Item 5

AB 90

December 18, 1968

Mr. Douglas Shearer
Legislative Analyst's Office
State Capitol, Room 313
Sacramento, California 95814

Dear Mr. Shearer:

In response to your request of Mr. William Morrow of the Department's staff, I am attaching material describing the functions of the Community Services Division of the State Department of Social Welfare.

Since the transfer of the Bureau of Social Work (now Community Services Division) an ongoing cooperative working relationship between the State Department of Social Welfare and the State Department of Mental Hygiene has been maintained between the Community Services Division's field offices and state hospitals for the mentally ill and mentally retarded. This has focused upon the coordination of psychiatric social work services for patients, facilitation of their return to the community and insuring the provision of necessary follow-up services to reduce the likelihood of re-hospitalization. In addition, quarterly meetings of top level administrative staffs of both departments are held to coordinate planning, review and resolve operational problems and to facilitate communications on matters of mutual concern.

The following documents are included:

A. A general descriptive statement of the Community Services Division.

B. A copy of a document giving a brief history of the transfer of the Community Services Division (then known as the Division of Protective Social Services) from the State Department of Mental Hygiene and the initial steps toward integrating the Division into the State Department of Social Welfare.

C. A copy of a document identifying persons in the community eligible for our service and the nature of the service that may be provided.

D. A document providing basic statistical data concerning the Division.

I hope that this adequately meets your request. Please do not hesitate to contact this office should additional information be desired.

Very truly yours,

John C. Montgomery 12/19

John C. Montgomery
Director

JCM:TRM:dkg

bc: F. Calvin Locher, Chief Deputy Director
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Director's File
General Files

PROGRAM DESCRIPTION
COMMUNITY SERVICES DIVISION

The Community Services Division of the State Department of Social Welfare shares with the State Department of Mental Hygiene, Department of Health Care Services, the Office of Coordinator of Mental Retardation and County Short-Doyle programs, a major responsibility for the provision of services to the mentally handicapped in California. The Division is the largest community provider of psychiatrically oriented social work services for the mentally ill and mentally retarded in California. It was originally established in 1946 as the Bureau of Social Work of the State Department of Mental Hygiene as a means to provide a more effective pattern of community services to the mentally handicapped than was possible through the means of distantly located, state hospital based and administered programs. It was established at that time and has remained a community based, centrally administered field social work program. Since its creation, the Division has addressed itself to meeting the multiple needs of patients on convalescent leave from state hospitals. More recently it has made its services available to persons without prior state hospitalization. Services are currently provided to a mentally handicapped caseload of over 22,000 patients, (18,000 mentally ill, 4,500 mentally retarded) by a professionally trained staff of 515 psychiatric social workers. The staff operate out of 40 district offices and make services available to the mentally handicapped in every area of the state.

Prior to 1966, the Community Services Division's primary role was to provide aftercare services to mental patients in their own homes or in out-of-home placements while the patients were on convalescent leave from the state hospitals. In 1966 the State Legislature passed a budget amendment transferring the Community Services Division, (then known as the Bureau of Social Work), from the State Department of Mental Hygiene to the State Department of Social Welfare. The purposes behind the transfer include:

a. <u>To reduce the costs of government</u> by qualifying the program for Federal subvention under the 1962 Services Amendments to the Social Security Act. This could be accomplished according to Federal Law only through transfer to a single state agency. (It is estimated that the Division will qualify for approximately $4,500,000 in Federal Funds during fiscal year 1968-1969).

b. <u>To permit improvements in the program</u> through three types of changes:

   (1) Increased staffing

   (2) Improved out-of-home care rates

   (3) Funds for community medical care of former state hospital patients

c. The budget amendment included language declaring the legislative intent to:

(1) "provide for care of patients paroled (sic) or on leave of absence from state institutions of the Department of Mental Hygiene" and,

(2) "prevent unnecessary commitment of persons to State Mental Hygiene Institutions. . . or . . ., facilitate the release of patients for whom hospital care is not the appropriate treatment."

In keeping with the legislative intent, the State Department of Social Welfare in the fall of 1966 developed a program entitled, "Protective Services for the Mentally Handicapped." Services of this program were to be provided by the Community Services Division (temporarily called the Division of Protective Social Services) and/or whenever practical by the county welfare system. The Department is now implementing these program elements which include:

a. Services to persons without state mental hospital status (potential state hospital cases). The Division serves only those persons who give clear indication of danger of requiring state hospitalization and who are either former state hospital patients or have been accepted for services in accordance with a local agreement among agencies concerned with mental health problems. The Division is presently developing services agreements with community mental health authorities statewide which are focused on the interim supplementation of local services in advance of the implementation of the new mental health legislation. In most instances the response of community mental health directors has been very favorable.

b. Services to state hospital inpatients. The Division serves a small caseload of persons on whom community investigative work or social diagnostic information is required, or whose families require assistance not available through local agencies. These cases are only undertaken on referral from the state hospital.

c. Prerelease planning services for state hospital patients. This service is a major element of the Division, particularly as it represents Division efforts to plan out-of-home care for patients released from state hospitals. The Director of Mental Hygiene has requested special help in this area, and workload projections have been increased for 1968-1969 to reflect this request. Similarly, projections of funds for state-financed placements, such as foster Family Care and private institution placement of the mentally retarded, have been increased.

d. Services to convalescent patients on leave or discharged from mental hospitals. The mental hospital patient has many social needs when he

attempts to return to normal patterns of community living. Services provided by the Division include arrangements for financial aid, housing provisions, personal supervision, help with program of daily activity and services directed toward maintenance of physical and mental health.

e. Operation of the Family Care Program. This program of family living for convalescent state hospital patients is operated under a state system of underwriting by vendor payments and provides for the placement of patients of any age or psychiatric disability short of those requiring nursing care. It is operated only by the Community Services Division. Recent legislation has provided a means by which this program will be made available to a limited number of persons not on convalescent leave.

Since 1966 provision of these services has been accomplished through three mechanisms: The direct state provided services of the Community Services Division; The Adult Protective Services Project, a state and Federally financed program in ten counties under county administration (now being phased out as a project and incorporated into the regular county services programming); and the regular protective social services programs of the county welfare departments under terms of the State Plan and the 1962 Services Amendments of the Federal Social Security Act. The Community Services Division is the principle provider of these services at this time. The basic direction is toward developing these protective services for the mentally handicapped in county welfare departments. If it is determined that the county is not in a position to offer this service because, for example, it is not staffed to deal with problems of a particular severity or the client is not eligible for county welfare services, then the Division may undertake this service to the persons. The Division and county welfare departments are currently engaged in negotiating agreements for the transfer of protective social services' case responsibilities between the county and Division, according to the requirements of the case. To the extent the county welfare department is prepared to assume responsibility and provide the appropriate level of social services, arrangements are made for case transfers. In such instances, the Division is now in a position to offer case consultation to the counties' services staff on request.

