

# Inside the Social Safety Net

ALAMEDA COUNTY SOCIAL SERVICES AGENCY



GENERAL ASSISTANCE

program evaluation



2014

Evaluation performed by:



On Behalf of:

A L A M E D A  
C O U N T Y  
S O C I A L S E R V I C E S

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## I. Authorship Certification

This report specifically reflects the work and opinions of the authors. All authors of this report confirm that each has contributed substantially to (1) the conception, design, collection, analysis, and interpretation of the data, (2) the drafting, revision, and authentication of report content, and (3) the approval of the final version for publication. The specific contributions of each author are explained below.

**Noha Aboelata, MD** is the Principal Investigator. Dr. Aboelata led the study design and writing of the report and supervised all aspects of the evaluation: quantitative and qualitative data collection, verification, analysis, and interpretation; literature and document review; conducted and synthesized interviews and focus groups.

**Amy Lentricchia, MA** is a core author and primary editor. Ms. Lentricchia led the best practices review; verified facts and content; collected, interpreted and synthesized data; and contributed to the literature review.

**Aquil Naji** oversaw and ensured the integrity of the survey and “Secret Shopper” processes and was responsible for technical support and troubleshooting.

**Brian Chavez** thoughtfully and skillfully designed and formatted the final report.

**Tina Flores** and **Helena Straughter** administered the surveys in a kind and compassionate manner, always displaying the utmost respect and concern for the GA clients.

**Nikole Collins-Puri, MPA** assisted in the review of the best practices interview process.

**Burçin Can Metin, MS** provided tremendous support and assistance with the census data analysis.

**Jada Williams** took notes and transcribed each focus group with care.

**Jermelle Newman** contacted all California counties to collect supporting information for the evaluation.

We thank all ACSSA Leadership and Staff for their openness and willingness to participate in this process.

We extend our heartfelt gratitude to **Lori Cox, Agency Director**, who opened her agency to our team and remained steadfastly focused on improving outcomes for GA Clients.

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We also thank all of the individuals we interviewed for their candor and contribution, including the Alameda County Board of Supervisors and Board Aides, the Oakland WIB, legal and mental health advocates, clinicians, other California counties’ GA staff, and members of key Community Based Organizations throughout Alameda County.

Roots Evaluation Team was contracted by Alameda County Social Services Agency and has no conflict of interest to report.

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## II. Acknowledgments

Roots Community Health Center performed this evaluation under contract for Alameda County Social Services Agency (ACSSA). Roots wishes to acknowledge numerous people who supported the preparation and writing of this evaluation.

First and foremost, Roots is grateful for the essential contributions of the GA clients who participated in the interviews, focus groups, and surveys, and who were so generous with their time and input. Without their willingness to share personal and sensitive information, this report would not have been possible.

**Daniel J. Muhammad** contributed significantly to the study design and framework, co-conducted multiple interviews, co-facilitated and synthesized the focus groups, and contributed substantially to the development of recommendations.

**Serie McDougal, PhD**, professor at San Francisco State University, provided invaluable intellectual guidance and statistical analysis of our study.

**Frey Gugsu, MS** deserves special thanks as a valued colleague, contributing author, and important source of feedback on the evaluation.

**Lavetta Cross, MPA** assisted in the development of the survey and interview instruments, conducting of surveys, organization of focus groups, and collection of consents for human subjects.

### III. Executive Summary

Since the Great Recession of 2007-2008, General Assistance/General Relief (GA/GR) programs throughout California have experienced decreases in funding. Programmatic changes due to budget cuts impact not only GA/GR recipients, but also affect the stakeholders who provide direct support to clients and programs alike. In order to fully assess the impact of past budget cuts and programmatic changes on Alameda County's GA program as well as the current program's ability to serve GA clients, Alameda County Social Services Agency (ACSSA) chose to launch a comprehensive, third-party assessment of their General Assistance program. To that end, Roots Community Health Center was contracted to investigate and report on: GA program eligibility requirements; the GA application process; a description of the GA population; benefits and services available to GA recipients; efficacy of the GA Program in addressing the needs and barriers clients are facing; and a landscape scan of other counties to determine best practices. To accomplish this, Roots developed mixed-method—quantitative and qualitative—assessment tools with which to investigate the GA Program. Roots' evaluation is designed to answer the following five questions:

