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The priorities in promotion and orientation, stipulated in Section 5004.1 are:

- (1) An employment and training program.
- (2) A special projects program.
- (3) An institutional and work-experience training program.

As we shall see -- at least in Alameda WIN -- it is priority 3 that has received the greatest expenditure emphasis.

The general divisions of responsibility for WIN break down as follows: county welfare departments are responsible for assessing all AFDC applicants as to appropriateness for referral to WIN, and with respect to all referrals accepted by HRD, to provide the basic grant plus training connected expenses (child care, transportation, standard allowance of \$25.00, and cost of medical exams), to assist with whatever supportive social services may be needed, and the maintenance of certain controls and statistical reports. WIN staff, under HRD, is responsible for direct work with the client designed to lead to employment and the actual operation of programs set out in the code.

Specific procedures required of each WIN referral in Alameda County are rather involved:

- (1) An Eligibility Technician in Welfare Department at intake determines "federal eligibility," which, as set out in ACWD Procedure 3-10-37 emphasizes the need to document some connection to the work force by the applicant. Completes Form 0-228 (referral for services) and sends to social worker.
- (2) A Social Worker completes Form CA 340 (WIN referral form) and WIN informational record #339 and #339A in a

face-to-face contact with client at home or in office and within 30 days of first aid payment. Also completes form 17-106 (WIN statistical data). Every WIN client receives a physical exam if desired. The worker may require an exam. These forms comprise the WIN referral Packet which is sent to Employment Rehabilitation Service (ERS). Social worker reviews and attends to whatever service needs the client may have that would be related to employment (child care, transportation, etc.).

- (3) The Employment Rehabilitation Section prepares control cards, retains a copy and forwards control card to data processing. ERS retains form 17-106 and forwards WIN packet to WIN office (HRD).
- (4) WIN, if it has accepted referral, sends "Notice to Appear for an Enrollment Interview" to eligibility technician.
- (5) The Eligibility Technician forwards enrollment interview notice to social worker.
- (6) The Social Worker should make an immediate home call to client to assist him in getting to WIN for an interview.
- (7) The Client goes to WIN office. If it is determined that he is to be enrolled, an assessment is made of his employment needs by the WIN Team and he is

assigned to a training plan.

- (8) WIN returns form CA 340 to ERS with instructions.
Status is changed on control card.
- (9) ERS initiates training allowance, refers forms to eligibility technician at branch office for formal authorization.
- (10) The Eligibility Technician authorizes training allowance and returns this to Fiscal Division.
Warrant is prepared. According to the ERS Supervisor, the process for approval of training allowances frequently requires two weeks and occasions a high rate of premature drop-outs in training programs.

Once enrolled in WIN and pursuing a training plan, it is expected that the client will be in the labor market within one year, according to the Alameda County WIN Director, Ramon Jimenez. This year of attack on client employment barriers can involve all previously contacted welfare and HRD staff, although the primary responsibility rests with WIN.

Alameda WIN has 38 employees, most of whom staff five "employability development teams." Each team carries a caseload of 225 WIN enrollees. As explained by HRD,

The WIN employability team usually consists of a counselor; a work training specialist to do enrolling, make the arrangements for training, and conduct determinations; a manpower specialist to do job development; a coach to do follow-up and outreach services; and a clerk. These five specialists work very closely with the enrollee, applying their expertise as a team to each enrollee's problems. The team particularly helps the client develop and carry out his job-directed Employability Plan. The team is the enrollee's "home base"

from initial enrollment to termination from the program. The WIN team concept has been found to be particularly effective in working with the multi-faceted problems of welfare recipients: the enrollee is made aware of all the services available (with the help of the group leader at orientation sessions), and is given services by the employability team, while each team member is able to expedite and coordinate his particular services to the enrollee with those of other team members.⁴

A frequently voiced complaint, intended to explain WIN's minimal success to date, is that a team caseload of 225 clients is too high. However, the ratio of clients to total professional staff (ignoring the somewhat over-specialized designation of professional skills) is 56-to-1.

The new WIN enrollee, if found to have skills marketable in the local community, is given help in finding a new job. However, according to WIN information pamphlet 1055, "Before this can be done there is often need to provide counseling, guidance, and special services to remove financial, legal, or sociological barriers." Once again, an expression of the conventional wisdom on the causes of unemployment.

The WIN enrollee selected for training or work experience commences the program in "Orientation," which, to cite pamphlet 1055, is:

A two to three weeks' session of general information through selected speakers, films, field trips, with a group leader from the WIN staff, and the added benefit of the mutual exchange of advice and support by the dozen or so gathered in each daily class, leading to greater knowledge about local work and community resources, employer values, ways and means to deal with the modern world, and to increased self-confidence.

If orientation is anything like the pamphlet says it is, it must be considered an insult to the intelligence of the jobless person. What can the returning

⁴Human Resources Development, Second Annual Report of the California Work Incentive Program, January, 1971.

Viet Nam Veteran be told about "ways and means to deal with the modern world?" Based on what we have learned in this study about the resourcefulness required to keep a family together in the ghetto, we would imagine this phase of the program to be barely endurable by some enrollees.

After orientation, the enrollees not ready for immediate work are placed in educational or vocational training, or are assigned to a work experience program in a public or private non-profit agency. Pamphlet 1055 states: "Arrangements are made by the WIN team with the respective agency to give close but sympathetic supervision to the enrollee so as to accustom him gradually to the characteristics of the world of work." There are also special work projects:

Under conditions where local job opportunities are limited and there are few employment prospects for enrollees through the services described, the WIN team may endeavor to develop a local Special Work Project. This is a project undertaken by WIN in conjunction with a public or private non-profit agency to provide work which serves a useful public purpose and which would not be performed otherwise.

Meanwhile, back in the Employment Rehabilitation Section of the Welfare Department, welfare employees designated as WIN Coordinators are working with the WIN team to provide input from the Welfare Department; their role is to assure that services are provided by both agencies (i.e., counseling by WIN and financial support by Welfare).

ERS Coordinators review WIN cases in two regularly scheduled half-day sessions with WIN staff each week. The ERS Coordinator also serves to explain each agency's policies and regulations to the other. In an interview with the Supervisor of ERS on February 16, we were advised that coordinators also make certain that child care arrangements are made. However, Welfare

Departmental Bulletin #929, coincidentally issued on February 16, states that "child care must be arranged by the social worker prior to a WIN referral." This bulletin also states "it is the service worker's responsibility to determine the mode of transportation for all grant cases." An example of an ERS Coordinator's function on the client transportation area as reported to us by the ERS Supervisor, would be "the evaluation with a service worker of the feasibility of repairing a car." The ERS Coordinators reportedly assist the welfare agency in "follow-through with WIN and in determining the level of client cooperation."

The ERS clerical staff, now numbering 11 positions, is primarily devoted to maintaining controls and statistics on WIN, such as keeping statistics on the number of referrals, audit of referral forms, preparation of control cards, disposition of referrals, subsequent actions by WIN, information to WIN on client eligibility, changes in address and social workers, routing of clients to proper workers, form letters to clients, etc.

Only three of the 11 journeyman-level professional staff in ERS are allocated to WIN. Six of the other eight staff work in a program designated as Educational Training Service (ETS) and in connection with referral of employables in the General Assistance caseload. The other two staff are job developers.

Educational Training Service within the Employment Rehabilitation Section of the welfare department, is an optional program for the county, providing combination work experience and training services to employable non-WIN eligible fathers. In this program a client cannot be assigned to work experience without assignment to educational training. A formal agreement with a school is involved. According to the ERS Supervisor, a

State requirement that an educational institution must administer an individual's ETS experience "has effectively ended the work experience aspect of the program." Despite the notion that there are many non-WIN eligible fathers who could benefit from ETS, its usage since September, 1970, when it was started, has been disappointingly light. The current year's \$100,000 appropriation (75% Federal, 25% county) had been less than \$9,000 expended by April 30. There were 452 referrals by service workers to ETS between September, 1970 and March, 1971. The total ETS caseload of 280 in mid-March consisted of 39 men in funded job search or training, 168 men in testing and counseling, and 73 women in job search. ETS is felt to have been instrumental in making 40 job placements in 1970-71.

The ERS unit has been perplexed and concerned about the small number of referrals. The only explanations we heard are that caseload separation may have had an effect, because eligibility technicians were not as aware of the resource as social workers would have been, and that it took time for word of a new program to get around. The ERS Newsletter for April, 1971, distributed departmentally, made a special appeal for referrals:

Due to our constant request for referrals, there has been some interest in the response by area. Following is a breakdown of caseload by area office:

<u>Area</u>	<u>Caseload</u>
Hayward	66
G400 - K000	47
Fremont	46
G100 + G200	40
G300 + D100	35
East Oakland	18
Bond	17
Berkeley	11
	<u>280</u>

Please keep referring!!

It may be of some significance that most referrals have come from the Hayward branch, whose Division Chief formerly headed the ERS unit.

ERS activity with the General Assistance client is primarily an implementation of the county's mandatory work policy for all employables in the General Assistance caseload. As a condition for receiving General Assistance, the physically sound client must be willing to accept employment or assignment to a work project. No single employable man is aided. The ERS General Assistance workload therefore consists of employable single women, employable couples, and some men capable of light work only. If employment cannot be found by ERS, clients are referred to county work projects. There are presently 45 General Assistance clients in county work projects. Between July, 1970 and March, 1971, 880 General Assistance referrals had been made to ERS, and about half of these were cleared as employable. In one month in 1970, a concentrated effort was made by the total ERS unit with respect to General Assistance clients. Of 280 cases handled, six job placements were made. Since the average length of time on General Assistance in Alameda County is 60 days, this General Assistance activity of the ERS unit must be considered primarily as an eligibility screening device, rather than a rehabilitation program.

The reason for detailed excursion into WIN and ERS procedures is that we could think of no other way to demonstrate the following conclusions:

1. WIN is no real departure from Community Work and Training. It merely places the same conceptual approach in a much more expensive, elaborately bureaucratized package and labels it with a catchy deceptive title;

2. WIN is not a clean break with the welfare system;
welfare is just as involved as it was before -- in
"coordinating" the new program and filling in the
gaps left by WIN;
3. WIN has brought the personal barrier theory of
unemployment to a new agency which has embraced
it with all the zeal of new-found faith and intends
to prove itself more effective in relating to client
needs than welfare ever was.

For a bit more emphasis of conclusion #1, consider the differences
in staffing of an employment rehabilitation case pre-WIN and post-WIN:

<u>Community Work and Training Staffing (1965)</u>	<u>WIN Staffing (1970)</u>
1. Social Worker	1. Eligibility Technician
2. Employment Counselor (ERS)	2. Social Worker
	3. Employment Counselor (ERS)
	WIN Team, consisting of:
	4. Counselor
	5. Coach
	6. Educational Specialist
	7. Manpower Specialist

Still further support for bureaucratic aspects of conclusion #1
can be seen in this trend data on the growth of the Employment Rehabilitation
Section since 1964 (WIN commenced September, 1968):

Alameda County Welfare Department
Employment Rehabilitation Section
Staff and Budget Trends

<u>Year</u>	<u>Positions</u>	<u>Man Months</u>	<u>Staff Salary Costs</u>
1964-65	12	144	\$ 78,291
1965-66	18	216	121,280
1966-67	18	216	127,918
1967-68	18	216	134,290
1968-69	18	216	148,191
1969-70	21	252	201,468
1970-71	24	288	214,959

It is ironic that a staff that was fairly stable through the mid-1960's expands after WIN becomes effective. The professional staff, it should be pointed out, number only two more than in 1965-66. Most of the increase has come in the clerical area which may be another reflection of the WIN paperwork blizzard. Alameda WIN (HRD), starting with 27 positions in 1967-68, has had 40 positions since 1968-69 (staff budgets for 1968-69 was \$374,842 and for 1969-70 was \$406,194).

As we suggested in conclusion #3, WIN incorporated the personal barrier concept and very early made it clear that it would do a better job with it than Welfare. Thus, the early days of WIN were particularly rocky for interagency relations, and it appears that this was true from the state department level down through the working staffs. Resentment was expressed in a variety of ways, and most of it developed from the welfare system. WIN was accused of "failing to deal with the whole person;" mainstream, "cream-of-the-crop attitudes" in selecting enrollees; there were endless debates on procedural and regulatory interpretations. For one specific example of the interagency dialogue, see an "Analysis of Vocational and Rehabilitative Services offered in Alameda County for Welfare Clients," a 47-page document prepared by the Social Workers' Union in late 1969, within a year of WIN's start.

We do not mean to characterize this debate as a mere bureaucratic squabble for control of a program -- although some of it does seem to boil down to just that. Much of the discussion does reveal a real concern for the issues and the clients, but even some of this could have been avoided by the "clean break" initially promised by AB 210. If WIN is a "disaster area," as suggested by several workers in our interviews, one of the major

locations is that territory between the two agencies involved.

Even though WIN has resulted in complex and ambiguous administrative arrangements, it has brought more staff and money to bear on the matter of overcoming personal barriers. Has it brought an improvement in performance? Unfortunately, we must conclude that so far, and based on Alameda County evidence, WIN does not appear to have been as effective as the old Community Work and Training Program in job placements and closing of AFDC cases.

Our basis for this conclusion is a detailed report, dated January 30, 1967 from the then ERS Supervisor, Mr. Kennedy, to the Department Director. This report was written before passage or close knowledge of the content of the 1967 Social Security Amendments, and it was therefore not directed to the WIN question, but to a series of Grand Jury questions. Said Mr. Kennedy in that report:

"The normal evaluation of the effectiveness of the Employment Rehabilitation Section program is based on the number of clients who got jobs after service by Employment Rehabilitation Section and the number of those who were discontinued from aid as a result. In this regard in the calendar year 1966 we have records of

	<u>637</u> placements
and of those 637	<u>453</u> were discontinued from aid.

If we use the average aid payment of \$183.00 on a basis of remaining off aid one year grant savings are indicated of

\$994,788"*

Mr. Kennedy went on to qualify his claims by commenting that some clients do not stay off aid all year, others would have gotten jobs without ERS help,

*Report by Mr. Kennedy to Mr. Terzian, January 30, 1967.

and the amount of help given in many instances was in inverse ratio to results obtained. Mr. Kennedy also noted, with creditable candor that there were a total of 1786 AFDC (FG & U) discontinuances due to employment in 1966! This meant that 1333 cases were closed due to employment without any noticeable contact with ERS.