All the services offered by either the Community Services Division are in the area of social need. They cover responsibility for assisting mentally handicapped persons to maintain income, secure suitable housing, receive necessary personal care and supervision, enjoy programs of daily activity, including education, training, employment, hobbies, recreation or sociability, maintain their physical and mental health through proper recourse to physicians, dentists, psychiatric services, and medication, and sustain their morale through dignified circumstances of living and opportunity to pursue personal goals. These services are complementary to those offered by medical and psychiatric agencies concerned with treatment and health maintenance procedures for the mentally handicapped, and are essential to any program of community mental health services.

The services are provided directly by professionally trained psychiatric social work staff, employing methods of individual and group counseling, and mobilization of needed specialized services provided by others in the community. There is increasing reliance on volunteers to assist in meeting social needs. Complementary arrangements among community specialists who participate in services to the mentally handicapped are often initiated by social workers of the Division through working agreements with other service units serving these persons. The Division negotiates annual working agreements with each state hospital and has been establishing with the county mental health departments, ways of collaborating so as to offer to counties, effective types of protective social services for their mental health clients.

Operating agreements in many counties at this time have already established the basis for the use of the Division staff for persons who have not previously been in state hospitals or on leave from them.

The Division offers some benefits to an overall county or state mental health plan that are generally not duplicated by other contributors to the plan. The chief ones of these are the following:

1. Social representation. The psychiatric social worker's task is currently being redefined by some thinkers in the field as one of representing the interests of a handicapped or disadvantaged person with respect to social needs and the use of social resources. The complexity of society calls for this role such as that of law calls for the attorney. This type of responsibility to persons served now characterizes our protective social services staff.

2. Mobile service. Along with the public health nurse and the probation officer, the state or county social worker is mobile. At a time when it is increasingly difficult to bring professional services to peoples' homes, we are able in our program to do so. It is not surprising, therefore, that in the preliminary mental health screening services being developed among the Community Services Division and local health and welfare agencies in the counties, the Division is asked to take on those tasks which involve home visiting.

3. Out-of-home placement. This is probably the most conspicuous and is certainly a very essential service of the protective social services worker. The issue with the mentally handicapped is frequently one of where he should live and be served. The growing array of community facilities for such care, their competition for the person to be served, and the complexities of need and resources, make it essential that the protective social services worker bring discriminating judgement, selection, and use of these facilities to the county mental health programs.

4. Conservatorship. Conservatorship for the gravely disabled mentally ill person is a new service required by the revised mental health law. The

State Department of Social Welfare has assurance from the Federal authorities that the Community Services Division could fulfill this role in keeping with its protective social services' responsibility and without conflict of interest. The Division is beginning to explore how such help might be offered to those counties unable to make other arrangements to meet this new requirement.

In summary, the Community Services Division has a long history of providing community based psychiatric social services to the mentally handicapped throughout the State. The Division has been developing a network of procedures and understandings, linking itself with county mental health, county public social services, state hospitals, and related agencies in order to meet the legislative intent of its transfer to the State Department of Social Welfare and to assist in the implementation of the new mental health law.

December 18, 1968

INTEGRATION OF THE DIVISION OF PROTECTIVE SOCIAL SERVICES IN PUBLIC SOCIAL SERVICES PROGRAM OF THE STATE-COUNTY SOCIAL WELFARE SYSTEM

A. BACKGROUND

1. In March 1966, Assemblyman Casey introduced Assembly Bill 90 to a special session of the State Legislature, which would transfer the program of the Department of Mental Hygiene's Bureau of Social Work to the State Department of Social Welfare. The Bureau of Social Work had been established 20 years earlier as a centrally administered field social service program of the Department of Mental Hygiene for providing social services to mentally handicapped persons (mentally ill, mentally retarded, alcoholic, and related groups), in their home communities for the most part, following a period of state hospital care. The services were focused primarily on persons granted indefinite convalescent leaves from state hospitals.

2. The purposes of the proposed transfer were:

   a. To reduce costs of state government by qualifying the program for Federal subvention under the 1962 Services Amendments to the Social Security Act and under the State Plan developed in relation to these amendments.

   b. To permit improvements in the program through three types of changes:

      (1) Increased staffing, since the Federal support would depend on smaller caseloads and an improved supervisory standard,

      (2) Improved out-of-home care rates, to facilitate placing patients from state hospitals in alternative care facilities in the community, and

      (3) Funds for community medical care of former state hospital patients, to avoid having these patients return to the state hospitals for nonpsychiatric medical care.

3. Although Assembly Bill 90 was not passed by the Legislature, the transfer was accomplished instead by an amendment to the 1966 Budget Act, and became effective on July 1, 1966. The Budget amendment included language declaring the legislative intent to

   a. "provide for care of patients paroled or on leave of absence from state institutions of the Department of Mental Hygiene" and

   b. "prevent unnecessary commitment of persons to State Mental Hygiene institutions....or...., facilitate the release of patients for whom hospital care is not the appropriate treatment."

4. On June 20, 1967 the Governor signed into law as an urgency measure, Assembly Bill 162, which holds the State Department of Social Welfare responsible "directly or through the county department (to) provide protective social services:

   a. For care of patients on leave of absence from state institutions of the Department of Mental Hygiene; and

   b. To prevent unnecessary admission of persons to state mental institutions or to facilitate the release of patients for whom hospital care is not the appropriate treatment."

   This is now in Section 10053.5 of the Welfare and Institutions Code.

5. Since the transfer of the program on July 1, 1966, its administration has been known as the Division of Protective Social Services of the State Department of Social Welfare, and its field service continues to be known as the Bureau of Social Work.

B. INTEGRATION OF STATE AND COUNTY PROTECTIVE SOCIAL SERVICES SYSTEMS

1. In August 1966 the State Plan was amended to identify persons on leave of absence from state mental hospitals as in need of protective social services within the meaning of the Federal law and regulations.

2. Federal Claiming

   a. By September 1966 a claiming system was established through which social workers providing services in the Division of Protective Social Services could account for services provided under the Federal regulations for which Federal subvention of either 50% or 75% could be claimed.

   b. In the 1967-1968 Governor's Budget, additional positions were allocated to the Division to permit it to staff its anticipated workload at ratios of one social worker for 58 mentally ill leave patients from state hospitals, one social worker for 40 mentally retarded leave patients from state hospitals, and one supervisor for five social workers. Additional positions were authorized as early as April 1, 1967 to permit reducing all caseloads to the standard, permitting a 75% Federal subvention.

   c. The Fiscal Division reports that claims for Federal subvention during 1966-1967 amounted to $2,452,349 as a result of the services offered by the Division, and estimates for 1967-1968 are $3,943,999.

   *d. The regulations adopted in August 1966 created some confusion concerning the counties' privilege to claim on related cases, and this is still in process of clarification. A policy of only one claim per case per quarter is currently being developed.

*This matter has been clarified since the date of this document and currently both the counties and the Community Services Division may claim on related cases where duplicating services are not provided.

3. Administrative Improvements

*a. Staffing of caseloads was improved so that leave cases were staffed on a straight caseload basis of 1:58 for the mentally ill and 1:40 for the mentally retarded, instead of caseload ratio systems of 1:67.5 for the mentally ill, and a mixed ratio of 1:67.5 and 1:40 for the mentally retarded while the program was in the Department of Mental Hygiene. This represented in fact a reduction in caseload to an overall average of about 55 active cases at fiscal year-end per authorized social worker position.

b. Out-of-Home Care Rates Were Improved

(1) On April 1, 1967 the program began using a differential rate system for the placing of mentally retarded leave patients, primarily multiply handicapped children, in nursing care facilities under 100% State financing, instead of a flat $200 a month rate established in the Department of Mental Hygiene. The new rate schedule was derived from levels authorized for the program of the State's Regional Diagnostic, Counseling and Service Centers for the mentally retarded.

