP mode, not the contract mode.

authorizing a Public Authority in each county. Though most of these informal agreements were negotiated on the spot, it is important to note that the small group of people referred to above as a “caucus”, did not invent the notion of creating public authorities to act as the employer of record. SEIU had been working with this idea for quite some time.<sup>23</sup> The details of the legislation were negotiated during a very brief period in 1992, which included the agreement not to strike, the right of the consumer to hire and fire, the identification of homecare agencies as a common adversary, and the decision to pursue Medi-Cal funding.

The caucus identified the 12 percent cuts as the most urgent need and they developed a strategy, not only to restore the hours, but to increase funding for the IHSS program. Up to this point IHSS had not been funded by Federal Medi-Cal (Medicaid) funds. State administrators had long recommended that the state apply for Medi-Cal funds, but the disability community had successfully blocked such efforts. Medi-Cal is based on a medical model, and there were concerns in the consumer community that Medi-Cal funding would negatively impact the IHSS program. However, the World Institute on Disability (WID) conducted a study, published in 1991, that found that the experiences of consumers in states with Medicaid funding were practically indistinguishable from those in states that did not have Medicaid funding.<sup>24</sup> This information was used by the now expanding caucus to push the state to apply for Medi-Cal funding.<sup>25</sup>

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<sup>23</sup> The fact that SEIU had been pushing the idea of a Public Authority for quite some time is evidence by the fact that the California Senior Legislature had endorsed the idea the previous year.

<sup>24</sup> Simi Litvak and Jae Kennedy, “Policy Issues Affecting the Medicaid Personal Care Services Optional Benefit” (World Institute on Disability, 1991).

<sup>25</sup> It’s important to note that the possibility of applying for Medi-Cal funding had been actively considered by the various parties since 1991. However, the level of urgency created by the impending 1992 cuts had the effect of expediting the process, and prior discussions were turned into decisions.

Federal funding would more than compensate for the savings the state was trying to achieve with the 12 percent cut in IHSS hours. However there were two hurdles to face: first, expediting a tangled bureaucratic process and restoring the cuts to thousands of consumers who had been negatively affected. This involved not only getting the money from Washington, but also re-writing state regulations in order to make them compatible with Medi-Cal, while at the same time making sure that important consumer rights were not compromised. Representatives of the consumer community, SEIU, and various legislators and their staffs, put considerable effort into this issue and consumers had hours restored by mid 1993. While these months must have felt like a life time to the consumers negatively affected, “the lightening speed” with which they resolved the issue could not have happened without the participation of all the parties.<sup>26</sup>

The second hurdle was to make sure that the state did not view Medi-Cal funds as a savings opportunity and use them to balance California's budget but, rather, that increased revenue be put into IHSS program enhancements.<sup>27</sup> This goal however, would prove to be more elusive.

Almost as soon as the Public Authority legislation passed and in the midst of the Medi-Cal bureaucratic morass, SEIU launched their campaign to bring the Public Authorities to

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<sup>26</sup> Interview with consumer advocate September 2003.

<sup>27</sup>At this point personal attendants were only making minimum wage and received no benefits. California's consumer community supported and continues to support both wage and benefits increases for personal attendants. However, the degree to which “program enhancements” only means wage and benefits increases, vs. a broader definition that includes other kinds of enhancements was, and is, a point of contention between SEIU and many advocates in the consumer community.

the counties. For many in the SEIU, the experience in the Legislature made it clear that they were more likely to be successful with the support of the consumer community. Furthermore, some SEIU staff members shared the philosophy, common in the disability rights community, of “nothing about us, without us.”<sup>28</sup> A flyer targeting the consumer community was issued in late 1992 urging them to “join the coalition to fight back today.”<sup>29</sup> Their mission was to organize the consumer community to support the establishment of public authorities in each county and to lobby for the increased funds, soon to be available through Medi-Cal, to be used for IHSS program enhancements, in particular for wage and benefits increases for homecare workers.<sup>30</sup>