By contrast with the 453 AFDC cases closed by ACWD ERS in 1966, Alameda WIN -- in the 29 months between September, 1968 and February, 1971 -- had closed a total of 250. We must now add some qualifications:

- (1) HRD claims 307 AFDC cases have been closed in Alameda County through WIN. This could be; the 250 case count is a figure from SDSW and is foot-noted: "cases closed because of employment or increased earnings within six months following participation in WIN."
- (2) Labor market conditions in 1966 and the end of the decade are quite different; 1966 was an ascending economy (unemployment reached 3.8% in 1967), and the economy has been "cooling off" for two years and under these conditions it is the lower skilled employment market that is hardest hit.
- (3) The \$30.00 plus 1/3" income exemptions and the work-related expenses have no doubt had a profound effect in retaining employed AFDC mothers from welfare rolls.
- (4) We do not, in any event, feel that the differences in the performance of ERS and WIN are primarily

attributable to differences in quality of staff or effort, or desire to do a good job, or wish to understand the problems of hard-core unemployed. It is primarily a result of the broader forces at work in the economy and labor market.

Nevertheless, we think it is fair and appropriate to evaluate vocational programs on the basis of how many people they put to work and remove from welfare -- at least as long as their legislative and professional sponsors advocate and seek their enactment on that basis. That was precisely the rationale behind A.B. 210; its author predicted that 25,000 persons who were then welfare recipients would become job holders or trainees. Perhaps it was not understood at that time that WIN slots would be limited or that WIN would apply to only 27 counties, but the actual performance in terms of cases closed 29 months later, is 6,380. It should be noted that this is an SDSW figure. HRD, in its Second Annual Report of the California Work Incentive Program (January, 1971, p. 12) reports 12,821 persons "going to work" between September, 1968 and November, 1970, and 4,952 "completing an employability plan" within the time period.

On April 9, 1971, an HRD press release claimed a savings of \$40 million in welfare payments based on "successful program completions" of 6,287 persons. The program completion figure is, coincidentally, close to the number of cases closed through WIN -- as reported by SDSW. We say it is coincidental because not all welfare clients successfully completing an employability plan go off welfare. The press release expressed the cost of the WIN program in terms of the average cost per enrollee, which was quoted as \$1,080. The release concluded with a statement from the HRD Director:

"But the impact of this program shouldn't be measured only by the number of welfare recipients who have gone from the welfare rolls to payrolls," said Sheffield. "For that modest investment of \$1,080 there's the intangible but clearly significant return in the quality of employability and motivation that our WIN graduates have. This conversion of an apathetic, unskilled, embittered welfare recipient into a self-sufficient, ambitious and skilled breadwinner is at least as significant an achievement in terms of the long-range benefits to the community and the state," he said.*

We attempted to verify the welfare savings performance claimed for WIN. We are sorry to report that despite the cost effectiveness reporting requirement in early drafts of A.B. 210, it is almost impossible, 30 months later, to make a reliable statement. We discussed the matter with several HRD staff (below the Director level) and nobody was willing to back the \$40 million claim. We were told, in fact, that savings estimates have not been made for over a year, because it is a manual computing operation. We were also told that there is hope it will become an electronic data processing application in the near future.

We did come across in the course of this study an internal HRD memorandum which presented a cost benefit analysis of WIN for calendar 1969. It is the only documentation from HRD sources we have seen that reflects a careful analytical effort. This study presents a welfare savings for calendar 1969 of \$9,877,004, based on \$4,112,970 for persons completing the employability plan and \$5,764,034 for other terminations.

We have done some manual computing of our own, in the hope of estimating welfare savings for the full term of California WIN. Our approach

*Human Resources Development, Press Release No. 564, April 9, 1971.

has been to use the monthly figures on persons completing employability plans (as reported by HRD) and assume a monthly grant savings of \$258.33 per case. (This monthly figure is an acceptance of the \$3,100 annual savings used by HRD -- which includes administrative overhead). We have further assumed that all who completed employability plans did, in fact, go off welfare and have remained off permanently. Of course, many who successfully completed WIN plans did not go off welfare, even though grants were reduced. On the other hand, many who terminated before completion found employment and did go off welfare. It is possible, however, that welfare savings from early terminations and program completions may balance out.

Note the closeness of the savings estimate below for 1969 with that computed for HRD's internal use. If we conclude that HRD's method was superior and accept their 1969 savings estimate, which is \$220,000 higher than ours, and extend the margin of difference through the whole term of WIN, it is difficult to see how WIN could have generated a welfare grant savings in excess of \$20,000,000 by March 30, 1971.

Estimated Historical Savings in AFDC Grants
Attributable to WIN Program

<u>Year/Month</u>	<u>Number Completing Employability Plan</u>	<u>Months from April, 1971</u>	<u>Grant Months Saved</u>	<u>Estimated Savings Based on Average Grant of \$258.33/Month</u>
1969				
January	1	27	27	\$ 6,975
February	8	26	208	53,733
March	12	25	300	77,499
April	17	24	408	105,399
May	115	23	2,645	683,283
June	147	22	3,234	835,439
July	209	21	4,389	1,133,810
August	273	20	5,460	1,410,482
September	314	19	5,966	1,541,197
October	368	18	6,624	1,711,178
November	215	17	3,655	944,196
December	281	16	4,496	1,154,477
Sub-total, 1969				\$ 9,657,668
1970				
January	273	15	4,095	1,057,861
February	330	14	4,620	1,193,484
March	365	13	4,745	1,225,776
April	302	12	3,624	936,188
May	298	11	3,278	846,806
June	242	10	2,420	625,159
July	232	9	2,088	539,393
August	210	8	1,680	433,994
September	253	7	1,771	457,502
October	267	6	1,602	413,845
November	220	5	1,100	284,163
December	333 (est.)	4	1,332	344,096
Sub-total, 1970				\$ 8,358,267
1971				
January	333 (est.)	3	999	258,072
February	333 (est.)	2	666	172,048
March	333 (est.)	1	333	86,024
Sub-total, 1971				\$ 516,144
Total				\$18,532,079

The semantic inflation attendant to the start-up and the reporting on the WIN program in California seems appropriate only to its costs, which will approximate \$100 million by the end of 1970-71. Shown below, based on a table in the most recent WIN Annual Report, is the intergovernmental allocation of WIN budget costs, from September 1, 1968. Those budget costs allocated to HRD are for WIN staff and operational costs, and contract services in on-the-job training, basic education, institutional training, and incentive payments. The SDSW budget figures are for training allowances and expenses (child care, transportation, medical exams, etc.).

WIN Funding ⁵				
<u>HRD</u>	<u>Total</u>	<u>80% Federal Share</u>	<u>20% State Share</u>	
Fiscal Year				
1969 Budget	\$15,289,935	\$12,231,948	\$3,057,987	
1970 Budget	\$26,656,250	\$21,325,000	\$5,331,250	
1971 Budget	\$26,651,985	\$21,321,588	\$5,330,397	
<u>SDSW</u>	<u>Total</u>	<u>75.000% Federal Share</u>	<u>16.857% State Share</u>	<u>8.125% County Share</u>
Fiscal Year				
1969 Budget	\$ 4,085,746	\$ 3,472,886	\$ 414,346	\$ 198,496
1970 Budget	\$13,122,352	\$ 9,841,764	\$2,230,800	\$1,049,788
1971 Budget	\$12,849,665	\$ 9,637,249	\$2,168,381	\$1,044,035

It is important to note that the above figures do not include budget allocations for Welfare Department staffs in units such as the Employment Rehabilitation Section in the Alameda County Welfare Department. It is

⁵Department of Human Resources Development, Second Annual Report of the California Work Incentive Program, p. 13.

also important to note that some other counties have significantly larger employment rehabilitation staffs than Alameda.

We should also emphasize that the above figures are budget appropriations. Actual HRD expenditures for WIN from September, 1968 through March, 1971 are \$53,083,000, and we estimate training allowance expenditures through the welfare system for the same time period to bring the total historical cost of WIN to approximately \$75,000,000 by March 30, 1971.

Since about 6700 AFDC cases will have been closed by the end of March, 1971 as a result of WIN, this means that the cost to close a case through WIN has been about \$11,200.

HRD prefers to express unit costs of WIN in terms of cost per enrollee, which it reported on April 9 as \$1,080. Aside from the fact that this is one of the lower unit cost figures in the WIN statistical array, its use can probably be justified on the basis of statistical measures used in another system which "enrolls" people for education and training -- the public schools. In that system, however, the use of cost per average daily attendance is in part to get a comparative measure of where one school or group of schools ranks with others. It is not a measure of the success of educational program, but it is still useful, because many schools are being compared. WIN is a single statewide program; there is really nothing to compare it with. Therefore, is the cost per enrollee too high or too low? We cannot tell from the cost per enrollee statistics alone; it is meaningless (it may be of interest to note that average statewide cost per unit of ADA in California high schools in 1969-70 was \$944.72). We also do not know how the cost per enrollee is computed; is it charged to all those formally

enrolled in the program, regardless of subsequent disposition? Is it charged to successful plan completion and other terminations who went off welfare?

Another enrollee statistic that provides some measure of WIN is the percentage of enrollees that complete the employability plan and graduate. The latest figures here are from the Second Annual Report of November, 1970 and are cumulative from September, 1968. Out of 46,181 new enrollees, 4,952 (or about 10.7%) completed a WIN employability plan. The ratio of AFDC case closures to WIN enrollees is slightly better: since 5,758 cases had closed as a result of WIN by November 30, 12.5 of every 100 WIN enrollees made that successful trip "from welfare to wages."

Only 27 of the more populous of California's 58 counties have the WIN program. The other 31 counties refer employables directly to HRD. A review of the comparative performance of WIN and non-WIN counties poses the intriguing possibility that some non-WIN counties are more effective in closing AFDC cases after HRD placement than are some WIN counties. The February, 1971 edition of Public Welfare in California indicates, for example, that 2,971 AFDC cases have been closed since 9/1/68 because of employment or increased earnings within 6 months of referral to and placement by HRD in non-WIN counties, compared to 6,380 in the WIN counties. Non-WIN counties have closed roughly 47% as many cases through HRD as have WIN counties, which would not seem to be a bad performance by some of the poorer relations in the county family. The fact is, some of the small counties seem to be doing better than some of their adjacent WIN neighbors. A few cases in point:

Cases Closed after WIN or HRD
Placement Since 9/1/68
Selected Counties

<u>WIN Counties</u>	<u>Cases Closed After WIN</u>	<u>Non-WIN Counties</u>	<u>Cases Closed after HRD Placement</u>
Humboldt	62	Del Norte	73
Butte	22	Tehama	62
Sacramento	148	El Dorado	151
Sonoma	138	Mendocino	150
Merced	21	San Benito	76

As with many statistics, a large grain of salt is called for. The above table does not show how many cases were closed in WIN counties after a direct referral to HRD. An inquiry of a WIN official met with the response that the data for the non-WIN counties does not disclose the kinds of jobs people go into. We were advised that "WIN makes a real effort to secure good paying jobs with upward mobility and also makes an effort to provide supportive and follow-up services that will enable a worker to stay in a job."

We were so intrigued with the WIN vs. non-WIN county comparison that we made a call to two non-WIN counties with which we are closely familiar: Yuba and Sutter. These two counties, between them, are reported to have closed more AFDC cases through direct referral to HRD than Alameda has closed through WIN (as of 2/28/71 Alameda WIN had closed 250 AFDC cases and Yuba and Sutter counties had closed 309 cases after direct referral to HRD). We recalled that the Marysville HRD office which covers both Yuba and Sutter counties makes a strong effort to work with welfare clients, as well as develop jobs.

In checking with them, we found that aside from following procedures that had been observed for some time, they had no special methods that would

account for these relatively good results. We also asked the Welfare Director if he was aware of the good performance of Yuba county in AFDC discontinuances due to referral to HRD. He responded that he was a bit skeptical about the statistics, but he did pull files on all discontinuances due to employment between November 1, 1970 and March 30, 1971. Here is what he reported for this five-month period:

Discontinuanee due to employment	29
AFDC-U	25
AFDC-G	4
Jobs found by client	28
Jobs found by welfare	1
Service referrals to HRD	9
Number placed by HRD	0
Number returning to previously held work	15
Number not returning to previously held work	14
<u>Type of work found:</u>	
Farm labor	12
Labor and construction	12
Military	2
Miscellaneous	3

Four of the 29 discontinuances (all AFDC-FG) were restored to welfare after an average of 2-3/4 month's work.

These data do not make us extremely confident in SDSW statistical reporting, although they are for a different period than covered by February 1 monthly report (none of the above had been employed six months by February 1, which is the basis of SDSW reporting). We would have expected, nevertheless, some HRD placements during this period. Perhaps the significance of these Yuba county statistics is that they square with something in the report of the Alameda ERS Supervisor to his Director in

January, 1967: most welfare clients who discontinue because of employment find work on their own.

We have used more space in this analysis of WIN and ERS than some readers might think necessary. But it always takes a bit longer to plow new ground, and no one to our knowledge has taken the time to look very closely at WIN. Further, we feel that the future of a program which will expend about \$100 million in its first three years should be based on more than press releases and annual reports that screen from public scrutiny facts that are known within the responsible department.

There is another relevant aspect to this discussion. The State Administration has proposed expansion of WIN in its current welfare reform plan, which speaks of the program in this way:

WIN is the only federally and state funded program that deals exclusively with the training and placement of welfare recipients. It will continue to be a significant part of our program to move welfare recipients into regular jobs. California has developed a nationwide reputation as pioneer and leader in WIN. We are increasing the number of WIN openings this year.

Improvements are being made in the original design and emphasis of WIN. Since only a limited number of openings are available in WIN at any one time, it is necessary to complete a recipient's program in as short a period as possible.

To do this, we have eliminated training and counseling which does not relate to placement and are emphasizing on-the-job and vocational training which will lead promptly to jobs. This gives the trainee the immediate substitution of a paycheck for a welfare check and gives the employer the benefit of his productivity while being trained.⁶

⁶Meeting the Challenge: A Responsible Program for Welfare and Medi-Cal Reform, Governor Ronald Reagan, Transmitted to the California Legislature, March 3, 1971.

RECOMMENDATIONS

We come now to the part of this section where we must make recommendations, based on our research of ERS and WIN. In framing these recommendations, we have kept in mind the interrelated and inter-governmental nature of welfare and manpower programs. There are certain recommendations for action that will involve individual governmental entities; some will require joint action, still others will not be necessary if the state or federal government should take action first. All recommendations will require legislative action at some level. We commence with local level recommendations.

62. IT IS RECOMMENDED TO THE ALAMEDA COUNTY BOARD OF SUPERVISORS THAT THE FUNCTIONS AND DUTIES OF THE EMPLOYMENT REHABILITATION SECTION -- WIN COORDINATION, ETS, AND GENERAL ASSISTANCE EMPLOYMENT REVIEW -- BE DECENTRALIZED TO SOCIAL SERVICE STAFF AT BRANCH OFFICE LOCATIONS, AND THAT THE EXISTING ERS UNIT BE ELIMINATED.