(2) Effective July 1, 1967, under terms of Assembly Bill 162, the Family Care board rate was increased to a maximum of $150 a month from a previous level of $130 a month. Assembly Bill 162 sets a legislative ceiling of $160 a month on this rate.

c. Community Medical Care. Since about one-half of the caseload served by the Division was on public assistance and eligible for Group I Medi-Cal benefits, there appeared no need to establish a special program for providing community medical care from State Department of Social Welfare funds to offset inappropriate use of state hospital medical resources.

*Since the date of this document the staffing ratio for the mentally retarded was revised upward during the fiscal year 1967-1968 and is currently 1:48.

PROTECTIVE SOCIAL SERVICES TO PERSONS WHO ARE POTENTIAL STATE HOSPITAL PATIENTS

DIVISION OF PROTECTIVE SOCIAL SERVICES
DEPARTMENT OF SOCIAL WELFARE

The purpose of these services is to prevent unnecessary admission of persons to state mental institutions by providing protective social services which offer alternative care arrangements in keeping with the following conditions:

I. The person served is at risk of being considered for state mental hospital care. Indications of this risk would be the following:

   A. He presents evidence of an unstable community adjustment associated with a major mental handicap, such as:

      (1) Behavior, ideas or moods which are potentially dangerous to himself, others or property, or are intolerable to the community, or

      (2) Recurrence of behavior, ideas or moods associated with a prior admission to a state or other mental institution for inpatient care, or

      (3) Loss or restriction of supportive resources, formerly supplied by family, friends, employers, professional sources, community agencies, himself or others, which served to help him maintain equilibrium of behavior, ideas and moods in the face of past evidence of a major mental handicap, or

      (4) Any sudden change or emotional shock which threatens a previously satisfactory community adjustment in the face of a known major mental handicap.

   B. The type of instability he presents is one for which a state mental hospital would customarily be considered as a source of help.

II. The person served possesses attributes which make feasible an alternate plan of care in lieu of admission to a state mental hospital possible, such as:

   A. A positive, or at least acquiescent, attitude toward services offered for this purpose,

   B. Behavior, ideas or moods whose disruptive effect on his community adjustment can be accommodated or controlled promptly by means available in the community, including medical, psychiatric, social service and other resources,

C. A mental handicap which in its presenting state does not require acute psychiatric hospital care for which only a state mental hospital is available, and

D. A mental handicap which in its presenting state or its potentially developing state does not pose a serious hazard to community safety.

III. The provision of the following services is deemed adequate to help maintain the person in the community without jeopardizing his mental condition and with promise of improving it:

A. Prompt intervention following referral, including personal contact with the person and any others significantly involved in his difficulty, wherever they may be in the community.

B. Early assessment of the difficulty and the possible solutions, all carefully explained, as circumstances permit, to the person and those significantly involved with him. This may include the option of state mental hospital care where appropriate.

C. Early involvement of representatives of medical, psychiatric, legal, public safety and other professions in the community when they may contribute to assessment of the difficulty, the formulation of possible solutions, and emergency intervention.

D. An alternate care plan, negotiated among the person himself, where possible, those most significantly involved with him, other providers of professional services, and community agencies, which provides:

(1) Continued counseling and support from Division staff to the person, his family and others involved throughout the crisis and for a reasonable period thereafter.

(2) Maximum reliance on existing community agencies and resources for needed specialized services.

(3) Specialized services offered by the Division where appropriate, such as out-of-home care placement.

E. Continuing availability to the person served, his family and others with respect to subsequent difficulties and crises warranting Division intervention and services.

IV. There is no other community agency prepared to offer the protective social services at the level of performance which the nature and intensity of the difficulty require.

V. Persons accepted for service are either former state hospital patients (discharged status) or persons accepted in accordance with an interagency agreement among appropriate community agencies which has been approved by the Department of Social Welfare. These agencies would normally include the community mental health agency, the county welfare department and the District Attorney in addition to the local office of the Community Services Division

COMMUNITY SERVICES DIVISION
STATE DEPARTMENT OF SOCIAL WELFARE

ACTIVE LEAVE OF ABSENCE CASES

Month	FAMILY CARE		WORK PLACEMENT		PRIVATE INSTIT-UTIONS	OWN HOME		OUT-OF-HOME		TOTAL ALL CASES		
	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Total
October 1968	1,894	2,481	165	44	346	7,293	747	4,546	928	13,898	4,546	18,444

ACTIVE NON-LEAVE CASES

Month	STATE HOSPITAL PATIENTS						COMMUNITY CASES		TOTAL ALL CASES		
	IN-PATIENTS		PRE-RELEASE		TOTAL IN-PATIENTS						
	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Total
October 1968	131	32	756	241	887	273	2,721	182	3,608	455	4,063

December 17, 1968
Sacramento, California

Item 2

AB 90

December 18, 1968

Mr. Douglas Shearer
Legislative Analyst's Office
State Capitol, Room 313
Sacramento, California 95814

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December 18, 1968

INTEGRATION OF THE DIVISION OF PROTECTIVE SOCIAL SERVICES IN PUBLIC SOCIAL SERVICES PROGRAM OF THE STATE-COUNTY SOCIAL WELFARE SYSTEM

A. BACKGROUND

1. In March 1966, Assemblyman Casey introduced Assembly Bill 90 to a special session of the State Legislature, which would transfer the program of the Department of Mental Hygiene's Bureau of Social Work to the State Department of Social Welfare. The Bureau of Social Work had been established 20 years earlier as a centrally administered field social service program of the Department of Mental Hygiene for providing social services to mentally handicapped persons (mentally ill, mentally retarded, alcoholic, and related groups), in their home communities for the most part, following a period of state hospital care. The services were focused primarily on persons granted indefinite convalescent leaves from state hospitals.

2. The purposes of the proposed transfer were:

   a. To reduce costs of state government by qualifying the program for Federal subvention under the 1962 Services Amendments to the Social Security Act and under the State Plan developed in relation to these amendments.

   b. To permit improvements in the program through three types of changes:

      (1) Increased staffing, since the Federal support would depend on smaller caseloads and an improved supervisory standard,

      (2) Improved out-of-home care rates, to facilitate placing patients from state hospitals in alternative care facilities in the community, and

      (3) Funds for community medical care of former state hospital patients, to avoid having these patients return to the state hospitals for nonpsychiatric medical care.

3. Although Assembly Bill 90 was not passed by the Legislature, the transfer was accomplished instead by an amendment to the 1966 Budget Act, and became effective on July 1, 1966. The Budget amendment included language declaring the legislative intent to

   a. "provide for care of patients paroled or on leave of absence from state institutions of the Department of Mental Hygiene" and

   b. "prevent unnecessary commitment of persons to State Mental Hygiene institutions....or...., facilitate the release of patients for whom hospital care is not the appropriate treatment."