1. What are the profiles of the GA clients, and what needs and barriers they are facing?
2. What is the process to obtain GA, and how does the client experience it?
3. What services are GA clients receiving outside of ACSSA, and which entities provide them?
4. How does the GA client survive on \$336 per month?
5. What are the best practices of other GA programs, and what are the gaps within Alameda County's GA program?

Roots addressed the above evaluation questions through several sources of information and processes, including conducting surveys, qualitative interviews and focus groups, engaging "Secret Shoppers," reviewing existing databases, and conducting literature and documents reviews.

Roots' investigation concludes with the provision of recommendations to maximize the benefits than can be provided to GA clients given available resources. These recommendations are designed to be practical and focused on funding and programmatic decisions that the Agency can undertake. These recommendations and their desired outcomes are as follows:

**Recommendation One:** Define Targeted Outcomes & Goals of the GA program as a foundation for all changes and future strategies.

**Desired Outcome:** The Targeted Outcomes & Goals of the GA program are uniformly understood and upheld by BOS, ACSSA Leadership and Staff, Advocates, Labor, and Clients.

**Recommendation Two:** Implement a paradigm shift with the aim of promoting the elevation, empowerment, and self-sufficiency of those in need of General Assistance.

**Desired Outcome:** All aspects of the GA Program from application process to linkage to support services lead to client self-sufficiency and increased well-being.

**Recommendation Three:** Invest in data management and data capturing to better inform GA strategies.

**Desired Outcome:** Data-driven program design, implementation, and evaluation ensure services are relevant and supportive to the GA population.

**Recommendation Four:** Create an environment that is client-centered.

**Desired Outcome #1:** Practices which are redundant, inefficient, and demeaning/disempowering to clients are eliminated from the GA process.

**Desired Outcome #2:** A customer service model with accountability is created and upheld.

**Recommendation Five:** Create an environment that is supportive to and ensures the success of Agency staff.

**Desired Outcome:** Staff are empowered to provide empathetic and supportive customer care through clear direction, ongoing training, and recognition.

**Recommendation Six:** Create and support clear paths to self-sufficiency.

**Desired Outcome # 1:** GA recipients are stably housed.

**Desired Outcome #2:** Employable GA recipients successfully transition into gainful employment.

**Desired Outcome #3:** Unemployable GA recipients transition expeditiously onto SSI.

Roots' recommendations are based on the following: a review of programs nationally and across the state; a distinct understanding of the GA population; and a clear view of the local landscape in which key agencies, organizations, and advocates create the Social Safety Net.

Several potential areas for future exploration and innovation are identified throughout this report. These include but are not limited to: an investigation of partnerships with social enterprises to include modifications in county procurement; the exploration of a regional approach to addressing issues such as workforce development and homelessness; and a feasibility assessment of implementing a Data Agency to support the data needs of all County public agencies.



## IV. Section One: Introduction

This section begins with an introduction and overview of General Assistance/General Relief Programs across the country, within the state of California, and in the County of Alameda. Next, the objectives of the evaluation and a review of the specific questions the evaluation is designed to answer are reviewed. This section concludes with a description of the structure of this evaluation report.

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*General Assistance (GA) or General Relief (GR) programs are Social Safety Net programs of last resort for indigent individuals which are administered locally by either states or counties.*

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### A. Overview of General Assistance/General Relief Programs

#### 1. National View

General Assistance (GA) or General Relief (GR) programs are locally (State or County) administered Social Safety Net programs of last resort that provide cash aid to indigent individuals. There is no federal definition that is applied universally to such programs in the United States, and there is no requirement for states to provide these programs; instead GA/GR programs may pick up where federal Safety Net programs leave off. There are dozens of federal Safety Net programs with varying, sometimes overlapping, objectives, beneficiaries, and eligibility requirements. A brief review of these programs illustrates the gaps which GA/GR programs are designed to fill.