63. IT IS RECOMMENDED TO THE ALAMEDA COUNTY BOARD OF SUPERVISORS THAT THE SYSTEMS AND PROCEDURES UNIT OF THE ALAMEDA COUNTY WELFARE DEPARTMENT REVIEW, DETERMINE, AND RECOMMEND THE CENTRAL CLERICAL, ACCOUNTING, AND STATISTICAL CONTROLS THAT WOULD HAVE TO BE RETAINED FOR WIN, ETS, AND GENERAL ASSISTANCE EMPLOYMENT FUNCTIONS AND THAT SUCH CONTROLS AND MINIMUM ESSENTIAL CLERICAL STAFF BE ASSIGNED TO THE FISCAL SECTION.

These recommendations are not intended as a reduction in services, but in the staff required to perform them. The recommendations are intended as a means of simplifying the routing and processing of WIN referrals and the provision of training allowances. With sound selection and training of

district service staff, it is quite feasible to think in terms of good employment and vocational rehabilitation services in the branch offices. In our interviews with service workers we were generally impressed with the knowledge and understanding of community resources possessed by branch office workers. There seems little reason to think that selected workers in the various branches could not work as well directly with WIN as they do now through coordinators within the Welfare Department. Based on ERS referrals for Educational Training Services and General Assistance in the current year, the decentralization of these activities could be absorbed by service workers in various branches and represent very little in terms of added burden, and promote more speedy services to clients. This recommendation is also based on the significant decline in responsibilities and workload in the ERS unit since the days of Community Work and Training. We are guided once again by Mr. Kennedy's 1967 report, in which it is quite apparent that there was a depth of involvement with the client formerly required of the employment coordinators (especially before caseload separation), and it is also obvious that much effort was required of staff in the community and with training projects. Depending upon the size of central clerical staffing determined to be required for (fiscal/statistical) employment service controls, this recommendation should save in excess of \$200,000. (75% federal, 25% county).

64. IT IS RECOMMENDED TO THE ALAMEDA COUNTY BOARD OF SUPERVISORS THAT FUNDS FOR EDUCATIONAL TRAINING SERVICES BE REDUCED FROM \$100,000 TO \$25,000. THIS IS BASED ON EXPENDITURE ACTIVITY IN THE CURRENT YEAR, WHICH WILL PROBABLY NOT EXCEED \$15,000 OF THE \$100,000 BUDGETED. THE BOARD COULD, OF COURSE, LEAVE THE ETS BUDGET AT ITS CURRENT LEVEL, BUT THIS WOULD NOT IN

ITSELF CREATE DEMAND FOR SERVICES OR ALTER THE EXPENDITURE PATTERN. \$25,000 SHOULD BE MORE THAN ADEQUATE FOR 1971-72.

The following recommendation may require action by Congress, the Legislature, the State Departments of Social Welfare and Human Resources Development and the County Board of Supervisors; it would take longer to accomplish, but should not preclude action on the above recommendations in the meantime:

65. IT IS RECOMMENDED THAT THE WIN PROGRAM AND WIN ENROLLEES BE TRANSFERRED COMPLETELY TO THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT AND THAT ALL WIN ENROLLEES WITHIN AN ACTIVE TRAINING PLAN BE REMOVED FROM WELFARE ROLLS ENTIRELY AND THAT THE RELATED GRANT AND TRAINING ALLOWANCES BE ADMINISTERED ENTIRELY THROUGH THE DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT.

This recommendation has a number of reasons behind it:

- (a) It is obviously the "clean break" between the two systems originally envisioned by A.B. 210, and this gives us cause to believe it could be authorized in California by state legislation and administrative regulation. It has implications for a clear assignment of departmental responsibility and accountability in the conduct of the program; it would minimize interdepartmental buck-passing tendencies which have plagued WIN thus far;
- (b) It has motivational implications for the client; when he goes to WIN, he leaves the welfare system. When he interviews potential employers he is not a

welfare client -- he is an applicant from the public employment agency;

- (c) The WIN program, especially with its comprehensive team of all the skills thought to be required in developing employability, should be the one and only agency needed to address the problems of the client. Why should an eligibility worker, a social service worker, and a WIN coordinator be required in addition to four members of the WIN team?
- (d) The transfer would allow a unitized payment for all activities while a WIN enrollee. This is another concept of A.B. 210 that has gone astray. Every effort should be made to see if this could be worked out by administrative regulations; it seems quite important that the agency that conducts the training program should be responsible for making the training and subsistence payments.
- (e) WIN is supposed to be a manpower program and should be handled by the manpower agency -- the agency with the strongest avenues to the employment market. Welfare is a social service and income maintenance agency for the temporarily, partially, and permanently unemployed. A clearer division of responsibility between the agencies would bring a sharper definition of agency roles and assist in the future assignment and implementation of public policies in the manpower and welfare areas.

66. THE MISSION OF THE WIN PROGRAM SHOULD BE SHARPLY REDIRECTED FROM ITS EMPHASIS ON TREATMENT OF PERSONAL BARRIERS AND INSTITUTIONAL TRAINING TO JOB DEVELOPMENT AND ON-THE-JOB TRAINING.

There is always a lag between what man knows, and what he does with what he knows. We know that "full employment" is primarily a function of the economy rather than individual decisions to work or not to work. We know that in our manpower programs, neither education nor social services seem very effective in reducing employment. And yet, we seldom revise and seemingly never discard a manpower program approach until long after it is known to be a failure. And we continue to develop new programs to train, educate, and motivate the unemployed.

Instead of focusing on the unemployed, public policy and dollars should be directed toward the job market and efforts to develop the single most important spur to the motivation of the unemployed: a job. The single most effective approach to job development, motivational achievement, and relevant training is on-the-job training.

On-the-job training has a number of advantages over institutional training in a manpower program. For example:

In on-the-job training, jobs are directly, visibly, and risklessly tied to completing training courses. A visible job can provide the incentives necessary to persuade workers to complete courses of instruction. Without a visible job, the risks of not finding a job or refusing a job offer given during the training period may be so large as to not make training worth while.⁷

⁷Thurrow, Lester C., testimony in Employment and Manpower Problems in the Cities: Implications of the Report of the National Advisory Commission on Civil Disorders (Hearings before the Joint Economic Committee, 90th Congress, 2nd Session), (Washington: U.S. Government Printing Office, 1968), p. 146.

The Report of the President's Commission on Income Maintenance Programs also acknowledges:

A distinct advantage that OJT enjoys over institutional training is its immediate job relevancy, coupled with the very high likelihood of a job upon completing training.⁸

We expend a considerable amount of money in WIN mainly in institutional training for what is recognized by the training program enrollee -- and his teachers -- as an uncertain job possibility. Many of the unemployed are poorly motivated through experience with previous failure, and the absence of a real, live job connection to his training is likely to make it difficult for him to stick with it. Should he complete his training program his chances of a job are still not good, but should he become employed, he may be confronted with another period of training -- on-the-job. In short, the rewards for much of our manpower training are too remote, and the training too often unrelated to real job needs.

There are some curious peripheral phenomena in our manpower training programs which we have run across in this study. One of our readings suggested that the unemployed person who is highly motivated to work will quickly reject institutional training, while a poorly motivated jobless person will play the training game for the money that is in it during the course of the program. The irrelevancy of institutional training extends to the instructors. We also encountered a former instructor from an Oakland manpower program who reported being indignant with the conduct of the program, and had thoughts of resigning, but reconsidered it when he realized

⁸The Report of the President's Commission on Income Maintenance Programs, Poverty Amid Plenty -- The American Paradox, November, 1969.

he would lose a good salary and be replaced by someone who would feel as he did about the program, but not bad enough to reject the position, which paid very well.

We would summarize the advantages of OJT as follows:

1. It is an immediate conversion of a welfare check to a paycheck -- that has a very strong likelihood of being a continuing situation after completion of training;
2. It has motivational advantages to the employee, in that he can directly link what he is doing and learning to continued employment;
3. It saves the unemployed person time-consuming orientations on the "world of work" which are not necessarily related to a specific job requirement;
4. It is conducted by private enterprise itself, rather than government and provides instruction on what is needed as determined by the business requiring the skill, rather than by government employees;
5. The employee is in an actual work situation, associating and working with others who have a job, rather than a part of a group that is out of work in an institutional training program;
6. Working has a multiplier effect on the economy, even at a low salary.

Some observers hold that the advantages of OJT as compared to institutional training are not that clear-cut. Once again, the President's Commission on Income Maintenance observed:

The employer is less likely than the vocational training center to teach skills which might be transferable to other jobs. Thus, the greater transferability of institutional training in the long run may offset the more immediate advantages of narrowly oriented OJT training.⁹

We would suggest, however, that in a poor employment market, "transfer of training" is not apt to be so important, because people will not be moving from job to job, but simply attempting to find and keep a job. Because of its job development aspects (before you can start someone in OJT, you have to get him the job), the current employment situation really favors OJT as a strategy. If, however, we look at the March statewide breakdown of WIN enrollees, we note that only 5.2% are currently in OJT, as opposed to 77.5% in vocational training and basic education:

Enrollees active in training		
March 31, 1971	8,368	100.0%
Vocational training	4,110	49.2
Basic education	2,366	28.3
Orientation	707	8.4
Work experience	662	7.9
On-the-job training	438	5.2
Other training	76	.9
Special work projects	9	.1
	<u>8,368</u>	<u>100.0</u>

We should also note that WIN leadership is emphasizing OJT; March OJT enrollment represented a 15% increase over the previous month and a 150% increase over the same month the previous year. Furthermore, WIN subsidizes

⁹The Report of the President's Commission on Income Maintenance Programs, Poverty Amid Plenty - The American Paradox, November, 1969.

firms for participation in OJT in relation to length of training required and up to 50% of salary. In Alameda WIN, historical expenditures as of March 31, 1971 were: for institutional training \$1,022,101; for OJT \$125,806. One institutional training contract in the current year is with Oakland City Schools for \$200,000, of which \$120,000 is for basic education and GED. Another contract is with Peralta Jr. College District in the amount of \$116,000, and other districts in the county have "lines of credit" based on anticipated enrollments, all of which suggests the stake that school districts rather than enrollees have in WIN. Here again, we should note that the actual current year encumbrance for OJT is higher than the March expenditure figure -- \$158,821, as Alameda WIN is moving more strongly into this area. Also, the unit claims the largest single OJT contract ever negotiated by WIN -- for the training and placement of 33 people as guards at the U. C. Berkeley Art Museum. This OJT contract is regarded -- and rightly so -- as one of the real success stories of California WIN.

How can the movement to OJT be accelerated? We have only taken the time here to suggest a direction; HRD has the information, the expertise, and the staff to pursue it. For a model, they might take a close look at a related program that is partially staffed with HRD administrators: NAB-JOBS (Job Opportunities in the Business Sector, sponsored by the National Alliance of Businessmen). This program was started by President Johnson, and continued (and expanded) by President Nixon. Governed by a Board of Directors from private business, it is staffed heavily with private business "loan executives" who promote the program and the hiring of disadvantaged in the private sector. The program is directed toward welfare clients and individuals and families with income below poverty levels.

As a manpower program, NAB/JOBS is totally devoted to OJT and seems relatively successful. For example, in Alameda County, one consortium in local NAB/JOBS (Oakland Chamber of Commerce) between February, 1970 and February, 1971, reports it contracted 298 jobs with 34 local employers. 66 of these had been welfare clients. National figures on the JOBS program disclose its costs at about \$3,000 per trainee. We recall WIN's cost of \$1,080 per enrollee, but we would suggest a bigger payoff in JOBS: the WIN enrollee stands one chance in ten of going "from welfare to wages." In the Alameda County JOBS program, however, out of 7,000 placements since May, 1968, 3,000 are still working in these jobs. To be sure, the populations are slightly different (some are on welfare and some are not) but the essential characteristics of disadvantaged status are not.

APPENDIX A
INTAKE APPLICATION PROCESS
FOR AFDC

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FOR AFDC

When a family decides to make an application for welfare, they may either call or come into the nearest welfare office. They are usually advised that unless there are extenuating circumstances, they will be serviced faster if they come into the office. Home call applications are generally discouraged.

A person coming into a welfare office, first stops at the main desk in the waiting room and discusses his need with the receptionist. The receptionist needs to ascertain whether the family is living within the boundaries served by the office, and then for what type aid the family is applying.

The receptionist then will complete the form 10-16, listing the names of all for whom aid is requested, as well as reference persons. She, too, will inquire whether the family, or any member has received aid previously in the county.

The date the client requests assistance, whether it be by phone, in person, or through an agent, is the date of application. The State form ABCD 200 is completed. (This may be done by the receptionist or the eligibility worker).

When the client will be seen varies from office to office. In some offices the client is given an appointment, with information regarding what needs to be completed and brought in (emergency situations are naturally screened out). In other offices the client is seen as soon as possible after he enters the office.

The client generally will not have with him necessary supporting documents, however, as a home call is made before aid is approved such data may be readily gathered at the home call. Usually clients are not too successful in completing State forms; the eligibility worker always has to help the applicant with its completion.

After the client leaves, or while he is waiting, the receptionist "clears" the 10-16. That is, checks with central index to determine if any of the family has been known to the agency previously, whether the case is

still active, etc. Frequently this will result in discovery of a false application, or the finding that the case is not closed but still located in another office. Until it is established that aid is not being paid to any members of the family for whom aid is requested, the office cannot secure a case number. Due to volume problems in Central Index the offices cannot call in whenever they wish, but have to wait for Central Index to call them, which is usually on the half hour.

Once the receptionist secures a case number and is able to determine the case is not active she assigns an application number to the case. Each office keeps individual logs. It is mandatory that all these numbers be acted upon. In some offices it is now the practice not to give application numbers until after the initial interview. Since there is no screening process some clients, after speaking for a short time with the worker, will withdraw their application.

Even if the client is obviously ineligible, he has the right to complete a full application. The majority, however, will leave if they are told they do not qualify.

The intake application in Alameda County is accomplished in most cases in two phases: the waiting room interview and the home call. In some instances there will be only the home call. Specifically, the State does not mandate the use of the home call, but indicates the need of only a face-to-face contact. Because of many previous difficulties in establishing living arrangements, the county requires a home call be made. Recently the county went even further and made it mandatory for a home call to be made before any type of aid be approved (the program actually allows for aid to be granted presumptively after the initial interview but the disappearance of some recipients after receipt of warrant brought a halt to this practice).