4. On June 20, 1967 the Governor signed into law as an urgency measure, Assembly Bill 162, which holds the State Department of Social Welfare responsible "directly or through the county department (to) provide protective social services:

   a. For care of patients on leave of absence from state institutions of the Department of Mental Hygiene; and

   b. To prevent unnecessary admission of persons to state mental institutions or to facilitate the release of patients for whom hospital care is not the appropriate treatment."

   This is now in Section 10053.5 of the Welfare and Institutions Code.

5. Since the transfer of the program on July 1, 1966, its administration has been known as the Division of Protective Social Services of the State Department of Social Welfare, and its field service continues to be known as the Bureau of Social Work.

B. INTEGRATION OF STATE AND COUNTY PROTECTIVE SOCIAL SERVICES SYSTEMS

1. In August 1966 the State Plan was amended to identify persons on leave of absence from state mental hospitals as in need of protective social services within the meaning of the Federal law and regulations.

2. Federal Claiming

   a. By September 1966 a claiming system was established through which social workers providing services in the Division of Protective Social Services could account for services provided under the Federal regulations for which Federal subvention of either 50% or 75% could be claimed.

   b. In the 1967-1968 Governor's Budget, additional positions were allocated to the Division to permit it to staff its anticipated workload at ratios of one social worker for 58 mentally ill leave patients from state hospitals, one social worker for 40 mentally retarded leave patients from state hospitals, and one supervisor for five social workers. Additional positions were authorized as early as April 1, 1967 to permit reducing all caseloads to the standard, permitting a 75% Federal subvention.

   c. The Fiscal Division reports that claims for Federal subvention during 1966-1967 amounted to $2,452,349 as a result of the services offered by the Division, and estimates for 1967-1968 are $3,943,999.

   *d. The regulations adopted in August 1966 created some confusion concerning the counties' privilege to claim on related cases, and this is still in process of clarification. A policy of only one claim per case per quarter is currently being developed.

*This matter has been clarified since the date of this document and currently both the counties and the Community Services Division may claim on related cases where duplicating services are not provided.

3. Administrative Improvements

*a. Staffing of caseloads was improved so that leave cases were staffed on a straight caseload basis of 1:58 for the mentally ill and 1:40 for the mentally retarded, instead of caseload ratio systems of 1:67.5 for the mentally ill, and a mixed ratio of 1:67.5 and 1:40 for the mentally retarded while the program was in the Department of Mental Hygiene. This represented in fact a reduction in caseload to an overall average of about 55 active cases at fiscal year-end per authorized social worker position.

b. Out-of-Home Care Rates Were Improved

(1) On April 1, 1967 the program began using a differential rate system for the placing of mentally retarded leave patients, primarily multiply handicapped children, in nursing care facilities under 100% State financing, instead of a flat $200 a month rate established in the Department of Mental Hygiene. The new rate schedule was derived from levels authorized for the program of the State's Regional Diagnostic, Counseling and Service Centers for the mentally retarded.

(2) Effective July 1, 1967, under terms of Assembly Bill 162, the Family Care board rate was increased to a maximum of $150 a month from a previous level of $130 a month. Assembly Bill 162 sets a legislative ceiling of $160 a month on this rate.

c. Community Medical Care. Since about one-half of the caseload served by the Division was on public assistance and eligible for Group I Medi-Cal benefits, there appeared no need to establish a special program for providing community medical care from State Department of Social Welfare funds to offset inappropriate use of state hospital medical resources.

*Since the date of this document the staffing ratio for the mentally retarded was revised upward during the fiscal year 1967-1968 and is currently 1:48.

PROTECTIVE SOCIAL SERVICES TO PERSONS WHO ARE POTENTIAL STATE HOSPITAL PATIENTS

DIVISION OF PROTECTIVE SOCIAL SERVICES
DEPARTMENT OF SOCIAL WELFARE

The purpose of these services is to prevent unnecessary admission of persons to state mental institutions by providing protective social services which offer alternative care arrangements in keeping with the following conditions:

I. The person served is at risk of being considered for state mental hospital care. Indications of this risk would be the following:

   A. He presents evidence of an unstable community adjustment associated with a major mental handicap, such as:

      (1) Behavior, ideas or moods which are potentially dangerous to himself, others or property, or are intolerable to the community, or

      (2) Recurrence of behavior, ideas or moods associated with a prior admission to a state or other mental institution for inpatient care, or

      (3) Loss or restriction of supportive resources, formerly supplied by family, friends, employers, professional sources, community agencies, himself or others, which served to help him maintain equilibrium of behavior, ideas and moods in the face of past evidence of a major mental handicap, or

      (4) Any sudden change or emotional shock which threatens a previously satisfactory community adjustment in the face of a known major mental handicap.

   B. The type of instability he presents is one for which a state mental hospital would customarily be considered as a source of help.

II. The person served possesses attributes which make feasible an alternate plan of care in lieu of admission to a state mental hospital possible, such as:

   A. A positive, or at least acquiescent, attitude toward services offered for this purpose,

   B. Behavior, ideas or moods whose disruptive effect on his community adjustment can be accommodated or controlled promptly by means available in the community, including medical, psychiatric, social service and other resources,

C. A mental handicap which in its presenting state does not require acute psychiatric hospital care for which only a state mental hospital is available, and

D. A mental handicap which in its presenting state or its potentially developing state does not pose a serious hazard to community safety.

III. The provision of the following services is deemed adequate to help maintain the person in the community without jeopardizing his mental condition and with promise of improving it:

A. Prompt intervention following referral, including personal contact with the person and any others significantly involved in his difficulty, wherever they may be in the community.

B. Early assessment of the difficulty and the possible solutions, all carefully explained, as circumstances permit, to the person and those significantly involved with him. This may include the option of state mental hospital care where appropriate.

C. Early involvement of representatives of medical, psychiatric, legal, public safety and other professions in the community when they may contribute to assessment of the difficulty, the formulation of possible solutions, and emergency intervention.

D. An alternate care plan, negotiated among the person himself, where possible, those most significantly involved with him, other providers of professional services, and community agencies, which provides:

(1) Continued counseling and support from Division staff to the person, his family and others involved throughout the crisis and for a reasonable period thereafter.

(2) Maximum reliance on existing community agencies and resources for needed specialized services.

(3) Specialized services offered by the Division where appropriate, such as out-of-home care placement.

E. Continuing availability to the person served, his family and others with respect to subsequent difficulties and crises warranting Division intervention and services.

IV. There is no other community agency prepared to offer the protective social services at the level of performance which the nature and intensity of the difficulty require.

