DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814 (916) 445-2174



November 13, 1981

ALL-COUNTY INFORMATION NOTICE I-143-81

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: TITLE XX BLOCK GRANT SURVEY

REFERENCE: ACIN I-133-81, 10/16/81; ACL 81-107, 10/20/81

The purpose of this notice is to provide you with a summary of social services-related legislative activity to date, and to request your assistance in providing the Department with an assessment of the local-level impact of the Social Services Block Grant Program.

Inactment of the Federal Omnibus Reconciliation Act of 1981 (P.L. 97-35) on August 13, 1981 resulted in the provision of Title XX Social Services funding under a block grant concept which required states to pass enabling legislation to accept and administer grants. On October 2, 1981 AB 2185 (Vasconcellos) was adopted and provided for state assumption of administrative responsibility for the Social Services and Low-Income Home Energy Assistance block grants for State Fiscal Year 1981-82.

The provisions of AB 2185 do not become effective until January 1, 1982; however, the funding reductions of the Social Services Block Grant became a reality on October 1, 1981. Therefore, the Department of Social Services advanced a number of proposals that were designed to minimize the impact of the funding reductions in the social services area.

Initially, the Department's efforts were focused on implementing the changes required by the block grant through the legislative process by proposing amendments to AB 799 (Lockyer). However, as you may be aware, this piece of legislation was not enrolled prior to the Legislature's adjournment.

Accordingly, faced with the prospect of the rapid exhaustion of remaining social services funds, the Department had no alternative other than immediate administrative action to: 1) implement emergency regulations designed to establish service program priorities; and 2) develop and release social services allocations which reflected the realities of reduced federal funding.

The recent recall of the Legislature for special session to resolve pressing matters related to public assistance and services underscores the need for updated program impact information in the area of social services. Therefore, the Department must be prepared to provide an accurate analysis of what the effects of these services-related policy changes have been on the actual delivery of social services at the local level. This information will be essential in the determination of state resource allocations for social services now and in the future. Therefore, I am requesting your help in providing a critical review of the effects of the Block Grant Program in your county by completing and returning the attached survey form by December 4, 1981.

I feel that it is imperative that your county participate in this survey so that our report to the Legislature is a complete and accurate portrayal of the impact at the local level.

Please return your survey form no later than December 4, 1981 to:

State of California Department of Social Services Social Services Planning Branch, M/S 5-135 744 P Street Sacramento, CA 95814

Questions related to the survey form may be directed to William Anderson at (916) 445-2174.

Sincerely,

JAMES H. GOMEZ

Deputy Director

Attachment

cc: CWDA

The purpose of this survey is to obtain your assistance in providing the Legislature with an assessment of the impact of the Social Services Block Grant Program. This information will be essential in the determination of state resource allocations for social services now and in the immediate future. The survey is an attempt to measure the results of the reduction in funding, All-County Letter (ACL) 81-107, and the recent changes in Title XX social services which reduced mandated programs from ten to six, All-County Information Notice (ACIN) 1-133-81.

The survey is organized into three sections:

Section I: Program Specific Related to the Six Mandated
Title XX Programs.
Questions in this Section are designed to
measure the program impact of reduced funding
on staffing, caseload and service activities.

Section II: Program Specific Related to the Four Repealed Title XX Programs.

Questions in this Section are designed to determine the number of clients affected by elimination of the programs and the availability of alternative resources.

Section III: Optional Programs.

Questions in this Section are designed to measure the program impact of reduced funding on staffing and caseload. This Section also asks if optional programs or their service activities are to be reduced or eliminated.

Section IV: General Title XX Questions.

Questions in this Section are designed to measure the program impact of reduced funding and program changes on staffing patterns, contracting for services and claiming. This Section also provides an opportunity to present other methods you have used, or plan to use, to address reduced funding and program changes.

It is important that we receive complete information in each of these areas to prepare an accurate analysis of the changes in the delivery of social services at the local level.

Please complete and return the survey by December 4, 1981 to:

Department of Social Services Social Services Planning Branch 744 P Street, M.S. 5-135 Sacramento, CA 95814

Questions concerning this survey may be directed to William B. Anderson at (916) 445-2174.