The Independent Living Movement is generally considered to have originated in Alameda County, California, in the town of Berkeley.<sup>31</sup> Today, both Berkeley and San Francisco are hotbeds for disability rights activists. These activists have made a significant impact on the entire region, and various communities in the Bay Area have embraced disability rights. The Bay Area leads the state in terms of other progressive

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<sup>28</sup> My interviews suggest that SEIU staff members who were the most sensitive to the need of individuals with disabilities to be involved in all policy decisions affecting them, were those individuals who had been directly exposed to Independent Living Movement ideology because of their prior experiences with the disability community or who worked for someone at SEIU who had this direct experience. One key SEIU staff member, who because of his position in the organization influenced a number of other staff members, was exposed to the ideology of the Independent Living Movement a few years earlier during his involvement in a campaign to organize sign language interpreters.

<sup>29</sup> A copy of this flyer, with the slogan: “Keep What Works! Fix What’s Wrong! Fund it!” - is date-stamped as having arrived at the World Institute on Disability offices on December 7<sup>th</sup>, 1992.

<sup>30</sup> Naturally, they also needed to organize the support of personal attendants who would ultimately vote for union representation. However, they generally ran this as a separate campaign, though in some counties personal attendants were directly involved in the “work groups” that met to design and advocate for a Public Authority.

<sup>31</sup> There is general agreement that the Independent Living Movement originated in Berkeley in the early 1970s, though its roots can be traced back as far as 1945 to the disabled students program at the University of Illinois at Champaign-Urbana (Gerben DeJong, “The Movement for Independent Living: Origins, Ideology, and Implications for Disability Research,” [East Lansing, University Centers for International Rehabilitation, 1979]).

movements and a number of innovative local unions are based there.<sup>32</sup> Nevertheless, one of the most important reasons that the first Public Authorities were from this region is because the individuals involved in crafting the legislation had contacts and relationships of trust with key disability rights and senior rights activists from these counties.

Experiences between disability rights activists and labor activists in general, may have also contributed to the relatively positive reception of the Bay Area's disability community to the establishment of public authorities. In particular, various labor activists and labor organizations had participated in the struggle for transportation accessibility in the 1980's; attending protests and speaking out at hearings.<sup>33</sup> Even earlier, labor activists supported the famous 504 demonstrations and provided resources for the San Francisco protestors' 504 delegation to D.C.<sup>34</sup>

Though building what would be called a coalition and pushing for local ordinances to create public authorities proved to be much easier in the Bay Area, it was not without difficulty. Many of the discussions regarding protecting consumer rights would be

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<sup>32</sup> Kim Voss and Rachel Sherman, "Breaking the Iron Law of Oligarchy: Union Revitalization in the American Labor Movement" (American Journal of Sociology Volume 106 Number 2 [September 2000]:303-349).

<sup>33</sup> Various labor unions participated in both the 1983 BART protests as well as the 1987 Protests at the National Public Transit convention held in San Francisco (Hale Zukas papers: Disability Rights and Independent Living Movement, Bancroft Library, University of California, Berkeley. (Contact Bancroft for proper cite and authorization).

<sup>34</sup> In 1977, Disability activists across the country demonstrated at offices of the Department of Health, Education and Welfare; the most famous demonstration was the San Francisco sit-in which lasted four weeks. Receiving national attention, the protesters were victorious. The result was the enactment of regulations in Section 504 of the Rehabilitation Act assuring that individuals with disabilities would not be excluded from federally funded programs. The San Francisco protesters received support from many groups in the community, and labor was among them (Interview with Hale Zukas, 2003).

revisited.<sup>35</sup> Hale Zukas, a founding member of the original Center for Independent Living, and currently on the staff of the World Institute on Disability, participated in these early discussions in Alameda County and makes this observation about the issue of unionizing the homecare workforce, “We were clear that unionization would be good for them (personal attendants), we just weren’t sure if it would be good for us.” In the end, the reasons to support a Public Authority outweighed the risks, and activists and organizations in both the disability and senior community signed on. The first Public Authority legislation was passed in San Mateo County in September of 1993. Alameda soon followed suit and San Francisco passed their legislation a little over a year later in May, 1995.

