

**MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
In-Home Supportive Services Public Authority**

TO: Honorable Board of Supervisors/In-Home Supportive Services Public Authority
Governing Board

FROM: Richard J. Burton, M.D., M.P.H.
Placer County Health Officer and Director of Health & Human Services
Maureen F. Bauman, Director of Adult System of Care

DATE: November 5, 2013

SUBJECT: Membership Appointments for In-Home Supportive Services Advisory Committee

ACTION REQUESTED:

1. Appoint Richard Gold, who resides in District 3, to Seat #9 and Diane Loftis, who resides in District 2, to Seat #7 on the In-Home Supportive Services (IHSS) Public Authority (PA) Advisory Committee, both representing an IHSS service provider.

BACKGROUND:

IHSS is currently serving 2,166 Placer County residents who are elderly or disabled. In addition, the Placer County Public Authority serves 2,038 local providers of IHSS services and runs the Placer County PA Registry. IHSS makes it possible for these residents to remain in their communities; living safely in their homes, rather than requiring more expensive residential care. A recent survey of IHSS recipients showed that 91 percent of survey respondents indicated that the presence of an IHSS caregiver prevented a hospital stay within the previous 120 days. The IHSS PA Advisory Committee provides on-going advice related to the IHSS and PA Programs.

The IHSS PA Advisory Committee is a State-mandated committee with a requirement that a majority of its members be current or past IHSS recipients or providers of in-home supportive services. The purpose of the IHSS Advisory Committee is to submit recommendations to the Placer County Board of Supervisors on preferred services utilized for in-home supportive services, advise and make recommendations in regard to policy and funding, provide ongoing advice regarding services to the Board of Supervisors (the Board of the Public Authority) and any administrative body that is related to the delivery and administration of services, including the governing body and administrative agency of the PA, non-profit consortium, contractors, and public employees.

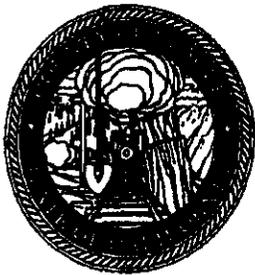
Both Richard Gold and Diane Loftis are currently IHSS service providers and are committed to supporting excellence in the IHSS and PA programs.

FISCAL IMPACT:

The State of California Department of Social Services funds all activities of the IHSS Advisory Board. This action has no fiscal impact to the County General Fund.

Attachments:

Application for Membership – Richard Gold, Diane Loftis



PLACER COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON: Placer county IHSS Advisory Committee
(NAME OF BOARD, COMMISSION, OR COMMITTEE)

IF THIS BOARD/COMMISSION/COMMITTEE CALLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: Richard Gold

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: _____

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: Thurs TIMES 1:30 - 3 pm

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): Currently working Full time for IHSS and part time for ResCare working with developmentally disabled adults.

ORGANIZATION/COMMUNITY EXPERIENCE: _____

EDUCATIONAL EXPERIENCE: HS Grad. Some college / trade school in various subjects.

APPLICATIONS WILL BE RETAINED FOR TWO YEARS

APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603

DATE: _____ SIGNATURE: [Signature]



PLACER COUNTY
BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON
ADVISORY BOARD OR COMMISSION

THE FOLLOWING IS PUBLIC INFORMATION

APPLICATION FOR MEMBERSHIP ON: Inhome Support Services
(NAME OF BOARD, COMMISSION, OR COMMITTEE)

IF THIS BOARD/COMMISSION/COMMITTEE CALLS FOR A SPECIFIC TYPE MEMBER, PLEASE INDICATE THE
POSITION FOR WHICH YOU ARE APPLYING: Board member

NAME: Danielle Loftis

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: _____

TIMES YOU ARE AVAILABLE FOR MEETINGS: _____ DAYS: _____ TIMES _____

EMPLOYMENT EXPERIENCE/PROFESSION (A RESUME MAY BE ATTACHED): Caregiver

ORGANIZATION/COMMUNITY EXPERIENCE: _____

EDUCATIONAL EXPERIENCE: nursing class graduated June 2011

APPLICATIONS WILL BE RETAINED FOR TWO YEARS

APPLICATION MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS
175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603

DATE: 7/18/13

SIGNATURE: Danielle Loftis