V. Persons accepted for service are either former state hospital patients (discharged status) or persons accepted in accordance with an interagency agreement among appropriate community agencies which has been approved by the Department of Social Welfare. These agencies would normally include the community mental health agency, the county welfare department and the District Attorney in addition to the local office of the Community Services Division

COMMUNITY SERVICES DIVISION
STATE DEPARTMENT OF SOCIAL WELFARE

ACTIVE LEAVE OF ABSENCE CASES

Month	FAMILY CARE		WORK PLACEMENT		PRIVATE INSTIT-UTIONS	OWN HOME		OUT-OF-HOME		TOTAL ALL CASES		
	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Total
October 1968	1,894	2,481	165	44	346	7,293	747	4,546	928	13,898	4,546	18,444

ACTIVE NON-LEAVE CASES

Month	STATE HOSPITAL PATIENTS						COMMUNITY CASES		TOTAL ALL CASES		
	IN-PATIENTS		PRE-RELEASE		TOTAL IN-PATIENTS						
	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Mentally Ill	Mentally Retarded	Total
October 1968	131	32	756	241	887	273	2,721	182	3,608	455	4,063

December 17, 1968
Sacramento, California

February 19, 1968

Honorable Earle P. Crandall
Room 6009, State Capitol
Sacramento, California

Dear Assemblyman Crandall:

This is to advise you that the administration is opposed to the enactment of Assembly Bill Number 91.

This bill would reduce from three months to 30 days the minimum period of parent separation to qualify for aid under the Aid to Families with Dependent Children program. The effect of this bill would make families of children whose parents have separated or deserted eligible for aid after 30 days of parent absence instead of three months.

Recently, Congress, by the enactment of the public welfare provisions, contained in Public Law 90-248 made a decision to curtail federal funds for those cases where parents have become absent from the home. The effect of this federal decision will mean that all of the increased costs which would accrue from the enactment of Assembly Bill Number 91 would have to be borne entirely by state and county funds.

The administration objected to the passage of the limitation on federal funding which will have a very drastic effect upon general fund costs for the AFDC program. We have also joined Mr. Burton and Mr. Veneman in their Concurrent Resolution requesting Congress to rescind this discriminatory provision. However, as long as this provision remains, the entire cost burden of the enactment of AB 91 would fall upon the state and county government in the following manner:

Total cost 1968-69	$2,122,000
Federal.....	none
State	1,379,000
County	743,000

We regret that we must take this position at this time but I am sure that you understand the problem that increased cost of public welfare will impose

upon the State General Fund. If you should desire to discuss this bill or any other related matter in connection with public welfare, do not hesitate to call my office and I shall have someone call upon you.

Very truly yours,

ORIGINAL SIGNED
John C. Montgomery
Date 2/19

By Noted By

John C. Montgomery
Director

Director's F le
Central File

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Director's F le
Central File

SB 809

October 14, 1968

Honorable Clair W. Burgener
Senator, 38th District
State Capitol, Room 5091
Sacramento, California 95814

Dear Clair:

Cal Locher reported to me that you called on October 9 concerning SDSW's proposed regulations implementing your Senate Bill 809. I regret that I was unable to visit with you but, as you know, I was in Red Bluff holding a hearing in conjunction with meetings of the County Supervisors Association of California.

As stated by Mr. Locher, our changes in regulations did not provide for supplementation because of the cost implications of such a change and the fact that provisions for such were removed from Senate Bill 809 during the legislative process. Several organizations testified in Red Bluff favoring supplementation, including the California Council for Retarded Children, the California Association of Residents for the Retarded, the Far Northern Coordinating Council of Mentally Retarded, and the Paradise School for Boys and Girls. Fred Krause did testify on behalf of the California Council for Retarded Children.

It is our present position that we are unable to act favorably on the supplementation issue without a fiscal allowance that must come through the legislative process.

I sincerely appreciate your interests and concerns in this problem and trust that the matter can be resolved during the 1969 Legislative Sessions.

Very truly yours,
Dictated by the Writer
Signed and Forwarded in his absence
to avoid delay

John C. Montgomery
Director

bcc: F. C. Locher
V. E. Gleason
Director's File
Central Files

JCM:lmg

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STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

RONALD REAGAN, Governor

DEPARTMENT OF SOCIAL WELFARE
2415 FIRST AVENUE, P.O. BOX 8074
SACRAMENTO 95818

April 22, 1968

Honorable Willie Brown, Jr.
Assemblyman, Eighteenth District
Room 5122, State Capitol
Sacramento, California 95814

Dear Assemblyman Brown:

This is to advise you of the Administration's opposition to the enactment of AB 881.

This bill proposes to require an increase of $32 per month for board and room allowance for recipients of Old Age Security. We believe that this bill would require us to increase the board and care allowances for all types of out-of-home living arrangements, not just that portion of the cost of care that is covered by board and room. Accordingly, this would require an increase in allowances between 4½ to 5% of recipients or Old Age Security who now live in board and care living arrangements.

At the present time, the Legislature is considering in Assembly Bill 389 by Mr. Chappie the policy of out-of-home care for recipients who do not require extensive medical care. Mr. Chappie's bill is directed to the matter of intermediate care that was set forth by Congress in Public Law 90-248. This bill is now in Ways and Means for determination as to whether the state can or should finance a new program.

It is our belief that the proper concern for persons who require board and care should be approached in the way that is provided by Assembly Bill 389.

Very truly yours,

John C. Montgomery
Director

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John C. Montgomery
Director

July 22, 1968

Honorable Patrick McGee
Member of the Assembly
Room 4141, State Capitol
Sacramento, California 95814

Dear Assemblyman McGee:

This refers to Assembly Bill No. 1007 which is identical to Assembly Bill 2541 which you carried during the 1967 session. You will recall that the administration was opposed to the enactment of this bill in the last legislative session and the bill was vetoed by Governor Reagan.

The administration is still opposed to the bill for the reason that it proposes to establish two categories of aid to dependent families: one being families where the parent is also a recipient of Aid to the Blind and the other all other families. In the case of the blind parent whose children are on aid, Assembly Bill 1007 would propose to allow that family to retain twice as much personal property as any other dependent family qualifying for aid under the AFDC program.

It must be remembered that the children are qualified for aid to families because the father is incapacitated. The fact that a blind father is permitted to apply for both aids is already an advantage over the family where the father is disabled for some other reason. Assembly Bill 1007 suggests that a father under such circumstances should be permitted to qualify his family on his disability without his really being a member of the family and then he can independently qualify for Aid to the Blind. It is our opinion that the present application of the law which holds that the family totally must comply with the requirements for Aid to Families with Dependent Children is equitable and no exception should be made to it.

Very truly yours,

John C. Montgomery
Director

bcc: Director's file
General Files
V. Gleason

VEG:mo

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AB 1921

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY RONALD REAGAN, Governor

DEPARTMENT OF SOCIAL WELFARE
2415 FIRST AVENUE, P.O. BOX 8074
SACRAMENTO 95818

July 16, 1968

Honorable Yvonne Brathwaite
Member of the Assembly
Room 4177, State Capitol
Sacramento, California 95814

Dear Assemblywoman Brathwaite:

This is to officially advise you of the administration's opposition to the enactment of Assembly Bill No. 1921. The provisions of this bill, although extensive, do not add to the general authority of the Department of Social Welfare to license facilities to care for children.

Your attention is called to the provisions of Section 16000 of the Welfare and Institutions Code, which section in effect prohibits any person from maintaining or conducting any institution, boarding home, day nursery or other place for the reception or care of children under 16 years of age. While it is true that Assembly Bill No. 1921 would cover children over the age of 16 and under the age of 21, it would not materially add to the department's authority to license facilities for the care of children in the critical age group.