The initial intake interview naturally differs from worker to worker, but the method we describe will be generally correct.

The eligibility workers first will ask the client for what aid the application is being made. Once it is determined that the application is for AFDC, the eligibility workers will review basic eligibility for the program, e.g., deprivation, property limits, etc. She will also advise them of all eligibility requirements, and the areas where mandatory cooperation is needed. The recipient is always advised of his rights to appeal a decision. If the worker determines there is probable eligibility the application process is pursued. Some steps, because of time, may be completed in the home and not in the waiting room. Usually, however, the applicant will complete form CA201, the Affirmation of Eligibility, and with the worker's help, the two-page face sheet. The worker will also determine the reason for the current

application, and how the family supported itself previously.

Depending on the type of application made, different forms have to be completed as soon as possible. An example is a pregnancy verification or medical statement to be completed by a doctor. If there is an absent parent there might be need for an immediate referral to the District Attorney, or if the father is in the home and unemployed, he will be referred to Human Resources Development and told to file for unemployment or disability insurance. The worker will advise the applicant that aid will not be granted if they do not comply with all application steps.

RESIDENCY

If the applicant is not a resident of California he will be required to sign an intent to reside form. Failure to comply would be grounds for denial. However, any verbal contradictory statement may be considered too. This is unfortunately a judgment area which is very hazy and needs further clarification from the State. The non-county or non-State resident will be advised that his place of former residence will be contacted regarding aid in that jurisdiction and that an answer will have to be on file prior to the granting of aid. Such investigation prevents the duplication of aid. All counties pay aid out of their area and many states pay aid out of State.

The applicant who is born in a foreign country will have to present proof of legal entry. If there is no legal entry, no aid will be granted. If the applicant has been in the USA less than five years he will be notified that the U. S. Department of Immigration will be contacted as will his sponsor. This frequently results in the withdrawal of an application.

VERIFICATION OF IDENTITY

The eligibility worker will require identification of every person for whom aid is being requested. The applicant is asked to present primary identification such as driver's license, draft card or birth certificate. In areas of difficulty two or three items of secondary identification will be accepted. Also, there is a requirement that all adults in the application present a social security card; if they do not have one they will be asked to file for one immediately and present evidence. The index system has been programmed to cross reference social security numbers. Both of these requests are county requirements and not mandated by the State.

The request for identification and the social security number is a direct result of false applications and duplication of aid granted. In general,

all applicants can provide identification or can be assisted in securing the same. In general, this is a logical requirement, not degrading to the applicant, and serves a purpose in "weeding out" the potential fraudulent application.

All members of the family for whom application is being made are supposed to be seen by the worker. Actually, a mother must apply for all of her children; she cannot choose to not apply for some members; so must the father apply for himself. If a member of the family is not applied for there is a question of the family's need.

FACTORS OF DEPRIVATION

The worker must explore carefully the reasons for the deprivation. There are different types of deprivation involved in an AFDC application and in some cases there might be more than one deprivation, e.g., unemployment of the father and the absence of another father. The types of deprivation are:

1. relinquished for adoption (not common);
2. parent of child deceased (either);
3. parent of child absent (either);
4. parent of child unemployed;*
5. parent of child incapacitated (either).

We will not discuss (1) as it is not pertinent, however aid may be granted an unborn child, if there is other deprivation and the child will be given up for adoption. Also there are a few legal guardian cases (Boarding Home & Institutions) aided with AFDC cases. If a parent is claimed to be deceased, no verification is required. This is out of line when everything else is verified and should become mandatory.

*If the father is fully employed there is no deprivation for his children, but there is eligibility if only the mother is employed. This is, of course, one of the inequities of the program. The one parent can, of course, be fully employed if the other parent is incapacitated, deceased, or absent. The program actually encourages desertion.

ABSENT PARENTS

If the parent is absent an automatic referral to the District Attorney is required. The only exception is when the child is to be placed for adoption; then information only is relayed to the Family Support Division. If the applicant is non-needy and only to be the payee, the county may make the referral itself to the Family Support Division (e.g., an aunt applying for a niece).

The worker carefully explains failure to cooperate in this area as grounds for denial or discontinuance of aid. The actual verification of absence becomes a hazy area. The State does not differentiate between an absence of one day or three months, but emphasizes the family's need.

The three-month waiting period that used to be required has been ruled illegal. Thus, the determination of absence is left to the judgment of the worker. The State allows 30 days for action on an application. However, the neediness of the family must be established and the needs met. The county, therefore, has had to rule uniformly on cases where the separation is only for a short period of time. If there has been no legal action, the applicant is requested to contact the Family Support Division prior to the granting of aid. This, again, is irregular based on current litigation and we suggest that the State seek an amendment to the rulings so that aid may be withheld on those separated less than two weeks, until contact is made with Family Support Division. If the family's need is great there must be a way to arrange an emergency appointment with FSD.

UNEMPLOYED CASES (AFDC-U)

In cases of unemployment, we are usually talking about the father, as the unemployed mother is a rarity. The worker needs to verify quite a few areas:

1. Date of last employment.
2. Date of last paycheck, and total amount of wages and income for the month of application.
3. Reason for termination of employment; strike, quit, lay-off, fired, or leave of absence.
4. Registration for work at Human Resources Development and filing for benefits such as unemployment insurance benefits or strike benefits.

While discussing the father's unemployment, the workers will also be able to determine federal eligibility. (When there is a two-parent household for the county to claim federal eligibility there must be a legal marriage). This is an area which is sometimes overlooked, but should not be as it affects the grant as well as eligibility. Thus, it should be mandatory that the marriage be verified by more than the applicant's statement. When there is no legal marriage, the family will be aided at only the one-parent maximum. The other areas of federal eligibility are linked to Work Incentive Program eligibility. The eligibility worker thus also determines the Work Incentive Program eligibility of the father, but the social worker makes the final decision.

In instances where the father claims part-time employment, it is necessary to determine the number of hours worked and the availability of full-time employment through the employer. This, again, should be obtained procedurally, and not based on the judgment of the worker. For strikers a weekly record is kept and forwarded to administration.

PHYSICAL INCAPACITY

When a parent is incapacitated, there is need for medical verification. If it is the mother, the children are deprived of a caretaker and if it is the father the family is deprived of a breadwinner. The county needs to verify, immediately, that the parents' incapacity prevents any type of employment and the duration of the incapacity. The State requires the use of form CA343, but it is a deterrent to establishing eligibility. Doctors dislike the form as it is so long and complicated. They want pay for their services. The county, therefore, has resorted to another method. The worker utilizes a form originally designed for the General Assistance Program, Statement of Employability, as it is short and to the point. If, on the receipt of this form, there is still a question regarding incapacity (of the man) a WIN referral is processed with the request for a medical examination. These examinations are paid for by the WIN program. The county is determining incapacity accurately, but not in compliance with the State. The State has been informed on many occasions of the unweildiness of their form but no change has occurred. The State should either revise the form, so that it is easily completed, or arrange to pay for the preliminary medical evaluation.

If the examination shows a severe and permanent incapacity the eligibility worker will make a referral to Aid to Disabled. Also there needs to be explored other benefits and the applicant must be informed that it is mandatory that they be filed for, and the filing should be verified. For example, Disability Insurance, Social Security, Workmen's Compensation, sick pay, pension, etc. If there are any questions regarding sick pay the eligibility worker must call the employer. This, again, should not be placed on judgment but a mandatory requirement. It would be simple to devise a form letter to cover this area.

REAL AND PERSONAL PROPERTY DETERMINATION

The personal property limits of the AFDC are the most restrictive of all programs. For personal property the limit is \$600 and for real property \$5,000 assessed value less encumbrances. Also, all real property holdings must have a verified plan for utilization. The applicant's property is declared on the sworn statement (CA201) and the face sheet. All property claimed must be verified. If car registrations are not available estimates of the value from dealers must be acquired. If bank books and life insurance policies cannot be reviewed they must be verified through contact with the source. The amount of the cash surrender value of the life insurance policy is used. The worker, too, must look for large withdrawals in bank accounts. Funds cannot be transferred to receive assistance. The property of all family members must be explored. Children, stepfather, etc. Even if the stepfather and his children are non-needy, the wife does have a share of the community property. These determinations are extremely difficult without adequate guidelines.

A home lived in is considered to be utilized. The worker needs to establish the assessed value and amount owed to determine the eligibility. The difficulty comes when the home is not being lived in; the recipient must be renting, selling or planning to qualify. Usually this area is enforced rigidly. As it is a difficult area decisions are made by the Grade I Supervisor. For instance, the recipient cannot be renting a home for the same amount of the house payment; a 6% profit must be realized.

CAR AND EQUIPMENT ALLOWANCES

There are, of course, exemptions that may be excluded in the determination of property value. A car or equipment used for, or to seek, or to retain employment may be exempted. With regard to equipment it has become more prevalent to ask the Human Resources Development to make the determination. We feel this should become mandatory and Human Resources Development be made aware of this need, e.g., does the applicant need a backhoe to find employment? How many workers even know what a backhoe is.

There are, of course, other types of property we have not discussed but these examples readily explain the complexity of the program and the continued need for guidelines from the State and county in order to eliminate the extensive need for judgmental decisions.

RESPONSIBLE RELATIVES

When a man and woman make an application they are advised that the agency plans to contact their parents and adult children as there is a mutual responsibility to aid each other. If the applicant refuses to have their parents contacted aid would be withheld. The worker, after being advised that a contact would be acceptable, explores the status of the parents. If the parents are pensioned, or on aid themselves, no letter is sent. In all other instances letters are forwarded to the responsible relative requesting a contribution. There is no enforcement of this regulation. If they know the parents net over \$10,000 a year they must notify the Assistant Director but that is a rare situation.

There is, of course, a different situation if an unemanipated minor applies for herself. The difficulty arises if the minor is not living with her parents. This usually results in contact with parents and often a referral to the juvenile authorities. The worker must also explore whether the children 16-21 are in school or disabled. If they are 18 or over and disabled AFDC may not be granted but a referral to ATD will be made. School status is verified by direct contact. This is a vague area procedurally that needs better guidelines.

Usually the worker will explore the area of income as soon as possible for if the applicant has a fixed income it is easy to determine eligibility. The worker advises the applicant that all types of income must be reported, and that for determining eligibility income exemptions will not be applied. To make sure this is understood the worker will review possible income to the family, e.g., rental, earned, absent father, social security, unemployment insurance benefits, etc. ALL MUST BE VERIFIED.

GRANT COMPUTATION

Let us assume the waiting room interview is completed and the worker is going to now schedule a home call. She advised the applicant when the call will be made, what information will be needed, such as birth certificates, the savings account, etc. Also, she needs to know the household composition and the total rent paid. Rent receipts need to be seen (rent is allowed at actual cost up to a maximum and prorated if needed). The applicant will have to account for the income of all those she lives with. If there is an unrelated male adult in the home he will have to be contributing for his needs. The main concern is that there will be no misuse of welfare funds (a referral to the District Attorney may be made).

The eligibility worker tries to see all the children in the home but this is sometimes too difficult to do. If one of the adult applicants did not come to the office the worker will have this individual sign all necessary forms. Both parents must sign sworn statements and they all must know their reporting responsibility. Besides reviewing the reporting responsibility and budget the worker will have the applicant sign form 3-44, the Applicants' Statement. This is a review of their reporting responsibility and the amount of aid they will receive. This is a useful tool; frequently applicants will later say something wasn't explained, but they signed the statement.

At some time during the interview or home call a civil rights pamphlet will be given to the client, the medical program explained, and the family asked if they wish to receive food stamps, and if so their eligibility determined.

Now to determine the grant for a family. First we will use simple examples and then a more difficult one and the complications.

Knowing the family composition the worker turns to the coded cost schedule. The State puts out a schedule approximately once a year. Needs are based on the ages of the children and adults. The rental allowance is not included. Three things have to be remembered:

1. the family's need;
2. the maximum participation bases;
3. rental maximums.

Below is the table which shows the new State maximums effective 6/1/71. Also we have recorded the rental maximums.

	<u>Number of people in the F.B.U. (Family Budget Unit)</u>								
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9 or more</u>
<u>RENTAL MAXIMUM:</u>	\$88	99	124	124	152	152	173	173	194

Understanding the coded cost schedule is not so easy. First the family is broken up into four different components.

Female 13 years & over	Male	Child	Infant/child
Incapacitated adult male	13 yr. & over	7-12 yrs.	1-6 yrs.

Thus if a family is composed of a mother and two children ages nine and 3, the code for this family will be 1011. The worker, to determine the family's needs, would look up this code and determine the needs at \$147. This figure includes food, clothing, personal needs, recreation, utilities, household operations, education and transportation. The allowance for each item can be

individually broken down for each family member. Naturally the food allowance for the mother is more than the child. (See breakdown example for non-needy). A flat \$21 is allowed for unborn, e.g., x months pregnant and two children - \$147 + \$21 - need \$168.00.

If the family were buying their home, let us use the figure of a payment at \$166. The rental maximum for a family is \$124, so the \$166 cannot be allowed. Assuming this family has no other needs and no outside income we can easily determine the grant.

Total Needs: \$147
 + 124
 \$271

The Grant will be \$204 - \$67 of the family's needs are not met due to the MPB.

If, for instance, the mother was receiving \$152 social security benefits her needs would be: \$271

Less 152
 \$119

As the \$119 is below the MPB, she will receive this amount.

If, for instance, we have a nine year-old boy living with an aunt who is non-needy, the code is not used but two separate allowances rent and utilities share.

e.g., \$38.65 for basics and \$12.95 for incidentals.

Let us break this down more specifically:

Food	\$26.05	Household operations	\$ 8.60
Clothing	10.45	Education	1.95
Personal needs	1.60	Transportation	<u>2.40</u>
Recreation	<u>.55</u>		<u>\$12.95</u>
	<u>\$38.65</u>		

Assuming the boy's share of utilities is \$12.75 and his share of rent is \$50.00 his total needs are \$38.65 + \$12.95 + \$12.75 + \$50.00 for a total of \$114.35. As the \$114.35 is below the MPB of \$176.00 the total need will be met plus the worker could allow \$61.65 monthly for special needs (up to the MPB). As you can see, the recipient whose needs are \$271 but will only receive \$204 will also not be entitled to special needs allowance as there is no leeway between the MPB and her needs. However, the recipient with the \$152 social security benefits can be allowed \$85 a month for special needs. It is obvious to all that such a system can be most unfair as it, in essence, penalizes the family without outside income. Furthermore, as the

needs of a family increase due to the ages of the children the maximum remains the same.

			rent	MPB Code
a mother & two children under 6	boy & girl		\$136+124=\$260	204 1002
a mother & two children, 5 and 8	" " "		147+124= 271	204 1011
" " " " " 9 and 13	" " "		163+124= 287	204 2010
" " " " " 14 and 15	" " "		174+124= 298	204 2100

The recipient who has no outside income and is receiving the MPB may be allowed a special need out of the county funds set aside for this purpose. It is, however, unlikely as the allocation is limited. For instance, in divisions where the money is divided by units the monthly allocation for 720 families is approximately \$175. That is about 24¢ per family per month, or \$291 per year.