	Protective Ser	rvices for Children			
Α.	Staffing				
1.	How many full time equivalent social included in your budget for 1981-82?	workers were			
2.	How many of those positions will be a result of ACL 81-107 and ACIN 1-133-8	eliminated as a 81?		a composition of the control of the	******
3.	Has any staff from this program been If yes, indicate where.	redirected?		Yes	_ Ño
В.	Caseload		gruigen sam mandeliitällavittikaitet (s.– 18-1999–1994)	- company y partid field (filmspace) and the state of the stations comm	**************************************
1.	What was the average social worker careceipt of ACL 81-107 and ACIN 1-133	aseload prior to -81?		www.https://www.alana.orumawww.oww.	
2.	What is the current or projected averworker caseload?	rage social			
C.	Service Activities				
1.	Were any specific services and/or so eliminated as a result of ACL 81-107 If yes, list activities.	cial worker activities and ACIN 1-133-81?		Yes _	_ No
		•			
2.	Were any specific services and/or acmodified as a result of ACL 81-107 and If yes, list activities.	ctivities reduced or and ACIN 1-133-81?		Yes	No
Per	son completing form	Phone	Date		

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	Out-of-Home Care	Services for Children	
Α.	Staffing		
1 1	How many full time equivalent social included in your budget for 1981-82?	workers were	
2.	Now many of those positions will be eresult of ACL 81-107 and ACIN 1-133-8	eliminated as a Bl?	A discontinuo de la compansión de la compa
?.	Has any staff from this program been If yes, indicate where.	redirected?	Yes N
В.	Caseload		
1.	What was the average social worker or receipt of ACL 81-107 and ACIN 1-133	eseload prior to -81?	
2.	What is the current or projected ave: worker caseload?	rage social	
C.	Service Activities		
Ĭ.	Were any specific services and/or so climinated as a result of ACL 81-10 If yes, list activities.	cial worker activities 7 and ACIN 1-133-81?	Yes
<u></u>	V .		
2.	Were any specific services and/or a modified as a result of ACL 81-107. If yes, list activities.	ctivities reduced or and ACIN 1-133-81?	Yes
Per	son completing form	Phone	Date

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	In-Hom	e Supportive Services		
Α.	Staffing			
1.	How many full time equivalent so included in your budget for 1983		M-2	
2.	How many of those positions will result of ACL 81-107 and ACIN 1-	be eliminated as a -133-81?		
3.	Has any staff from this program If yes, indicate where.	been redirected?		es No
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В.	Caseload			age on part of the second
1.	What was the average social work receipt of ACL 81-107 and ACIN 1		am-amaninkida a-u	Server of Standard Wilder of the Server of t
2.	What is the current or projected worker caseload?	l average social	· vange-appendique	PACAL AND REPORT OF THE PACAL AND REPORT OF THE PACAL
C.	Service Activities			
	Were any specific services and/celiminated as a result of ACL 8 If yes, list activities.			Yes No
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				ngapagana arawa a manakatan Pik Sara
2.	Were any specific services and/modified as a result of ACL 81-If yes, list activities.			Yes No
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	Information and Referral	
Staf	fing	
1.	How many full time equivalent social workers did you budget for initially in 1981-82?	
2.	How many of those positions were eliminated as a result of ACL 81-107 and ACIN 1-133-81?	Section and American Section (Control of Control of Con
ش. د	Has any staff from this program been redirected? If yes, indicate where.	_ Yes _ No
Inc	idence Count	
1.0	Since the receipt of ACL 81-107 and ACIN 1-133-81, has the I & R incidence count:	
	a. Increased? If yes, by what percentage?	Yes Mc
	b. Decreased? If yes, by what percentage?	Yes No
	c. Remained the same?	Yes No
Ser	vice Activities	
Ī	Were any service activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? If yes, list activities.	Yes No
	Were any service activities reduced as a result of ACL 81-107 and ACIN 1-133-81?	Yes No

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	Famil	y Planning	
Α.	Staffing		
Ι.	How many full time equivalent social included in your budget for 1981-82?	workers were	may a second a second and the constitution of the second distinct of the constitution
2.	How many of those positions will be e result of ACL 81-107 and ACIN 1-133-8	liminated as a	
3.	Has any staff from this program been If yes, indicate where.	redirected?	Yes No
and the special			
В.	Caseload		
1.	What was the total caseload prior to ACL 81-107 and ACIN 1-133-81?	receipt of	
2.	Were any clients referred to another as a result of ACL 81-107 and ACIN 1-1f yes, indicate number and program.	CWD program 133-81?	Yes No