The provision of a fee schedule would, in our opinion, add to the problems of recruiting foster day care homes for children since it would require persons who now provide such care for humanitarian reasons to pay a fee for rendering child care service.

The import of AB 1921 appears to be directed primarily to the type of facility which the department has in past years proposed to the Legislature that consideration should be given to licensure, but the Legislature has refused on several occasions to provide the department with the necessary funds to employ staff to exercise the responsibility.

It is our judgment that even though the bill does contain a fee, that such fee will not yield adequate funds for the department to discharge the additional responsibility you believe should be carried out by the department.

Very truly yours,

John C. Montgomery 7/16

John C. Montgomery
Director

AB 1921

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RONALD REAGAN, Governor

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John C. Montgomery
Director

log

January 30, 1968

Honorable William T. Bagley, Chairman
Assembly Committee on Judiciary
Room 4130, State Capitol
Sacramento, California 95814

Dear Assemblyman Bagley:

This is in response to your memorandum which you sent to the Directors of State Agencies concerning the matter of public records, with specific reference to AB 2432 which you and Assemblyman Harvey Johnson introduced last session.

I am in full accord with the principles set forth in your bill. As nearly as I can tell, the State Department of Social Welfare has complied with the provisions of your bill for many years. The only records not now freely available to public are the ones that the provisions of AB 2432 would make partly or wholly confidential.

You may be interested to know that recently following the public hearing on the subject, I have adopted a regulation which gives applicants and recipients of aid full access to their case records. As you know, the federal law prohibits full removal of confidentiality in the matter of these case records.

If you desire the department to testify in connection with legislation introduced during this session, I shall be happy to appear.

Very truly yours,

ORIGINAL SIGNED:
John C. Montgomery
Date 1/31

By mo
Noted By JCM
Date Sent

John C. Montgomery
Director

bcc: Director's file
General Files - 13897 ✓
V. Gleason

VEG:mo

log

January 30, 1968

Honorable William T. Bagley, Chairman
Assembly Committee on Judiciary
Room 4130, State Capitol
Sacramento, California 95814

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V. Gleason

VEG:mo

January 11, 1968

Honorable Jesse M. Unruh
Speaker of the Assembly
California Legislature
State Capitol
Sacramento, California 95814

Dear Speaker Unruh:

Assembly Resolution No. 370, 1967 General Session, requested the Department of Social Welfare, and several other departments, to determine whether the Spanish-speaking citizens are adequately served by the several departments through the employment of Spanish-speaking staff or through the publication of various documents, bulletins or notices in the Spanish language. This Department was requested to make the same determinations with regard to counties through which the public assistance programs are administered.

A survey has now been completed concerning these questions at both the State and County levels. In summary, this survey indicates that of 996 employees of the Department of Social Welfare who have direct and frequent contact with the public served, 43 or 8.1 percent have some degree of fluency in the Spanish language. Fifty-six of the fifty-eight counties report that of 11,769 public contact employees, 903 or 8.4 percent, have ability in the Spanish language. The combined percentage, State and Counties, is 8.4 percent. The Department publishes six documents in Spanish, while thirty-four of the fifty-six reporting counties publish a total of 329 documents including pamphlets, instructions, or forms in Spanish.

Our reporting system includes counts of applicants and recipients by major racial groups, including Mexican-Americans. Current figures indicate that approximately eighteen percent of the total caseload in all assistance categories, are classified as Mexican-Americans, the predominate Spanish speaking group. We think it a reasonable assumption that thirty to forty percent of this population has sufficient English speaking ability to transact normal business in that language. If this is true, the ratio of Spanish-speaking staff to Spanish-speaking welfare clients appears to be reasonably well balanced. Although we believe there is a reasonable

level of communication between welfare staff and the Spanish-speaking population served, we are aware of the problems of communication with all welfare clients, and are continuing our efforts towards improvement, particularly in those areas of heavy concentration of minority groups. The recruitment of Spanish-speaking staff, particularly in the social worker classes which require a bachelors degree, is somewhat hampered by the generally lower educational level of the Spanish-American population of the State.

Of the fifty-eight counties, only Mariposa and Trinity failed to respond to our inquiries. Both have very small caseloads and their failure to report would have very little influence on the figures and percentages reported above. Of the fifty-six reporting counties, eleven reported no Spanish-speaking employees. Only one of the eleven reported the use of Spanish language documents. These are generally the smaller mountain counties such as Alpine, Modoc, Mono, and Sierra, in which the Spanish-speaking population is probably very small.

Table I, attached, presents a more detailed breakdown of the distribution of Spanish-speaking staff by functional grouping in the fifty-six counties reporting, for the State Department of Social Welfare, and State and County staff combined.

Table II, also attached, reports the number of Spanish-speaking and non-Spanish-speaking employees in sixteen selected counties. These counties were selected on one or more of the following criteria: (a) rural, largely agricultural; (b) metropolitan area; or (c) proximity to the California-Mexican border. The percentage of Spanish-speaking employees in this group is approximately two percent higher than for the state as a whole, indicating that in areas most likely to have need for interpretive services, such services are more readily available.

A further recource available to Spanish-speaking public assistance applicants or recipients lies with outside organizations such as welfare rights groups, California Rural Legal Assistance, other English-speaking relatives, or friends. It is not unusual for an American born child to serve as an interpreter for parents who speak only Spanish, or some other language. The problem, incidentally, is not limited to the Spanish-speaking only, although they represent the predominate group having language barriers.

Greater use of Spanish-language publications at both State and County levels is somewhat restricted because of additional expense, since such publications are duplicatory to a large extent. In the current budgetary situation it is difficult to justify expenditures if the need is not clearly evident. At the moment it does not appear from comments offered by the counties that improve-

ment in communication with the Spanish-speaking segment of the public assistance population is a problem of such proportion as to place it high in the order of priorities.

The Department of Social Welfare would welcome any constructive suggestions from the Legislature concerning any improvement in services to our Spanish-speaking citizens.

Sincerely yours,

John C. Montgomery 1/15

John C. Montgomery
Director

Attachments

cc: Mr. Spencer Williams, Administrator
Health and Welfare Agency
Room 427, State Office Building No. 1
Sacramento, California 95814

bcc: F. Calvin Locher
E. E. Silveira
Director's File
Central Files

DWL:sam

Table I

Number and Percentage of Spanish-Speaking
Public Assistance Staff by Functional Grouping

Functional Group	Spanish Speaking	Total Public Contact Staff	Percentage
Counties (56)			
Receptionists	42	332	12.6
Intake Caseworkers and Eligibility Clerks	165	2,255	7.3
Continuing Caseworkers	492	6,889	7.1
Other Direct Contact Personnel	187	1,936	9.7
Interpreters	102	359	28.4
Sub-Totals, 56 Counties	988	11,769	8.4
State Department of Social Welfare			
Protective Social Services Division			
Receptionists	5	31	16.0
Intake Caseworkers	1	8	12.5
Continuing Caseworkers	29	391	7.4
Fair Hearings			
Referees	1	14	7.1
Other Direct Contact Personnel	12	152	7.9
Sub-Totals, State Operations	48	596	8.1
Grand Totals - State and County Operations	1,036	12,365	8.4