One of the striking aspects of the struggle surrounding IHSS services in California in the early 1990s was the number of fronts on which the fight was waged. Managed care was increasingly a threat as efforts were made to expand the contract mode beyond Tulare County. Here again, the alliance between the disability community and the SEIU achieved another victory. Notably on July 1, 1995, the state refused to renew National Home Care Corporation’s demonstration project in Tulare County. This remarkable victory can be attributed to the concerted efforts of both consumer rights groups and the SEIU. From the beginning the local disability community organized to protest the project, SEIU aided some of their efforts by providing resources. Consumer rights groups and the SEIU together continued to apply pressure in the legislature against the

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<sup>35</sup> In contrast, creating a Public Authority in Los Angeles was a protracted struggle and not achieved until 1998. Issues that made the situation in LA more difficult and complex include; the sheer size of the workforce (80,000 attendants), organized resistance from certain segments of the disability community, and a relatively conservative Board of Supervisors.

contract mode and fought to block the introduction of the contract mode in other counties.

With managed care on the run, and public authorities in place, the next order of business was to bargain for improved wages and benefits. However, although the Public Authority legislation located formal wage negotiations at the county level, significant gains could not be made without increasing the state's financial participation. Earlier efforts to put the increased revenue from Medi-Cal into the IHSS program had been largely unsuccessful. But, with Democratic Governor Gray Davis in office, some important gains were made. Specifically, the Governor agreed to increase the amount of the state's participation so long as the counties increased both their real and percentage contribution. In other words, though the lion's share of the money would still come from the State and Federal Government, the county would nevertheless set the wage rate because the state would not participate in an increased wage rate unless the county did so as well. The news that the state would participate in wage rates significantly above minimum wage was heralded as a major achievement and over the next several years various counties did in fact raise wages significantly.<sup>36</sup>

Individuals with disabilities who need the services of a personal attendant understand the implications of the above set of victories. The restoration of the cut hours, the increase in wages, the elimination of the contract mode as a threat; these factors translate into the ability to live independently. When the allotment of personal attendant service hours is

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<sup>36</sup> By 2004 several counties paid their attendants approximately ten dollars per hour. A notable exception is the county of Los Angeles, which has only increased wages to \$7.50 per hour, only 75 cents above minimum wage.

too low, not only is the consumer's health potentially put at risk, so too is their ability to participate in the polity. When wages are so low that it's difficult to recruit and keep personal attendants, again not only their health, but also their rights of citizenship are put at risk. When managed care takes away their right to direct their own care, the very idea of choice and freedom is eliminated. In the worst case scenario, with a contract model where poorly paid personal attendants are assigned too few hours, the difference between living at home and institutionalization is simply geography because both can be prisons.

The early experiences of setting up Public Authorities, raising personal attendant wages, and beating back managed care were successful because of the cooperation between the Independent Living Movement and the Service Employees International Union.<sup>37</sup> The current Governor, who is proposing to cut the program by 29%, represents a threat even greater than the threat faced in the early 1990's. Clearly, now is the time to work together again.

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<sup>37</sup>This is not to argue that the relationship between the Disability Rights Movement and the Labor Movement has always been a smooth one. In fact, during much of the time period documented by this paper, some in the California Disability Rights Movement were involved in a dispute (now resolved) with the United Domestic Workers. Furthermore, there were times in the last decade when the relationship between the various constituencies of the Disability Rights Movement and the SEIU was one of conflict and collaboration simultaneously, depending on the issue.