3.	How many clients were referred to com	munity resources?	A NEW TOWN THE PARTY OF THE PAR
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A.	Staffing		
I.	How many full time equivalent social included in your budget for 1981-82?	workers were	* Management of the Adjustment
2.	How many of those positions will be e result of ACL 81-107 and ACIN 1-133-8	liminated as a l?	the specimen shall be had a single shall be seen to be shall be seen to be shall be seen to be shall be seen to
3.	Has any staff from this program been If yes, indicate where.	redirected?	Yes No
			
В.	Caseload		
1.	What was the total caseload prior to ACL 81-107 and ACIN 1-133-81?	receipt of	
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.		
	(
3.	How many clients were referred to com	munity resources?	
	•		
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	Out-of-Hor	ne Care Services for A	dults	
Α.	Staffing			
1.	How many full time equivalent sincluded in your budget for 198	ocial workers were 1-82?		
2.	How many of those positions will result of ACL 81-107 and ACIN 1	l be eliminated as a -133-81?		
3.	Has any staff from this program If yes, indicate where.	been redirected?		Yes No
				and distinct the state of the s
В.	Caseload			
1.	What was the average social wor receipt of ACL 81-107 and ACIN	ker caseload prior to 1-133-81?	·	
2.	What is the current or projecte worker caseload?	d average social		way to an add the state of the
C.	Service Activities			
1.	Were any specific services and eliminated as a result of ACL If yes, list activities.	or social worker activated and ACIN 1-133-	vities 81?	Yes No
2.	Were any specific services and modified as a result of ACL 81 If yes, list activities.	or activities reduced -107 and ACIN 1-133-81	or ?	Yes No
				and the second s
	3			
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	Protective Se	ervices for Adults			
A.,	Staffing				
1.	How many full time equivalent social included in your budget for 1981-82?	workers were			
2.	How many of those positions will be result of ACL 81-107 and ACIN 1-133-	eliminated as a 81?			
3.	Has any staff from this program been If yes, indicate where.	redirected?		Yes	No
a distant					
B.	Caseload				
1.	What was the average social worker c receipt of ACL 81-107 and ACIN 1-133	aseload <u>prior</u> to -81?			
2.	What is the current or projected ave worker caseload?	rage social			
C.	Service Activities				
THE PERSON NAMED IN	Were any specific services and/or so eliminated as a result of ACL 81-10 If yes, list activities.	ocial worker activities 7 and ACIN 1-133-81?		Yes	No

2.	Were any specific services and/or a modified as a result of ACL 81-107 If yes, list activities.	ctivities reduced or and ACIN 1-133-81?		Yes	, No
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	te of California ACT OF REDUCED SOCIAL	County		
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	Employment Related Services			
Α.	Staffing			
1.	How many full time equivalent social workers were included in your budget for 1981-82?		and the second s	
2.	How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81?			
3.	Has any staff from this program been redirected? If yes, indicate where.		Yes N	Ö
В.	Caseload			
1.	What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81?			
2.	Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.		Yes N	0
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3.	How many clients were referred to community resources?	Andrew Community of the Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-		
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	Child Day Care C.	ase Management Services	
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,	How many full time equivalent social included in your budget for 1981-82		
2.	How many of those positions will be result of ACL 81-107 and ACIN 1-133-		
3.	Has any staff from this program beer If yes, indicate where.	redirected?	Yes No
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В.	Caseload		
1.	What was the total caseload prior to ACL 81-107 and ACIN 1-133-81?	receipt of	
	2. Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? If yes, indicate number and program.		
3.	How many clients were referred to co	ommunity resources?	
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		Optional Programs	
Α.	Staffing		
l.	How many budget	full time equivalent social workers did you for initially in 1981-82?	and applications of the large states are a second and a second
2.	How many	y of those positions were eliminated as a of ACL 81-107 and ACIN 1-133-81?	The second secon
3.	Has any If yes,	staff been redirected? indicate where.	Yes No