Number and Percentage of Spanish Speaking
Public Assistance Staff - Sixteen Selected Counties

County	Spanish Speaking	Total Public Contact Staff	Percentage
Fresno	37	390	9.5
Imperial	20	76	26.3
Kern	25	235	10.6
Kings	9	69	13.0
Los Angeles	331	3,716	8.9
Merced	8	125	6.4
Monterey	14	93	15.1
Riverside	20	274	7.2
Sacramento	35	282	12.4
San Bernardino	59	734	8.0
San Diego	61	833	7.3
San Francisco	106	948	11.2
San Joaquin	16	165	9.7
Santa Barbara	25	149	16.8
Tulare	13	166	7.8
Ventura	25	150	16.7
Totals - 16 selected counties	804	7,601	10.6

SB69
68

March 12, 1968

Honorable Alfred E. Alquist
Senator, Thirteenth District
Room 5031, State Capitol
Sacramento, California 95814

Dear Senator Alquist:

This is to advise you that the administration cannot recommend enactment of Senate Bill No. 69.

If the matter of state-county sharing of this program is divorced from the matter of state-county sharing in the overall functions of government in which county government and state government have an interest and for which there is a sharing of revenues, then certainly there is merit in your proposal to increase the state's sharing in the cost of the foster care program. However, the present position of state government, which has apparently been endorsed by county government, is to proceed with an increase in the amount of state tax levies that is shared by county government. Therefore, despite the apparent justification for a state sharing increase as proposed by Senate Bill No. 69, we have to assert that the matter of state-county sharing must be put on a broader basis as is being proposed by the Governor's program in connection with reduction of property tax burden.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director

bcc: Director's file
General Files
V. Gleason

VEG:mo

File SB 79

SB 79
68

Name

(1) Adm. position opposed due to:
(a) fiscal effect
(b) program evaluation
(2) Fiscal effect - give details
(3) Program evaluation - state-county system, with weaknesses, still has been a leader nationally (BOS's do face pressures, but legislature could have same pressures
(4) This adm. committed to strengthen + improvement of state-county partnership
(5) Will speak to opponent comment if Com. members have questions

March 13, 1968

Honorable Alfred E. Alquist
Member of the Senate
Room 5031, State Capitol
Sacramento, California 95814

Mr. Brady - RE ATD medical review SDSW matters - legislation other factors are county determined under state rule.

Dear Senator Alquist:

This refers to Senate Bill No. 79 which you introduced to transfer the administration of public welfare and the county government share of the cost to state government. This controversial issue has been presented to the Legislature regularly for many years.

This is to officially advise you that the Administration is opposed to the enactment of this measure. We believe such a plan is unsound in principle and is not feasible because of the fiscal impact upon the state. It is our opinion that the elimination of the local government as an administrative partner is not in the interest of good government, and that such a transfer would further lessen citizen interest in and concern for individual and family welfare.

On balance, there is no state among the 50 states that offers the same quality and quantity of financial assistance and welfare services as is offered by the State of California. This outstanding program of public social services has developed and is sustained by the long standing state-county administrative partnership.

The enactment of SB 79 would have an immediate financial impact of increasing General Fund expenditures by more than $200,000,000 annually. While it might be argued that this is a fiscal matter that is solely within the province of the Finance Committee, I do wish to bring to the attention of you and your committee colleagues that the approval of bills based on policy only transfers a vital policy decision about the relative importance of bills to another committee. Obviously, the fiscal situation of State Government is such as to preclude final approval of most of the policy bills which will require an additional expenditure of state funds beyond the present budget projections.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director

VEG:hri
cc: Governor's Office
Mr. Spencer Williams, Administrator
Health and Welfare Agency

bcc: Director's Office
Central Files

February 27, 1968

Honorable Stephen P. Teale
Senator, Third District
Room 5082, State Capitol
Sacramento, California 95814

Dear Senator Teale:

This refers to Senate Bill No. 97 which is similar to Senate Bill 990 which you introduced in the 1967 session of the Legislature. We explained in detail our opposition to your bill in 1967 and we have continued opposition to the enactment of SB 97.

It is our belief that the provisions of SB No. ~~97~~ 1218 would not be operative with reference to the exempt income provisions of the Social Security Act as enacted by Congress in 1966 and increased by $2.50, or a maximum of $7.50 by the 1967 Congress.

There is much confusion about the action of Congress in connection with increased social security benefits. In all considerations of this question, Congress rejected the requirement that states exempt any social security benefit received concurrently by recipients of old age assistance. The House version of HR 12080 rejected outright any reference to increase in exempt income. The Senate version of the bill provided that states should increase the standard of assistance for old age assistance in amount roughly comparable to the overall average increase in social security benefits. The Senate House Conference Committee rejected any notion of mandatory increase of the assistance standard or the exemption of social security benefits. Instead, the Conference Committee decided on a $2.50 increase in the amount of allowable exempt income for a recipient of old age assistance, Aid to the Blind and Aid to Disabled. No change was made in the $5 limit previously enacted for Aid to Families with Dependent Children. Since it is our understanding that your bill in its present form would not be effective with reference to the provisions of the old age assistance title of the Social Security Act, it is technically a no cost increase bill.

In the event it is your intention to amend provisions of your bill to exempt all income to the extent permitted by federal law or in the amount of $7.50 in order that this be effective in increasing the exempt income of recipients, the following figures present the cost estimate on an annual basis:

Total	$20,091,000
Federal	9,991,000
State	8,657,000
County	1,443,000

We have expressed ~~to you~~ in the past our opposition to the exemption of income, whether it is from social security benefits or from any other source on the basis that it is tantamount to increasing the grant of assistance for roughly 75% of the needy aged, while ignoring the needs of the remaining 25%, thus producing a double standard of assistance. Moreover, our opposition is based on the fact that California has a most liberal standard of assistance producing an average recipient income of $155 per month.

In summary, ~~Senate~~ Assembly Bill 25 is objectionable for the following reasons:

1. It is contrary to the basic principle of the Social Security Act.

2. It would create a differential in the standard of living between social security beneficiaries and nonbeneficiaries.

3. It is an indirect appropriation against State General Funds in the form of a blank check to be drawn by the United States Congress.

4. It creates a problem which will support a future demand upon State General Funds to raise the nonincome recipient to the level of the exempt income recipient.

If you desire to discuss with me any of the questions outlined in this letter, I shall be happy to meet with you upon your request.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director

cc: Governor's Office

Spencer Williams

bcc: Director's file
General Files
V. Gleason

VEG:mo

March 12, 1968

Honorable John G. Schmitz
Senator, Thirty-fourth District
Room 5070, State Capitol
Sacramento, California 95814

Dear Senator Schmitz:

This is to advise you of the administration's opposition to the enactment of Senate Bill No. 102. You will recall that we were similarly opposed to Senate Bill 948 on the same subject which you introduced in 1967. We are somewhat sympathetic to the notion of placing a more definitive ceiling upon the money payable to a needy family and the administration will have a bill to accomplish this result.