100

By special needs we are referring to items specified as special needs by the State and not covered in the basic schedule allowances; furniture, appliances.

The budgeting becomes more difficult when the recipient is working for the eligibility worker has to determine what allowances may be made before the adjusted net income may be applied against the basic need. Before we discuss the manner of determination, let us show some examples. Again using the same family, mother and two children with a basic need of \$271. Never received aid previously.

Example #1 gross earnings \$650 month paid once a month.

Net \$520.00	Expenses: \$ 75.00 car paymt. & upkeep
	6.00 mileage
	<u>100.00</u> child care
	\$181.00 Total

\$520.00
Less 181.00
\$339.00

as income is in excess of needs there is no eligibility

Example #2 gross earnings \$450 month paid once a month

Net \$360 Expenses: same as example #1

\$360.00
Less 181.00
\$179.00

there is a deficit between the needs and the income and therefore there is eligibility.

However, we have still not arrived at the grant as once it is determined that the family is eligible utilizing the net and work-related expenses, then the earned income exemption may be applied to the gross so that the adjusted net income may be arrived at. We, too, may add into the work-related expenses \$25 for miscellaneous expenses; this is commonly referred to as the standard allowance or standard deduction.

Gross	\$450		\$450		\$274 less expenses & \$25 standard
less \$30	30	less	176		deduction & mandatory deductions
less 1/3 of \$420	= \$140		\$274		of \$90.00.
	<u>\$176</u>				
				\$274	
				less 296	
				<u>\$000</u>	to the budget

Thus the total need is \$271 less earned income of \$000 leaving a deficit of \$271. The mother will receive MPB of \$204.

To take these examples to an extreme, let us assume Example #1 had received AFDC in the past four months, which is the same as an AFDC finding a job while on aid. This applicant's eligibility for aid would be computed with the benefit of earned income exemptions.*

Example #1 receiving AFDC in one of the four months prior to date of application.

Gross:	\$650	less \$30			
		and 1/3 of the remainder	\$236	\$650	
				less 236	
				<u>\$414</u>	non-exempt income
Mandatory deductions:	\$130				
Work-related expenses:	181				
Standard deduction:	25				
	<u>\$336</u>				
				\$336	total allowable
					deductions
				<u>\$ 78</u>	income to budget
Total need:	\$271				
Total income:	<u>78</u>				
Deficit:	\$193	Grant:	<u>\$193.00</u>		

However, due to new regulations this family will remain on aid for four months and then aid will be re-evaluated as if the family was a new applicant. A student once on aid (16-21) may have all income exempted if attending school full-time, but the total income is included, for purposes of determining eligibility.

*If there was two people working the earned income exemption is applied to their total gross.

Before we venture into the area of work-related expenses it would be interesting to show how the family with earned income benefits from special needs.

Using the above example - Total basic need	\$271
Special need for refrigerator	<u>100</u>
total	371
less income	<u>78</u>
	\$293

As the \$293 is above the State maximum the special need will be allowed probably over a period of nine months.

One word of caution, special needs are not to be added in to determine eligibility. For example, our first ineligible example would be eligible if the refrigerator had been allowed as a need. Although it is not a common practice, special needs are once in awhile allowed erroneously at the time of intake.

Most of the above items do not take judgment on the part of the worker as the regulations are precise, coded cost schedule indisputable, and the county has been very careful regarding the shared housing situation. It is in the area of work-related expenses that things become complicated. Guidelines are needed desperately in this area, for while one worker will make a family eligible by allowing a car for a work expense another worker may only allow public transportation, creating ineligibility or at least a great difference.

The same guidelines used for determining the exemption of the car are used to determine whether the car will be allowed as a work-related expense. With the car come additional costs of upkeep, payment, gas, insurance and parking. Thus, in determining the need for a car the worker has to review the case and reason whether the recipient/applicant can reach their place of employment readily, without an automobile. (Moving is costly, as few allowances are made at this time, yet in the long-run it would be cheaper for the State to allow the cost of a move, rather than the cost of the car).

Assuming that the eligibility worker/social worker determine that there is a need for the car there is now the need to resolve the amount to be allowed. First two criteria must be met:

1. the car is insured for PL and PD (county requirement);
2. the car is not financed under a chattel mortgage (State requirement).

Both the above need to be verified usually by reviewing pertinent documents. Secondly then, the eligibility worker has to advise the recipient/applicant that the county limits the amount it will participate in. The maximum is \$770 plus tax and interest. Therefore, the recipient may owe \$3000, but after the county has allowed the \$770+, the car payment will no longer be allowed. Furthermore, the maximum car payment to be allowed is \$50 per month. Therefore, the payment may be \$100, but only \$50 will be budgeted. Also to be allowed is a flat \$25 which is to cover upkeep, repair, insurance, etc. and the cost of mileage (4¢ per mile). All of the above expenses have to be verified on a monthly basis.

The problems we see are:

1. the worker knows the limitations of the county participation, but reviews cases infrequently to see if participation should continue. A tickler system would work adequately, i.e., a reminder card;
2. the worker does not verify that car and insurance payments are made;
3. the worker does not verify the mileage claimed by the recipient. If the report sounds reasonable they accept the recipient's word. In the manual regulations the State has compiled a very simple table for mileage amount and cost to be allowed, but this is not utilized to the extent it should.

Another area where there is a lack of consistency is in the allowance of child care. The variety of plans available in the county is numerous, from day care centers costing \$7.00 a week, to private care costing from \$20 to \$50 a week. The county has always indicated that children need to be cared for in a licensed home, if they are cared for outside of their own home. Ideally licensing is good, but in terms of the needs of the recipient it borders on the ridiculous. There is a procedure whereby the worker whose client establishes a new child care plan, and not in a licensed home, forwards a communication to the licensing section of the welfare department. If the county enforced the procedure as an absolute policy, 75% of the present employed welfare population would have to make new child care plans; many could not and would have to terminate their employment. Many more women would be able to work if they could locate adequate child care facilities. Some plans on developing foster homes and day care facilities by using AFDC mothers have been presented to management but no definite action has been taken as yet. We have only alluded to this in the report, but it is an important area of need.

However, how is the eligibility worker going to determine a reasonable cost of child care when there are no guidelines available? When is \$150 month cost reasonable? When there is one child under two, or five children ages 5-12 years, when the child is home all day, or only home a few hours after school. There is a wide area for the exercise of individual judgment. The worker might know that \$200 is unreasonable, but isn't too sure about whether to allow \$150 or \$130. The \$20 difference might also be the difference between eligibility and ineligibility.

The only way to solve this problem is for the county to put out guidelines that pertain to geographic location, ages of children, and hours of care. Anytime a family claims it is impossible to work within the guidelines, the case will need administrative approval. It is evident now, that we might have two identical situational families, but with different allowances for child care, and this is most inequitable.

At this time if a problem arises the worker may use BHI rates, which tend to be high. We are aware of guidelines that have been worked on, but not implemented. It is evident that this should be reviewed immediately.

There are five areas that need further study:

1. Expand the local child/day care facilities in the county, and if a recipient lives within reasonable distance, if there are vacancies, these facilities must be used over the private plan, unless the private plan is cheaper.
2. Renew the attack on the possibility of licensing AFDC homes: many AFDC mothers are most capable and experienced people.
3. Establish a child care cost guideline for the county, with the implementation being mandatory.
4. Restate the county's policy of not paying child care costs to immediate relatives, unless the relative would be employed elsewhere if they were not baby-sitting. Due to many extenuating circumstances a service assessment should be required.
5. Child care costs should be allowed only after verification. Therefore, the budget cannot be completed without child care receipts.

INCOME VERIFICATION

There are many problems actually surrounding the review of wage stubs. It is necessary that the worker understand different variables.

1. What is the pay date of the recipient? First of the month, bi-weekly, every Tuesday? The implications are obvious.

Frequently, however, the worker does not get this information and when there is any question this should be immediately verified with the employer. It is not uncommon for a recipient to report four wage stubs when there is a five week pay period, or to submit two wage stubs claiming they are paid bi-weekly when, in fact, they are paid weekly. Although this really doesn't happen too often it should not happen at all.

2. How many dependents is the recipient claiming?

It is common knowledge that if you have six children but only claim two dependents, that the next year the federal government will send an income tax refund check. For the welfare recipient the refund is not considered income, but personal property, and, therefore, does not affect the budget. Because of this the county tries to insure that the recipients' claim the correct number of dependents. To insure this a welfare bulletin has been issued, but it is far from complete, therefore, we have recommended that the county make available to all workers income tax tables that are readily available at all Internal Revenue Service offices. The stipulation being, of course, that the worker always recompute the taxes withheld to provide for correct amounts.

3. What are mandatory deductions?

This would seem to be an area where there should not be any confusion, but there is. Different employers take out different deductions. For instance, all civil service agencies deduct mandatory retirement; one large employer makes a mandatory deduction for the United Bay Area Crusade; some restaurants deduct the cost of meals whether eaten or not. The worker needs to establish the nature of the deduction and it is more confusing with union dues. For some jobs they are mandatory, for others they are not. We do not expect the worker to be familiar with all the different aspects of deductions so there is the need for careful review of wage stubs, and if there are any doubts to contact the employer directly.

In line with the above we recommend that the below points become policy.

1. Wage stubs to be seen monthly by worker; phone reports not to be acceptable.
2. Pay dates to be on file in the case.
3. A written report regarding tips received to be sent in; correlate with Internal Revenue Service.
4. The self-employed recipient to submit monthly bookkeeping reports and copies of income tax returns.

CLIENT REPORTING

Assuming now we have computed the family's budget, it has been explained to the applicant, the 3-44 has been signed, the last thing the worker usually does before leaving the home is to again review the reporting procedure. This is one of the major responsibilities of the intake worker. Emphasis is, of course, on the reporting of income, changes in household composition, children in/out of school, etc. He is also advised that the family's eligibility will be reviewed either every six months for AFDC-FG or every three months for AFDC-U.

On leaving, the worker will also inform the applicant when he should expect to receive his first check. If this is a priority situation it will be within a day. However, for routine actions the average delay will be 10 days. Also, the recipient will be told the first (and sometimes second month) warrant will be received in one payment, as it is processed manually. However, the ongoing warrants will be received on the first and 15th in equal amounts unless otherwise designated (the recipient can request more on the first and less on the 15th if desired). Also explained is that a social worker will be making an appointment to see them to explain the services available. They are advised acceptance of services is not mandatory except in specific areas: protective payment, protective services, and WIN. As the service worker completes the WIN referral, the case needs to be referred immediately as action is needed within 30 days of date of approval. All new cases to the agency are seen at least once by a social worker.

In the office the worker will review all of her information. If she hasn't done so she will record data on appropriate forms, e.g., personal property, vital statistics, etc. Then, depending on the experience of the worker, she will either take the total case to the supervisor for review, or she will proceed with the budgetary action.

PAY AUTHORIZATION PROCEDURE AND RECORDATION

The first form to be completed is the State CA241 AFDC budget work sheet. On one side is the actual budget as derived from the coded cost schedule, and on the reverse the explanation of the determination of the eligibility. This form remains in the case at all times and is usually signed by the worker and the supervisor. The next process is completing form 0-19; this is the document that actually puts the case on the pay tape. It can authorize aid for the prior, current, and future month. One of its four copies remains in the case, one is forwarded to the statistical department, one to fiscal, and one to Data Processing Center. Thus, all the case information for statistical purposes derives from this initial authorization. Certain problems can result if the form is improperly completed. If it is returned in error the future month's check will be delayed. Also, if the family had received pay recently and the information on this form did not coincide with other previous input it would be returned in error.

The worker will also post the authorization to pay form 0-22 which is a State requirement. It may be likened to a ledger card of all case actions and payments made, but is retained in the case at all times. Both the 0-19 and 0-22 must be dated and stamped with the authorized signature (Hrayr Terzian). The worker will also complete a "Notice of Action Letter" that will be forwarded to the recipient. This tells the recipient how much they will receive. Anytime any budget action is taken a letter must be forwarded.

The 0-19 is forwarded via the mailroom in the downtown office to Fiscal Section, where the current and prior actions are completed. The information is then typed on a typewriter key punch and this produces a card that is then forwarded to the Data Processing Center. From there an "interpreted" form 0-20 is returned to the worker. This is an IBM card with holes. Anytime the worker wants to make a change to the future grant she puts the information on the interpreted 0-20 and forwards.

In intake most actions are reviewed at the time of the budget by the supervisor. All the above procedures are a part of the computer system known as the 0-20 system or manual. This is because it is only partially computerized. The worker does have the option of later putting the case on the fully computerized system, the 3-1; this is never done until the case is transferred out of intake.

If the worker had wanted to issue a special emergency warrant she would need the authorization of her supervisor, and usually the Grade II Supervisor too. In the area offices emergency checks are only sent once a day in the late afternoon, and the request for these checks must be in the previous day's afternoon mail. However, in the downtown office, checks can be picked up twice a day and a request on the day of pickup, before 9:00, will be honored. Thus, the emergency needs of the recipient living in Oakland are more easily met than those living in Fremont.

Usually if the applicant is requesting food stamps, the budget is computed at the same time as for the warrant. A form like the CA241 and O-22 is used, but is initiated by an IBM card. Food stamps can be issued for both a current and future month. The forwarding of these cards will bring the return of an interpreted FS-20.

For a denial the same documents are forwarded but nothing, of course, is returned. At the time of approval the worker also completes a tickler which is forwarded to control for updating of the application log showing approval or denial action. This is a very poor system as this is frequently forgotten, plus the clearance of the logs is done infrequently.

Once a budget is completed and no more changes appear forthcoming the case is readied for transfer. Of course, things don't go as smoothly and as speedily as indicated. Often the budget action must be delayed until the worker can receive necessary evidence or the applicant secures necessary verification or documentation.

However, when all actions are completed the case is then recorded. One office used forms which show that a family is or is not eligible, while another used dictation machines, and dictated the format previously used by social workers. There is now in use for all offices a form, legal size, which the worker fills in. It covers all possible points of eligibility. We do feel this is a needed improvement, and at least now the cases can be readily audited, as there is all pertinent documentation related to the approval.

Once the case narration is completed and there are no outstanding documents, the case is ready to be transferred to a district worker carrying a caseload of 120.