**Postscript:**

San Francisco: A model Public Authority:

It was expected that San Francisco would be the first to pass a local ordinance establishing a Public Authority. After all, the San Francisco Board of Supervisors was thought by many to be a haven for progressive politics, and therefore could be counted on to support such an ordinance. In addition, there was already a group of consumer advocates interested in these kinds of issues in San Francisco and it would not be necessary to create one from scratch. However, the existence of a previously organized group actually slowed down the process of establishing a Public Authority.

The delay in passing the Public Authority legislation in San Francisco was in many ways a reflection of the active involvement of the consumer community.<sup>38</sup> This is not to say that the consumer community opposed creating a Public Authority; rather, they wanted to make sure it was done right, both from the standpoint of process, as well as, outcome. As a result, the San Francisco ordinance created an independent Public Authority, unlike the public authorities in San Mateo and Alameda.

The San Francisco IHSS task force members, who now included representatives from SEIU, understood that the new legislation was an opportunity for more consumer voice in IHSS services and they wanted to take full advantage of it. Very quickly they realized

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<sup>38</sup> Consumer activists in all three counties were involved in the local workgroups that designed the public authorities; however the level of grassroots activism and organization was much greater in San Francisco.

that the members of the Board of Supervisors were strikingly ignorant of homecare in general, and of the IHSS program in particular. And while it would be possible for an advisory board to educate the Supervisors, it would be difficult to keep their interest with all the other issues of the county demanding their attention. The IHSS task force therefore became convinced that they should not propose the model which had consumers on an advisory board with the Board of Supervisors serving as the Public Authority. Rather, the interests of the consumers would be better served, they felt, with an Independent Public Authority, where consumers would themselves be on board.

Designing a new public agency from the ground up would take time. Among the issues debated by the participants was the importance of an independent consumer voice. They wanted to be sure that the consumers on the board of the new Public Authority would not feel obligated to the political positions of the supervisor that appointed them. They therefore designed a selection process independent of the Board of Supervisors.<sup>39</sup> This critical innovation, which assures an independent consumer voice stands in contrast to most Public Authorities in California, where the board or advisory board is appointed by the County's Board of Supervisors.<sup>40</sup>

The San Francisco Public Authority is also an excellent model in terms of honoring the diversity of the consumer community. The registry, which helps match consumers with

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<sup>39</sup> While the original Board of the Public Authority was approved by the San Francisco Board of Supervisors, all subsequent appointments and renewals are made through a "procedure developed by the governing body of the Authority" (from page 4 of San Francisco ordinance number 185-95, In-Home Supportive Services Public Authority).

<sup>40</sup> The concern is that consumer representatives who are dependent upon members of the Board of Supervisors for their appointments will worry that their advocacy efforts will result in their not being re-appointed and in some cases might modify their activities as a result.

homecare workers, provides services in seven languages! The registry is also a good example of efforts by the San Francisco Public Authority to serve a broader community. Unlike most other public authorities, it has not restricted registry service only to individuals who receive IHSS services. Rather, for a small fee, anyone can use the service.

The San Francisco Public Authority also deserves high marks for consumer education. On a periodic basis the Authority sends mailings to all IHSS consumers within its jurisdiction, routinely holds consumer workshops, and puts on a well respected annual conference. The mailings to IHSS consumers and the annual conference are not offered by most public authorities; San Franciscans feel they are essential in effectively educating consumers about IHSS, as well as other disability related services.

Given the commitment to an independent consumer voice, the IHSS task force which was responsible for creating the San Francisco Public Authority was distinguished by its high level of consumer participation. In particular, a group called Consumers in Action for Personal Assistance (CIAPA) specifically organized around the creation of the Public Authority and sent representatives to the task force meetings. This model of representation and participation was something that task force members hoped would be duplicated in the Public Authority itself. However, recreating this level of representation and participation in the Public Authority itself proved difficult, and the San Francisco Public Authority has not developed an effective mechanism for mobilization or direct representation of the consumer community in general. This problem, of mobilizing and

organizing consumers, is a dilemma which most organizations who provide services and advocacy for the disability community struggle with, and this is an area where innovation is still required.