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В.	Caseloa	d .	
	l. Wha	t was the average social worker caseload <u>prior</u> receipt of ACL 81-107 and ACIN 1-133-81?	
C.	Program		
	ī. Sin hay	ce the receipt of ACL 81-107 and ACIN 1-133-81, e you or do you intend to:	
	æ.	Reduce or eliminate the number of optional programs available?	Yes No
		1. If yes, identify by program.	N/A
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			ngginggania. Nadornyy na njishugi ingga ni hangga na madiga na pangangan na nadaliki buga ngha
		2. Indicate those that do not have alternative community resources.	
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	3.	Indicate how meny recipients will lose services by program.
		a .
		Which, if any, will you retain?
b.	Red opt	ince the service activities in the remaining
	Ĺ	If yes, identify on a program by program basis the reduced activities in each.
	an a my a same of the	
	2.	Indicate those that do not have alternative community resources.
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	3.	Indicate how many recipients will lose services by program.
	an a	
erson com	plet	ing form Phone Date

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	Gene	ral			
Si	nce the receipt of ACL 81-107 and A	CIN 1-133-81			
have you or do you intend to:					
1.	Terminate full time equivalent so	cial service staff?	Yes N		
	a. If yes, identify number as fo	llows:			
	Program Delivery				
	SW I				
	SW II				
	SW III	ar and book of APA APA half do not floor to red 1997 years			
	SW IV	ement had the Michael Michael State of Machine and Mac			
	C 44 F 4	Action to the state of the stat			
	Program Administration				
	(supervisory, managerial,				
	budget & fiscal staff)				
	Dreson redocum. Carmina and te				
	Program Support (clerical & related)				
	(creitest a impred)	Commence and the second commence of the secon			
2.	Demote full time equivalent socia	l service staff?	Yes N		
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	a. It was identity number as to	llows:			
	a. If yes, identify number as fo	llows:			
	Program Delivery	llows:			
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3.	Program Delivery SW I SW II SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related)				
3.	Program Delivery SW II SW III SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time e	quivalent social service			
3.	Program Delivery SW I SW II SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related)	quivalent social service	Yes N		
3.	Program Delivery SW II SW III SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time e staff by other than lay-off? (e.	quivalent social service	Yes N		
3.	Program Delivery SW II SW III SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time e staff by other than lay-off? (e.	quivalent social service	Yes _ N		
77.	Program Delivery SW II SW III SW III SW IV Program Administration (supervisory, managerial, budget & fiscal staff) Program Support (clerical & related) Do you plan to reduce full time e staff by other than lay-off? (e.	quivalent social service	Yes _ N		

	4.	Move any social worker staff to eligibility staff?	Xee NO
		a. If yes, how many?	
		b. In what time frame?	
		c. Will this increase eligibility worker staff?	Yes No
		d. Will this affect average salary of remaining social workers?	Yes No
		1. If yes, by what percentage?	
		e. Will this affect average salary of remaining eligibility workers?	Yes No
		1. If yes, by what percentage?	
	5.	Over-match social service expenditures beyond your allocation as an alternative to lay-offs?	Yes _ No
		a. If yes, indicate amount.	
	6.	Reduce the salaries of full time equivalent social worker staff instead of lay-offs?	Yes No
		a. If yes, by what percentage?	•
r		b. Effective date?	
	7.	Increase contracting with private providers?	Yes No
		a. If yes, identify programs and/or functions within programs.	
В.		all the time charged to In-Home Supportive Services on Line G of e revised Social Worker Time Study - DFA 46/47 (Line C-8 of the soleted Time Study form) what percent would you estimate is associa th:	ted
	**************************************	Assessment Activity (initial assessment, six-month reassessment, and other "Unscheduled assessments" - including travel time, home visits and documentation)?	
	2.	Six-month reassessments only (again include travel time, home visits and documentation)?	

	3. Service Arrangement		A LANGE PROPERTY AND
	4. Other Activities charged to this	line:	
C.	If you have chosen activities that add and the funds available that are not describe these activities and your re-	COAGLEG DA CHTG dreep-ron	rrange of Leanner
D.	Are there other significant impacts to questionnaire? If so, please explain	o your county not cover	ed by this
Ε.	Has the elimination of some service mor negative) on programs that continu	mandates and/or options we to be mandated? If y	had an impact (positive es, describe effects.
Pe	rson completing form	Phone	Date