The case is sent to a transfer desk in the office where it is then reassigned. It is logged out of the unit and the O-20 and FS-20 are attached. The average new case remains in the intake unit approximately 30 days.

The standard for the AFDC intake worker is 26 cases a month. Actually many workers are only averaging 20 per month. The weighted count per case is 4.6, thus, at 26 a month this averages to a caseload of 119.60 which is the number of cases carried by continuing eligibility workers.

APPENDIX B

TYPICAL EXAMPLES OF ELIGIBILITY ERRORS FOUND IN
SAMPLE OF 100 ADULT CASH GRANT CASES

APPENDIX B
TYPICAL EXAMPLES OF ELIGIBILITY ERRORS FOUND IN
SAMPLE OF 100 ADULT CASH GRANT CASES

1. Case No. 1. It was not possible to determine the correct amount of grant for this case, as there is no explanation of the basis for the \$15 medical transportation allowance. Form 201 does not specify the number of visits to the doctor or the manner in which the allowance was computed.
2. Case No. 2. The grant is obviously incorrect as the analyst used the wrong figure in computing the housekeeping need, although verification of the correct amount is filed in the case record. It appears that the correct grant should be \$53, rather than \$48.

In part 1 of the Form EC 125 there is an erroneous entry of \$47 under Item 022. It cannot be determined when or by whom the entry was made; it is obviously not the analyst's handwriting. The amount should be \$48.

Since the agency is budgeting medical transportation on a bus fare basis, the analyst should not have considered the client's car exempt for medical transportation.

The eligibility worker allowed 80¢ per month for medical transportation. The analyst verified the need for four trips per month at 50¢ per roundtrip and made the correct \$2 allowance.

3. Case No. 3. The eligibility worker allowed \$3 per month for laundry; the analyst deleted the allowance, stating that the client had his own laundry facilities. She indicated she had seen the bill and payment plan for the washing machine but failed to make the correct \$7.75 allowance for client's one-half share of cost.

The analyst corrected the Social Security income figure.

The eligibility worker used the face value of the insurance policy; the analyst accepted this figure, although she had determined the verified cash surrender value.

It should be noted that the analyst's decision on the amount of the grant was not implemented by the agency, although there is no discussion to show disagreement between analyst and eligibility worker or any arbitration on the case. Laundry allowance was not deleted until December. There is no entry under Item 025 "Final Agency Decision."

4. Case No. 4. The eligibility worker allowed the \$9 special diet item, although there apparently had been no verification of need since a medical statement was obtained in 1967. The analyst concurred and stated that "Form seen at home." This is not acceptable verification as the source and content of the form cannot be determined nor is there any reference to a date.

The analyst entered the \$500 face value on Form EC 125, instead of using the known cash surrender value of \$542.

5. Case No. 5. The analyst failed to note that the eligibility worker had correctly allowed the verified \$20 need for an essential furniture payment. The grant change had already been set up and implemented before the case was assigned for validation. The eligibility worker's \$195 grant determination was correct and the analyst's recommendation for \$175 was erroneous.
6. Case No. 6. On Form 201, the client claims a need for medical transportation and states that he goes by bus. He also gives the name of his doctor. No allowance was made by either the eligibility worker or

the analyst, and there is no indication in the record that the need was discussed or considered.

7. Case No. 7. The need for the \$16 medical transportation allowance made by both the eligibility worker and the analyst is not substantiated. The analyst notes that the client uses her car "several times per month," for medical transportation. However, no computation of cost is shown, and the allowance is questionable, in any case, as bus service is readily available in the community where client resides and the client is physically able to take the bus.
8. Case No. 8. The client has two motor vehicles and the analyst exempts the truck for essential medical transportation: however, Form 201 showed no need for transportation, and the analyst shows no transportation allowance on the Form EC 125 or in her November budget. She did, however, send a memo to the eligibility worker, dated December 4, 1970, which shows a \$1.00 need but does not show how she determined this cost.

Personal property status is not clear because in addition to the erroneous exemption of the truck from the personal property determination, the analyst also shows that the client has a Metropolitan Life Insurance Policy, but does not show how, or if, she ascertained that this policy would have no cash surrender value.

The analyst states that the verified amount of rent is \$89 but in her computation she uses the \$87 shown on Form 201. She says that no utility bills are available "so \$15 is allowed." She then uses \$13 in her computation and in prorating the client's share of housing.

It is not possible to determine either the amount of personal property or the correct grant for this case.

9. Case No. 9. It is not possible to determine the correct amount of grant because the allowance for restaurant meals is not substantiated. The record contains conflicting information about the number of meals eaten in a restaurant, and neither the eligibility worker nor the analyst showed the need for three restaurant meals per day.
10. Case No. 10. The correct grant cannot be determined because it is not possible to assess the validity of the analyst allowance for medical transportation. The eligibility worker allowed a flat \$15 to recipient and his OAS spouse. The analyst allowed \$6.01 as the client's share of expense but did not follow the computation procedure stated in the regulations. The agency accepted the analyst's decision but did not implement the change for several months.

It should be noted that the analyst incorrectly validated the April budget instead of the May budget.

11. Case No. 11. The analyst erroneously accepted the eligibility worker's method of budgeting on the room and board basis in the home of the daughter with an additional attendant care allowance. Regulations 44-239 and 44-209, would require that the case be budgeted the same as though it were a Group I, Out of Home Situation. Attendant care is not an allowable need; also, home remedies should not be allowed.

The analyst uses \$500 face value for the insurance in her personal property computation.

12. Case No. 12. The correct amount of grant cannot be determined in this case because it is not possible to determine client's housing arrangement or the cost of housing during a few months. When Form 201 for the renewal was signed June 16, 1969, client stated that she was living

"with one daughter." Under "relative," she lists a daughter, Marie Ibey, at her own address. The record would indicate that the daughter was away from her job on somewhat protracted sick leave; however, it is not possible to determine when she moved into the home or when she left it as the housing plan is not noted by the eligibility worker and there is no indication that it was discussed by the analyst. Nothing can be determined from the date in the record. As noted, client signed her Form 201 on June 16, 1969 but the analyst did not complete her investigation until a year later, June 30, 1970, although the date of the case action was February 20, 1970 and the case was assigned to the analyst on April 29, 1970. The duration of the daughter's stay in the home cannot be determined. It is not possible to decide whether she was in the home during the review month and whether she had the status of a visitor or a permanent resident. In the latter event, housing should have been computed on a shared basis.

On the 201 the client states she is receiving "free rent," and the agency goes along with this and credit the daughter with a \$15 contribution for rent. Neither the eligibility worker nor the analyst questioned this, although the record clearly shows that the client transferred this property to her daughter, properly reserving a life estate in the apartment which she occupied. The daughter, who when employed, consistently had a high liability for her mother's support, protested the agency's refusal in the past to consider that she is providing her mother with free rent. There was an appeal on this matter which the client lost. There is nothing to explain why the agency has now reversed itself and is crediting the daughter with partially meeting

her liability by providing free rent to the mother in the mother's own home. This is an ongoing arrangement which is now sanctioned by a letter sent to the daughter in October by an eligibility worker acknowledging partial meeting of her liability by the \$15 free rent contribution. It would seem, in view of her illness and the fact that she had a reduced income when the mother signed the 201 renewal form, that the daughter may have had no liability during the review months. However, the agency may wish to review the total case situation.

Conclusion of Form 125 on this case is highly inaccurate. Housing costs are allowed under the item for Rent, instead of under Owned Home. The alleged \$15 rent contribution is allowed under Other instead of under the item for In Kind income.

13. Case No. 13. In this case the client signed the Form 201 on July 1, 1970 but the eligibility control analyst verified the amount in client's bank account for December, and there is no way of determining why this month was selected since it is not the review month.

The analyst did not indicate the date she used in determining the market value of client's shares of stock.

14. Case No. 14. The need for the special diet allowance cannot be substantiated because the last verification on file is more than one year old.
15. Case No. 15. This case cannot be considered as validated because the analyst apparently merely reviewed documents in the case record submitted by the hospital social worker, - Patton, State Hospital where client is confined.

16. Case No. 16. The analyst exempted a dump truck owned by client as personal property on the basis that it was needed for medical transportation. However, she said that according to his statement, client was either taken to the doctor by a friend or used a taxi. It, therefore, appears that the exemption of the truck was improper. There was insufficient information in the record to determine the personal property value of the truck.

The analyst determined that the client had medical appointments two or three times per month, and was taken by a friend or used a taxi. Since there was no computation of need the proper allowance for transportation cannot be determined. The maximum special need allowance should not have been made without documentation.

17. Case No. 17. The eligibility worker showed two different sets of figures for income computation. The analyst did not make a separate determination on the amount of income but said that she was accepting the computation of the eligibility worker. Since there is no verification of the amount of income, the amount of grant cannot be determined.

The eligibility worker properly considered excludable income; however, in completing the Form 125 the analyst marked "none" for this item.

18. Case No. 18. The analyst failed to substantiate the allowance for restaurant meals. Form 201 did not indicate this need and the record would indicate that the man lived in an apartment. There is no evidence to show that he would not be physically capable of preparing his meals.

19. Case No. 19. A special need for medical transportation is not substantiated by the record. Apparently the client claimed to use a car

for the purpose but the analyst did not compute transportation on a mileage basis. She accepted the client's statement that \$15 a month was spent for gas and oil. The analyst noted that client himself lived within a few blocks of the shopping district and the doctor's office; therefore, the \$15 allowance is not justified.

20. Case No. 20. The analyst verified the amount of client's money for a month which was five months subsequent to the date on which the woman signed the Form 201 for the renewal. Therefore, the correct amount for personal property for the review month cannot be determined.

APPENDIX C

SOCIAL SERVICE IN ALAMEDA COUNTY: A RESEARCH REPORT

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June, 1971

(Under Subcontract with California Taxpayers' Association)

SOCIAL SERVICE IN ALAMEDA COUNTY: A RESEARCH REPORT

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 - 1. Type of Services (Workers' and Clients' View)
 - 2. Source of Referral (Workers' and Clients' View)
 - 3. Social Services Given (Workers' and Clients' View)
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SOCIAL SERVICE IN ALAMEDA COUNTY: A RESEARCH REPORT

INTRODUCTION

One-third of the Alameda County budget is allocated for public welfare programs. One aspect of the public welfare program is the provision of "social services" to welfare recipients. The budget for social services represents approximately 12% of the total welfare budget. How and for what is this money spent, and how effective are the services which are provided?

METHOD OF PROCEDURE

In order to examine these questions, we conducted a survey of welfare workers and their clients, asking each of them to define social services and to evaluate their effectiveness.

At the time of our survey (April - May, 1971) there were approximately 300 persons employed by Alameda County and charged with delivering social services to county recipients and others. Financial assistance programs were excluded from social service programs; money payments were handled by eligibility workers, while social services were provided by workers with at least a B.A. degree.

These social service workers were listed, numbered, and a random, representative sample was drawn from the group. The sampling technique used was a two-step, single-variable Kirsh formula, and it allowed us to randomly select (from a table of random numbers) thirty-six names of social service workers within the probability limit of .10. These sample workers were active in several welfare programs, and located in several offices throughout Alameda County. Most of them (80%) worked with AFDC clients,

15% worked in Adult Services, while 3% served OAS clients.

Each of the selected social service workers were interviewed, using a structured interview (See Appendix I). The social service interviews were conducted by two experienced social researchers, Arlen Bean and Richard Simpson, from the California Taxpayers' Association. In each interview, the worker was asked to describe two recent incidents where a social service had been delivered: one "successful case" and one "unsuccessful case." The next step of the research design involved obtaining interviews with each of the clients named by the worker. Thus, we then had an interview with a social service worker about one "successful case" and about one "unsuccessful case," and an interview with the "successful client," and an interview with the "unsuccessful client." Thus, the research design looked as shown in Figure 1.

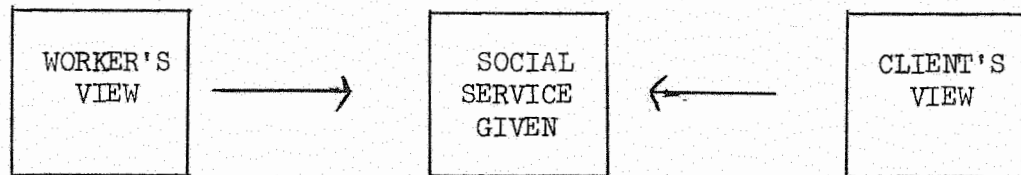
FIGURE 1

WORKER	CLIENT	
	SUCCESSFUL	UNSUCCESSFUL
SUCCESSFUL CASE	x	
UNSUCCESSFUL CASE		x

Each client was interviewed, using essentially the same focused questions about the social service delivered, as were used in the workers' interviews (See Appendix I for clients' interview schedule). We then had data which would allow us to examine the delivery of social services as seen from each participant's perspective, i.e., that of the worker and that of

the client, as shown in Figure II.

FIGURE II



This type of design permitted us to 1) learn what a social service is as it was defined by both members of the worker-client pair; 2) learn how the social service related to the client's presenting program, in each participant's view; 3) evaluate the effectiveness of the social service in each participant's judgment.

In addition, our interview questionnaire asked each respondent to describe problems affecting the delivery of social services, and to outline alternative social service programs. By utilizing both a "successful" and an "unsuccessful" case, we felt we could compare and contrast the conditions and aspects of each in order to highlight both positive and negative aspects of the social service delivery system. Our rationale basically was that unless a social service is acknowledged by both the workers and the clients, no real delivery of service has occurred.

As the study progressed we learned that the worker morale was very low due to the many agency changes and the increase in public criticism of the welfare program in general. Several workers were laid off due to program and budget changes, worker and client turn-over was very high and the political leaders were publicly calling for drastic changes in all aspects of the public welfare program. This milieu of tension was reflected

throughout all respondent's data.

Our final study data were derived from interviews with thirty-three social service workers and sixty-six clients. (Two workers had left the program before they could be interviewed, thus we lost 6% of our selected sample due to worker turn-over). Yet, even in the face of such tension and uncertainty, most workers were cooperative with the study, offering much information and many suggestions for program improvement. They were frank in their own self-evaluations, and often gave us extensive critiques of the present system. They were often protective and concerned with their client's potential reaction to our interviews and many attempted to aid us in reaching the clients and assuring us valid responses from clients.

Client interviews were conducted by a team of five trained interviewers on the staff of Scientific Analysis Corporation. They visited clients in their homes, by appointment. One or more call-backs were necessary in one-fourth of the cases, but in general, client cooperation was excellent. There were only three difficult cases, all involving clients with severe anxiety or psychotic reactions. In most cases, responses represent high face validity.