Our objections to the enactment of Senate Bill No. 102 are as follows:

1. The bill would deny aid to needy people on the basis of household income, which income could be received by persons unrelated and in no way responsible for the support or care of needy people living in the household. For example, your bill would disqualify a family for aid on the basis of the income of a roomer.

2. The second section of the bill which limits the maximum public assistance payment to $400 could force elderly couples to accept placement in an institution because the $400 limit would not allow the provision of an attendant service that is essential to keep them in their own home. The effect of this would be to increase program cost, particularly the Medi-cal expenditures.

3. The definition of household as added to this bill in comparison to your 1967 bill would appear to add a great deal of confusion in a number of situations where the mailing address will be the same but the household might not necessarily be the same.

If you have any questions with reference to the substance of this letter, Mr. Gleason of my staff is available to discuss it with you.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director

bcc: Director's file - General Files - V. Gleason

VEG:mo

March 27, 1968

Honorable George R. Moscone
Senator, Tenth District
Room 3082, State Capitol
Sacramento, California 95814

Dear Senator Moscone:

This is to advise you of our opposition to the enactment of Senate Bill 216 which proposes to establish under the jurisdiction of the State Department of Social Welfare a program entitled "Aid to Disabled Veterans."

This would establish a separate classification for aid to disabled persons which would offer preferential consideration to veterans. This proposal would place under the jurisdiction of public welfare a program of public benefits that is based upon the fact that the disabled person had a previous history of military service. It is unclear in the bill as to whether the disability must be service connected. Historically, in California and nationally as well, benefits for disabled veterans whose disability is associated with military service has not been administered as a public assistance program. On the other hand, if this bill is clearly to provide benefits to disabled persons whose disability is not a result of military service, then it would appear to provide a preferential consideration that is inconsistent with our basic Aid to the Disabled program.

It is our belief that the program of aid to disabled persons should be fairly administered to all disabled persons, that their needs should be fully met in accordance with some standard and acceptable method of determining need, and that this should not be modified by past military service. It is not our intent to take a position in relation to benefits for veterans of military service, but we believe that this is not a function of public welfare and should not be associated with the administration of public assistance programs.

If you desire to discuss this bill with us, Mr. Gleason of my staff is available to meet with you.

Very truly yours,

John C. Montgomery
Director

bcc: Director's file
General Files
W. Gleason

July 12, 1968

Honorable Howard Way
Member of the Senate
Room 4062, State Capitol
Sacramento, California 95814

Dear Senator Way:

This is to advise you officially in writing of the administration's opposition to the passage of Senate Bill 1191 which proposes to transfer the final determination of the degree of blindness and final determination of disability under the Aid to the Blind and Aid to the Disabled programs respectively.

You will recall that we have discussed this bill, along with other bills in the group that you are presenting, and had indicated our concern about it verbally.

The notion that has been advanced by county representatives in support of the transfer of this responsibility to county welfare departments is that it is a matter of emphasis on local discretion and control. County representatives further suggest that the department has recourse to postaudit in determining the extent to which counties are complying with the application of the technical criteria by which a person is adjudged to be economically blind or that a person is adjudged to be permanently and totally disabled.

It is our experience with both of these programs from the beginning that the decision about the degree of blindness and the decision about disability is a very technical process and can only be handled by a review process conducted by experts.

We do not believe that 58 county jurisdictions can effectively, with concern for equity among applicants and for protection of the preponderant financial interest of state government in these programs, handle this responsibility. Moreover, this has been the position of the federal government in this regard from the inception of both programs at the national level.

We are aware that some counties have expressed concern about the loss of federal funds from retroactive payments which they feel result from the fact that a decision cannot be reached as to eligibility until the state has rendered the disability decision.

It is our position that this loss, which is primarily shared by state government, is minor compared to the additional cost that would be occasioned from the inaccurate decisions which would follow if the careful process now in effect were discontinued.

Very truly yours,

John C. Montgomery 7/11

John C. Montgomery
Director

bcc: Director's file
General Files
V. Gleason

VEG:mo

July 12, 1968

Honorable Howard Way
California State Senator
State Capitol, Room 4062
Sacramento, California 95814

Dear Senator Way:

This is to officially advise you in writing of the Administration's opposition to the enactment of Senate Bill 1196. This position has been cleared through the office of the Governor's Legislative Secretary.

As we have indicated to you, we are vitally interested in the operation of a pilot test program contract with the Department of General Services and its Office of Administrative Procedure and have taken steps to put such a contract into effect. You will recall that such a pilot test program was looked upon favorably by your office during a meeting held some weeks ago with representatives of the Health and Welfare Agency and this department.

Leighton Hatch of the Office of Administrative Procedure and I are in agreement with the principles related to the test program, and we hope to work out a procedure that will include both OAP and State Department of Social Welfare hearing techniques in order to obtain the maximum information possible during the test period. Final details on the procedures and contract are to be worked out on Thursday, July 18, or at the latest, during the week of July 22. We have suggested that the pilot program include up to 20 percent of our total statewide caseload.

Although the Office of Administrative Procedure may differ from our position, it is expected that the provisions of Senate Bill 1196 in its present form will substantially increase costs to the State of California. While recognizing the potential differences of opinion, we believe that the test operation will allow us to fully assess alternate techniques so that we might be more completely informed in acting upon future possible legislation in this area.

I am confident that by using the Department of Finance as the impartial judge of this test program both the legislative and executive branches will have the means to decide objectively this matter of recognized interest to you. In addition, you may wish to ask the Legislative Analyst to participate in such an evaluation.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director

cc: Governor's Office

cc: Governor's Office (2)
Spencer Williams
General Andrew R. Lolli

bcc: Verne Gleason
Director
Central Files

SB 1047

RNIA—HEALTH AND WELFARE AGENCY RONALD REAGAN, Governor

.IMENT OF SOCIAL WELFARE
FIRST AVENUE, P.O. BOX 8074
SACRAMENTO 95818

June 26, 1968

Honorable Nicholas C. Petris
Member of the Senate
Room 2062, State Capitol
Sacramento, California 95814

Dear Senator Petris:

This is to advise you of the department's concern with reference to Senate Bill 1047 which would, in effect, grandfather in as licensed aged institutions facilities that have previously been licensed by the Department of Public Health or Department of Mental Hygiene.

We believe this is an unsound proposition since any of these facilities can now apply for license under our present law and regulations and if they meet the requirements be granted a license from the department. The provisions of Senate Bill 1047 would create an exception which would result in licensees being treated differently in accordance with our regulations. This, as you well understand, is an untenable situation.

The department would be agreeable to the extension of a temporary license for a period not to exceed six months to those operators who requested license from the department and set forth a plan for compliance with the department regulations within the six months period. We cannot agree with a permanent exception.

I hope that you will agree that the department is anxious to accommodate in every way possible the particular operators who face a problem at this time as a result of the requirement that nursing homes must provide professional nursing care if they are to receive Medi-Cal funds for providing nursing service. We are willing to work with this problem as we recognize that some of these operators are facing a difficult time, but I know that you will understand that we also must maintain the integrity of our standards in connection with the care and supervision of ambulatory aged persons. If you desire to discuss this in greater detail, Mr. Verne Gleason of my staff is available upon your request.

Very truly yours,

John C. Montgomery

John C. Montgomery
Director