FINDINGS

A. The Social Service Workers.

The delivery of social services is generally thought of as "professional work," that is, non-routine work which requires special knowledge and special skills. In the profession of social work, the worker with a Master's degree in social work (MSW) is viewed as having the prerequisite needed in providing casework services, i.e., counseling, casework

therapy, etc. But in our sample of social service workers, less than 15% had any graduate or specialized training as professional social workers. These social service workers were not "professionals," and these findings must not be interpreted as an evaluation of professional competence in the social work field.* These social workers all had B.A. degrees in the following fields:

Social Welfare, Sociology	52%
English	15%
Psychology	9%
Business	6%
History	6%
Religion	3%
Anthropology	3%
Biological Sciences	3%
Home Economics	3%

We asked each worker about his length of time he worked with 1) the Welfare Department; 2) with the Social Service Program; 3) with the successful; and 4) with the unsuccessful cases. The responses are shown in Table I.

TABLE I
SUCCESSFUL AND UNSUCCESSFUL CASES

Length of Time	Agency	Service Program	Successful Case	Unsuccessful Case
3 mos. or less	-	3%	33%	27%
3-5 months	-	3%	15%	18%
6-11 months	-	-	12%	9%
1 year	3%	6%	12%	18%
2 years	15%	9%	5%	18%
3-5 years	48%	48%	3%	9%
6-10 years	27%	24%	3%	-
10 years or more	6%	6%	17%	-
Average	5 yrs.	4 yrs.	1 yr.	1 yr.
Length	2 mos.	9 mos.	6 mos.	1 mo.

*Other studies, however, which did focus on "trained" social workers, found that their services were often ineffectual or inconclusive. For example, see Girls at Vocational High, Meyer, Borgatta, & Jones, New York, and several others.

As can be seen, most workers had been in social service programs up to five years (average 4 years, 9 months) and had been employed in the Alameda County Welfare Department for an average of five years and two months. These workers apparently are somewhat more stable than workers in the general welfare programs studied elsewhere. (For example, in Santa Clara County, the average length of stay for welfare workers was 2.6 years). These social service workers reflect the change in welfare programs, that is, the separation of eligibility and social services. Due to this program change, the "veterans" were chosen to establish social service caseloads and thus tend to represent the most experienced employees of the Alameda County Welfare Department. They served the successful cases a somewhat longer period of time; on the average, than the unsuccessful cases, one and a half years compared with approximately one year for the unsuccessful cases.

This worker stability is also reflected in the workers' marital status in that 70% are married and most are thirty to forty years of age. These workers are career-welfare workers and most wish to remain in this type of work even though they are not professionally trained as social workers. These workers were understandably concerned about their jobs, faced with the changing welfare programs and this concern was apparent in all of their responses

B. The Clients.

Those successful and unsuccessful clients named by the workers were nearly all family cases with minor children--except for 18% of the successful cases and 29% of the unsuccessful cases. Successful cases average 4.3 children and unsuccessful cases had, on the average, five children in the home. There were no significant differences between

racial distributions of successful and unsuccessful cases--52% to 55% were white; 39% of both groups were black, and the balance was Spanish-American or others. The educational background of the two client groups are given in Table II.

TABLE II
EDUCATIONAL BACKGROUND OF SUCCESSFUL AND UNSUCCESSFUL CASES

	<u>Successful (N-24)</u>	<u>Unsuccessful (N-27)</u>
Less than 7th grade	5%	15%
7th - 9th grades	22%	22%
High school (some)	32%	22%
High school graduate	36%	41%
Some college	5%	-
	<u>100%</u>	<u>100%</u>

As can be seen, the successful case tended to be somewhat better educated than did the unsuccessful cases. The successful cases tended to be slightly older on the average (40 years) as compared with the unsuccessful cases (35 years). (Nearly 30% of the successful cases as compared with none of the unsuccessful cases were over 50 years of age).

Both types of social service cases tended to have relatively long histories on public welfare: an average of five years and six months for the successful cases and an average of six years and four months for the unsuccessful cases. These clients were also "veterans" of the social services, having been on service caseloads on the average of twenty-three months for the successful cases and eighteen months for the unsuccessful cases.

More successful cases had other sources of income than welfare (72%) as compared with 55% of the unsuccessful cases. Both groups had approximately the same average income--the successful cases \$315 per month, the unsuccessful cases \$318 per month. These incomes must be considered as very inadequate for families which averaged four to five children each. It

is extremely important to place all findings in juxtaposition to the fact that the total monthly income for these large families is so very low. Indeed, how much can be accomplished by social services for families living at such a level.

C. The Social Services.

Given this extreme poverty, what social services were given to these successful and unsuccessful clients? We asked each social service worker the following question: "During the past month, what social service did you deliver which you feel helped the client and had a positive outcome?" We also asked which services did not have a positive outcome. The workers' responses to these two questions were subjected to content analysis* and the coded responses were then tabulated as shown in Table III.

TABLE III
TYPE OF SOCIAL SERVICE GIVEN TO SUCCESSFUL AND UNSUCCESSFUL
CASES AS SEEN BY SOCIAL SERVICE WORKER

<u>Type of Service</u>	<u>Successful</u>	<u>Unsuccessful</u>
Counseling	24%	36%
Medical referral	22%	21%
Housing aid	12%	15%
Psychiatric referral	12%	-
Employment referral	12%	-
Drug referral	9%	3%
Special Funds	9%	9%
Other agency referral	-	16%
	<u>100%</u>	<u>100%</u>

As can be seen in Table III, the more unsuccessful cases received counseling and referral to other agencies, while more successful cases received psychiatric or employment referral services.

*See Berelson, B., "Content Analysis," in Gardner Linzey (ed) Handbook of Social Psychology.

Each of the "successful" and "unsuccessful" clients were also asked to recall a situation during the past month when they received social services which they felt were successful or a failure. The clients responses to that question were also content-analyzed using the Berelson method. The responses were coded into the following categories, as shown in Table IV which compares the services as received by both "successful" and "unsuccessful" clients.

TABLE IV
SUCCESSFUL & UNSUCCESSFUL CLIENTS VIEW OF SOCIAL SERVICES RECEIVED

<u>Service Received</u>	<u>Successful</u>	<u>Unsuccessful</u>
Employment, training	18%	10%
Family adult functioning	18%	15%
Income maintenance	18%	6%
Health referral	10%	18%
Housing referral	9%	21%
Trouble w/law & community agency	6%	-
Child functioning	6%	6%
Homemaking, food stamps, etc.	6%	15%
Other	6%	9%
	<u>100%</u>	<u>100%</u>

As can be seen in Table IV, those clients who were judged as being "successful" social service cases, were significantly more likely than "unsuccessful" cases to state they had received employment/training referrals, income maintenance services, and help with legal or community problems. "Unsuccessful" cases, in the view of the clients, were those who stated they received social services for health referrals, housing problems or homemaking or food stamp problems. There were no differences between "successful" and "unsuccessful" social service cases among those who stated they received services in the area of family or adult functioning, child problems or other non-specific problems. In short, in the situations where counseling would seem to constitute the type of social service delivered to clients, there was no

appreciable difference between the "successful" and "unsuccessful" clients. However, "successful" cases, in the clients' view, were those which resulted in successful referrals for employment or training, or actual advocacy in behalf of the client with other agencies or "helpers." Finally, services dealing with health problems, assistance with food stamps or homemaking problems, or income maintenance were characteristic of the "unsuccessful" cases.

Each social service worker was asked how the need for a client's social service came to their attention. The responses to this question for both "successful" and "unsuccessful" cases are presented in Table V.

TABLE V
SOURCE OF REFERRAL FOR SUCCESSFUL AND UNSUCCESSFUL CASES AS
VIEWED BY SOCIAL SERVICE WORKER
(Percentage)

<u>Source of Referral</u>	<u>Successful</u>	<u>Unsuccessful</u>
Eligibility worker	48%	49%
Continuous service case	25%	24%
Client, family	18%	15%
Other agency, institution	6%	12%
Unknown	3%	-
	<u>100%</u>	<u>100%</u>

As can be seen in Table V, most referrals for both "successful" and "unsuccessful" cases for social service originated with the eligibility process, that is, in situations arising out of financial need. Those cases referred for social services from other agencies or institutions were significantly more likely to be "unsuccessful." Self referrals or continuous service cases were equally divided between "successful" or "unsuccessful" cases.

Clients were asked the question: "Why did you go to the social worker with this problem?" Their responses were content-analyzed and coded

in the following categories.

TABLE VI
REASON FOR SEEKING SERVICES AS VIEWED BY
SUCCESSFUL AND UNSUCCESSFUL CASE

<u>Reason</u>	<u>Successful</u>	<u>Unsuccessful</u>
Sent by Eligibility Worker	45%	45%
Already receiving services	43%	37%
Told to go by others	8%	15%
No response	14%	6%

There was very little difference in reasons for seeking services, as seen by the generally similar rates for "successful" or "unsuccessful" cases. However, nearly twice as many "unsuccessful" cases, as compared with "successful" cases were told to go for services. It would seem that authoritarian referrals for social services are more likely to have "unsuccessful" outcomes.

In the next series of questions, social service workers were asked, "What was done?" in each incident. Their responses were coded and tabulated for both "successful" and "unsuccessful" cases as shown in Table VII.

TABLE VII
SOCIAL SERVICE WORKERS' VIEW OF ACTION TAKEN FOR SUCCESSFUL
AND UNSUCCESSFUL CASES
(Percentage)

<u>Action Taken</u>	<u>Successful</u>	<u>Unsuccessful</u>
Counseling	66%	63%
Referral to other agency	3%	9%
Additional funds	24%	9%
Obtain housing	6%	15%
No specific action	1%	4%
	<u>100%</u>	<u>100%</u>

There was no significant difference in the counseling service given to "successful" and "unsuccessful" cases. "Unsuccessful" cases were significantly more likely than "successful" cases to have been referred to other

agencies, to have received housing assistance or to have had no specific action taken. "Successful" cases were more likely than "unsuccessful" cases to have received supplemental funds, thus once more drawing attention to the fact that these welfare families live at dangerously low levels of poverty and this desperate need situation greatly influences the effectiveness of any social service delivery system.

TABLE VIII
CLIENT'S VIEW OF ACTION TAKEN ABOUT PROBLEM
 (Percentage)

<u>Action Taken</u>	<u>Successful</u>	<u>Unsuccessful</u>
Took direct action	39%	33%
Referral to other agency	33%	24%
Arranged financial help	19%	9%
Failed to arrange financial help	3%	10%
Counseling, referral problem	6%	15%
No action, no response	-	9%
	<u>100%</u>	<u>100%</u>

In the view of the client, as can be seen, "successful" cases were more likely to have received supplemental financial aid, or to have been referred to other agencies for assistance, while "unsuccessful" cases were likely to have failed to have received the supplemental financial help they sought or to have received counseling for their problem. There were no differences between the two groups when the social workers took other direct action or delivered concrete services.

With regard to the "successful" cases, the social service worker was asked, "How do you feel the client was helped?" The workers' responses to this question were subjected to content-analysis and then coded as reflected in Table IX.

TABLE IX
REASON SUCCESSFUL CLIENT WAS HELPED
IN SOCIAL WORKERS' PERSPECTIVE

<u>Reason for Success</u>	<u>Successful</u>
Improved living conditions	27%
Improved work, school function	18%
Family kept intact	18%
Client felt better	18%
Found job, employment school	15%
Other	4%
	<u>100%</u>

Social service workers were asked why they felt they failed to aid the "unsuccessful" cases. Content-analysis of those responses are shown in Table X.

TABLE X
SOCIAL SERVICE WORKERS' REASONS FOR
INABILITY TO HELP UNSUCCESSFUL CASE

<u>Reason for Failure</u>	<u>Unsuccessful</u>
Client unable to cope	30%
Failed to follow referral	21%
Client's problem too difficult	27%
Lack of Administrative support	6%
Program too inflexible	6%
Inadequate funds, time	6%
Other, unknown	4%
	<u>100%</u>

Most social service workers located the reason for failure in the unsuccessful cases in the clients' inability or failure to follow-through (51%), or in the difficult nature of the clients' situation (27%). Only a few seemed to see the failure located in the agency itself, in its program or in the inadequacy of the funding (18%).

Each social service worker was also asked, "How often are your services "successful" (or "unsuccessful"). The responses are shown below.

TABLE XI
FREQUENCY SOCIAL SERVICES ARE SUCCESSFUL OR
UNSUCCESSFUL WITH SOCIAL SERVICE
 (Percentage)

<u>Frequency</u>	<u>Successful</u>	<u>Unsuccessful</u>
Very often	24%	3%
Fairly often	48%	52%
Not often	25%	33%
No response	3%	12%
	<u>100%</u>	<u>100%</u>

As can be seen most social service workers felt they were more often successful than unsuccessful, (72% to 55%), in their delivery of social services.

Clients were also asked the same question, and their content-analyzed responses are presented in Table XII.

TABLE XII
SUCCESSFUL AND UNSUCCESSFUL CLIENTS' VIEW OF
THE FREQUENCY OF SUCCESS OF SOCIAL SERVICES
 (Percentage)

<u>Frequency</u>	<u>Successful</u>	<u>Unsuccessful</u>
Very often	15%	9%
Fairly often	58%	39%
Not often	24%	46%
No response	3%	6%
	<u>100%</u>	<u>100%</u>

As can be seen, successful clients were significantly more likely to evaluate social services as being usually effective (73%) while many unsuccessful clients felt services were not often helpful (46%).

Social service workers were asked the reason that services were sometimes not successful, with reference to both "successful" and "unsuccessful" cases. The results are shown in Table XIII.

TABLE XIII
SOCIAL SERVICE WORKERS' REASONS FOR FAILURE

<u>Reasons</u>	<u>Successful</u>	<u>Unsuccessful</u>
Inadequate grant	18%	6%
Client does not follow through	15%	18%
No cooperation from outside agency	12%	15%
Caseload too large	9%	6%
No cooperation inside agency	6%	9%
Goals unrealistic	3%	18%
No response	37%	28%
	<u>100%</u>	<u>100%</u>

Social service workers felt several factors contributed to their lack of success; often feeling the client's condition was such that they either wouldn't or couldn't benefit from service.

"Successful" and "unsuccessful" clients were asked, "What do you feel could have been done, but wasn't?" Their responses were coded and tabulated and is presented below.

TABLE XIV
CLIENTS' VIEW OF INADEQUACY OF SOCIAL SERVICES

<u>Inadequacy</u>	<u>Successful</u>	<u>Unsuccessful</u>
Worker did all he could	48%	42%
Worker didn't act	18%	15%
Need additional funds	18%	18%
Need medical care	6%	6%
Need child care	4%	-
No response	6%	19%
	<u>100%</u>	<u>100%</u>

As can be seen, many clients felt that, despite unsuccessful outcomes, the social service worker had done all that was possible under the circumstances. Less than one-fifth of the clients in either category complained that the worker did not act in their behalf. The only three specific unmet needs that the clients' mentioned were more money, additional medical care and adequate child care. Throughout the clients' responses runs a thread of

despair about social services--that somehow, they just aren't sufficient to meet the pressing problems of poverty on a day-to-day basis.

Each client was asked to discuss any suggestions they might have for improving services and about which services they needed most. Their responses were coded by content analysis and the results are shown in Table XIV.

TABLE XV
CLIENTS' SUGGESTIONS FOR IMPROVING SOCIAL SERVICES

<u>Suggested Services</u>	<u>Successful</u>	<u>Unsuccessful</u>
Increase money	46%	40%
Better Agency policies	27%	30%
More compassion	15%	6%
Jobs, training needed	6%	9%
Need housing	-	12%
Medical care, follow-up	6%	3%
	<u>100%</u>	<u>100%</u>

As can be seen, a significant number of the clients in both categories indicated their need for additional funds or for more lenient agency policies. Once again clients seem to be focused upon their day-to-day problems of living on welfare, to such an extent that any need for specific social service is secondary to their need for more money.

On the other hand, social service workers offered suggestions for improving social services which seem to reflect their own work-related problems, i.e., caseloads, supervisors, training, etc. Each social service worker was asked, "What suggestions do you have for improving social services to clients?" Their responses are presented in Table XV.

TABLE XVI
SOCIAL SERVICE WORKERS' SUGGESTIONS FOR IMPROVING SERVICES

<u>Suggestions</u>	<u>Percentage</u>
Lower caseloads, no time limit	36%
Better Agency relationships	27%
Better training	21%
Realistic grants of money	10%
Educate clients about services	6%
	<u>100%</u>

As would be expected, social service workers feel clients would benefit from services if the working conditions, supervision and training of workers were improved. As can be seen, clients do not seem to agree with these suggestions.

Social service workers were asked, "What services are you best able to provide welfare recipients?" Nearly all workers felt that counseling was their best service, closely followed by referral services. Only a few mentioned any specific or concrete service. Thus, workers relied heavily upon their counseling skills, despite their lack of formal education, or the clients' lack of acceptance of counseling services per se.

Many social service workers were concerned about the impact of the recent program change which separated social services from the money payment and eligibility determination. These concerns were reflected in the question, "Do you believe the request (for social services) would have been made regardless of economic need?" The workers' responses were as follows:

Yes	30%
Yes, but to another agency	24%
No	22%
No response	24%

As can be seen, less than one-third of the respondents felt that clients would have requested social services from the welfare agency, if it were

not for the financial relationship. In fact, one-half of the workers indicated that the clients would have requested social services from any agency aside from their economic need.

Each social service worker was asked, "Is there anything about social services not covered in this discussion which you would like to add?" The following is the gist of these workers' additional comments.

Social Worker is appalled with community resources (referrals) because there is no joint effort to help client unless its on a "personal" level, i.e., workers personally know someone in referred agency.

Housing - no success, huge problem area and agency itself doesn't help much, very little done.

Job training and employment. WIN is a farce, it holds thousands of people in limbo waiting for larger economic conditions to improve.

Protective services should be expanded, there are no alternatives in too many cases and happens too frequently.

Welfare successes, few that they are, are often direct consequence of a social worker breaking regulations. The worker is afraid to do this but interest of client problems causes it to happen frequently.

Social Workers need more training--direct people and community involvement. Services should not be limited to welfare. Need more education and training regarding drug problems (rehabilitation and counseling).

Group services for clients.

Supervision of services mainly involves review of current workers' (or latest) dictation. Cases lasting more than 60-90 days are just closed arbitrarily. Little service can be rendered in that short of time. When service referrals are low (monthly account) workers are told (informally) to keep cases a "little longer."

No short term facilities available to handle abandoned children. Has to be better understanding and cooperation between probation department and welfare. It is also suggested that mothers receiving AFDC could be contracted through the department to provide this service.

Hostility and friction between E.T. and S.W. interfere with service.

Interagency problems.

Kick now is goal-oriented service and turnover of cases every 60 days. Agency policy is not consistent.

Question is not more money but welfare traps people and fails to respect them as individuals and the community gets a negative reaction. Little or no self-respect and/or confidence is provided.

Social services deals with long-range problems. Too much intervention by S.W. robs development of problem-solving in the clients.

Fraud happens two ways: intentional (which is few), confusion in regulations.

Welfare should provide money managers and advisors (or consultants) for the clients to use.

S.S. takes everything in the way of problems. No chance to choose between provider and client. Need specialization.

Better drug education. Also welfare should cover the cost of drugs. Many times the client cannot afford the drug prescribed by the M.D.

Better use of Services Catalog (this one for everyone doing service work).

Most of the time S.W. is a buffer between E.T. and the client.

S.W. in adult services are primarily concerned with manipulating grant funds around.

Geographic service areas too large and scattered. Better way to organize and assessing the giving of the services.

Supervision of S.W. is not supportative. They (the supervisors) are poorly trained and removed from social worker and clients.

Unless S.S. department can be separated from welfare, services and eligibility should be put back together again so at least the flow of information is faster and correct.

S.W. is not qualified to do most of the counseling, which is the largest part of the service.

S.S. department should work more with public and private institutions to consolidate efforts.

We should do some vocational counseling with kids in the school system.

Basic idea is good and sound, just need a system that works.

Caseload management.

There are a lot of people who would do nothing (emotionally disturbed, etc.) if they had no social worker.

How do you eat an elephant? (ONE BITE AT A TIME).

As can be seen from these workers' frank comments, they are often critical of the structure of the welfare and social services.

AGREEMENT BETWEEN WORKERS AND CLIENTS.

These data were collected in such a manner that allowed us to analyze how well the workers viewed the clients' situation or disagreed with the clients' own perception of his problem. As could be expected there was by no means perfect agreement, as shown in Table XVI.

TABLE XVII
SOCIAL SERVICE WORKERS' AGREEMENT WITH CLIENTS FOR
SUCCESSFUL AND UNSUCCESSFUL CASES
(Percentage)

<u>Agreement</u>	<u>Successful</u>	<u>Unsuccessful</u>
Agreed	76%	42%
Partly agreed	9%	9%
Did not agree	15%	49%
	<u>100%</u>	<u>100%</u>

As can be seen, in the unsuccessful cases, the client did not tend to agree with the workers' view of the services delivered. One possible hypothesis

to explain the service failure could well be the breakdown in communication between the worker and client. We noted that the actual social service exchange often occurred by telephone, rather than in a face-to-face contact, and it would seem that communication between the worker and client might have been improved.

SUMMARY AND DISCUSSION.

A random representative sample of social service workers in Alameda County were asked to describe a recent "successful" and "unsuccessful" social service case. Then each of the two clients named were also interviewed to gather data as to their perspective of the social service delivery system.

We were interested in learning just how social services were defined by both workers and clients, and in learning how effective the social services were in terms of both the workers and the clients. The findings from the analysis of the data were as follows:

A. Social Characteristics of Workers and Clients.

1. Most social service workers have only a B.A., and only one-half of them had an undergraduate major in social welfare or sociology.
2. Social service workers averaged 5 years, 2 months in agency employment and 4 years, 9 months as social service workers. "Successful cases" had received services over an average of $1\frac{1}{2}$ years; "unsuccessful cases" an average of approximately one year.
3. Most social service cases involve families with an

average of between four or five children, with an average monthly income of \$315.

B. Description of Social Services.

1. Counseling and referral are the workers' most frequently mentioned social services, while clients saw employment, medical and housing referral services as being the most frequent ones.
2. Most referrals for social services are initiated by the eligibility worker, that is, approximately one-half of all referrals were directly traceable to financial problems.
3. About one-fourth of the social service cases are continuous service cases.
4. The differences between the two client groups about the nature of services delivered were not marked; most clients sought social services because they were "sent" by someone. "Successful cases" were more likely than "unsuccessful cases" to have received aid.

C. Evaluation of Impact of Social Services.

1. Most social service workers located the reason for a lack of success in the client's inability or failure to follow-through. Only a few saw failure as being located in the agency or the program.
2. Clients felt that despite unsuccessful outcomes,

social service workers had done all that was possible, given the actual size of their problems.

3. Clients' felt that additional financial assistance was the most important unmet service need; while workers' felt they needed lower caseloads, more referral resources and better training of supervisors.
4. About one-half of the workers' felt clients would seek services regardless of economic need, while clients' stated they had sought services because they had been told to do so by their eligibility worker.

APPENDIX D

NEW ACWD PROCEDURE RE: ABSENT PARENTS

APPENDIX D

NEW ACWD PROCEDURE RE: ABSENT PARENTS

At the time of application for AFDC involving absent parent, the applicant signs a form O-51, an agreement to cooperate in the absent parent procedure. The eligibility worker contacts the Family Support Division and secures an appointment date for the applicant. The address of the absent parent is secured from the applicant. The applicant is informed that although welfare will attempt to contact the parent, it is still mandatory for the applicant to go to FSD. The eligibility worker sends the absent parent a financial statement and a support agreement that must be completed and returned within 10 days on penalty of the issuance of a criminal complaint for failure to provide. If papers are not returned in time, the eligibility worker forwards the recipient's budget to the Family Support Division. If these are returned to the worker in the designated time period, the recipient's budget is attached to the statements and all are forwarded to the Family Support Division.

When the recipient keeps the appointment with FSD, the original O-51 is returned to the worker, informing her of the FSD number. If the recipient fails to keep the appointment, FSD sets up a new one, with carbon copy going to the worker. If the recipient fails to keep the second appointment, a lack of cooperation form is sent the eligibility worker.

At the FSD office, the recipient will be asked to sign a complaint for failure to provide. If a financial statement is received from the eligibility worker and is supporting according to a uniform contribution scale, the complaint is either not filed or is dismissed. If support is not indicated according to the uniform contribution scale, the absent parent is contacted by FSD, who will arrange a proper agreement.

All information regarding the agreement will be then fed into the computer. Each month a bill will be processed and sent to the parent, to arrive before or on the 1st of the month; if payment is not received by the 5th of the month, a delinquency notice is sent; if payment is not received by the 15th a criminal complaint is prepared by the computer as well as needed evidence for conviction under 270 P.C. These will be forwarded to the District Attorney who will sign the complaint and a warrant will be issued. There will be review for extenuating circumstances; the warrant will be issued even if the man has not signed a support agreement or he claims no ability to pay as this should be determined in court. The cases will be heard in Municipal Court and the men placed on probation to the District Attorney who has as his tools wage assignments, etc. If the man still fails to pay, probation will be revoked and the case returned to court for a further decision.

APPENDIX E
ELIGIBILITY TECHNICIAN QUESTIONNAIRE

APPENDIX E

Eligibility Technician Questionnaire

1. Personal Profile.

- a. I am an Eligibility Technician Grade I _____
Grade II _____
- b. My caseload is: intake _____ continuing _____
- c. How long have you been employed by ACWD? _____
- d. How long have you served as an Eligibility Technician? _____
- e. What other positions have you held in ACWD?

Position

Length of Service

- f. What branch office are you now assigned to? _____
- g. From actual knowledge of your duties, do you feel that any of your previous work experience was helpful in performing your work as an Eligibility Technician? Yes _____ No _____
- h. Regardless of whether you had it, what type of work experience has been most beneficial in preparing you for your current work?

Clerical _____
Accounting _____
Social Service _____

Other _____

- i. What parts of your actual job requirements did you find were you most adequately prepared to handle as a result of your initial training? Number each answer in order of their importance.

Budgeting _____
Special needs allowances _____
Knowledge of pertinent laws & regulations _____
Interviewing techniques _____
Use of forms _____
Documentation _____
Other _____
Other _____

- j. List in order of their importance the important areas of your actual job duties that were not covered in the formal training that you have received.

1. _____
2. _____
3. _____
4. _____
5. _____

- k. What has helped you the most in learning the things that you consider to be the most important in the performance of your job? Number each answer in order of its importance.

The Department's initial training program _____
My Grade I Supervisor _____
My Grade II Supervisor _____
Other, older & more experienced E.T.'s in my eligibility unit _____
Learning on my own by making mistakes & finding out about _____
them as my cases are reviewed _____

- l. Do you feel that you understand most of the basic and most frequently used rules and regulations well enough by now to apply them consistently and correctly in most of your cases? Yes _____ No _____

- m. How many months of experience do you feel are required to make a person a good eligibility worker?

3 months _____
6 months _____
12 months _____
Longer _____

- n. Since you were actually placed on your job have you received any other scheduled or formal training through the staff of the central training division? Estimate the amount of it in number of hours.

Less than 5 hours _____
10 to 20 hours _____
20 to 40 hours _____
More than 40 hours _____

- o. Have you received any scheduled or formal training since you started work through the branch office that was not sponsored by the central training division? Estimate the amount of it in the number of hours.

Less than 5 hours _____
10 to 15 hours _____
15 to 25 hours _____
Over 25 hours _____

- p. Do you feel that your Grade I Supervisor is sufficiently knowledgeable about eligibility to answer most of your questions and otherwise assist you in doing a good job? Yes _____ No _____ If not, why _____

q. List in order of their importance the five problems which you think cause the most mistakes in making proper grant or eligibility determinations:

1. _____
2. _____
3. _____
4. _____
5. _____

r. From what you have learned about your job through actual work experience do you think it would have been more or less effective to assign you to your unit first and then provide more on-job training as opposed to going through an intensive period of training before being placed on the job?

- | | |
|----------------------------|-------|
| 1. Less effective | _____ |
| 2. No more effective | _____ |
| 3. Slightly more effective | _____ |
| 4. Much more effective | _____ |

These questions only apply to eligibility workers having district caseloads:

s. What percentage of your eligibility renewals would you estimate are made through home visits? _____

t. What kind of contact do you have with the client in doing the greatest number of your eligibility renewals?

u. How important do you think it would be to have more home contacts with the client as a means of keeping grants correct and current?

- | | |
|---------------------|-------|
| 1. Not important | _____ |
| 2. Important | _____ |
| 3. Highly important | _____ |

v. From your experience how would you say that errors involving either underpayments or overpayments to clients are usually discovered:

- | | |
|--|-------|
| 1. Calls from neighbors or acquaintances of the recipients | _____ |
| 2. Home visits | _____ |
| 3. Supervisory review of my cases | _____ |
| 4. My own routine review of cases | _____ |