There are two primary federal programs in place that provide cash aid for indigent citizens: (1) Temporary Assistance to Needy Families (TANF), which provides for very low-income families with dependent children, and (2) Supplemental Security Income (SSI), which provides for low-income individuals who are over 65 years of age, blind, or disabled. While individuals are awaiting a decision on disability benefits from the Social Security Administration, they may be eligible for Interim Assistance administered by states or counties, which may then recoup these funds from the Social Security Administration once a favorable decision on the SSI case is rendered. In some states, the term

“Interim Assistance” may be used interchangeably with “General Assistance” or “General Relief” since, if aid to an individual who is pending an SSI determination is offered, it may in fact be the only type of cash assistance available.

Major federal in-kind assistance programs for indigent individuals include Medicaid and SNAP (Supplemental Nutritional Assistance Program), also known as “food stamps.” Prior to the Affordable Care Act, Medicaid eligibility was closely aligned with eligibility for TANF and SSI. Currently, twenty-six states have expanded Medicaid eligibility to include low-income, non-disabled individuals under 65 as well as those who do not have dependent children.<sup>1</sup>

The SNAP program provides nutrition assistance to low-income individuals irrespective of their household composition, disability status, or age. The federal government also provides a 100% match to states for the implementation of an Employment and Training (E&T) program for SNAP recipients via the United States Department of Agriculture.<sup>2</sup> Individuals may be excluded from TANF and/or SNAP eligibility due to certain drug-related felony convictions, although states are allowed to opt-out of or alter this regulation. Additional smaller federal Safety Net programs include the WIC (Women, Infants and Children) program, and LHEAP (Low-Income Home Energy Assistance Program) among others.

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*The responsibility to administer and fund GA/GR programs lies with each state which may run its own statewide program, devolve the administration and/or funding of the program to its counties, or choose not to require GA/GR programs at all.*

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General Assistance or General Relief programs are Social Safety Net programs of “last resort” which provide cash aid for low-income individuals who do not qualify for SSI, TANF, or other state or federal programs such as Unemployment Insurance. The responsibility to administer and fund GA/GR programs lies with each state which may run its own statewide program, devolve the administration and/or funding of the program to its counties, or choose not to

require GA/GR programs at all. Benefits levels across the nation are very low, and in most cases are less than 25% of the Federal Poverty Line.<sup>3</sup> Some states and/or counties have lifetime limits for cash aid ranging from two to five years, some have imposed annual time limits as low as one month per year (Nevada), and others may not have a time limit but perform eligibility redeterminations as frequently as monthly (Alaska, Maine).<sup>3</sup>

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*Only twelve states offer GA/GR benefits to individuals considered employable.*

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The majority of states offering General Assistance/General Relief do so only for individuals who are considered “unemployable.” The definition of unemployable varies broadly: in some states the individual must meet the standard required for SSI, while in others factors such as being a caretaker for a sick family member are considered. Only twelve states offer GA/GR benefits to those considered employable.<sup>4</sup> Three states (Alaska, DC, Rhode Island) end assistance upon final SSI determination - approved or denied - and two states limit benefits to unemployable individuals when their disability is due to substance abuse (Vermont, Colorado).<sup>3</sup>

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*Despite the increased need for aid programs brought about by the economic recession, the availability of such programs has decreased across the nation.*

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In 1996, forty-two states had General Assistance/General Relief programs in at least some of their counties.<sup>5</sup> By 2011, according to The Center on Budget and Policy priorities, only thirty states still had GA/GR programs, and many of the programs that remained had enacted or pending regulations which decreased benefits or increased eligibility requirements.<sup>3</sup> Since 2011, at least three more states (Pennsylvania, Illinois, and Kansas) eliminated their General Assistance programs.<sup>6,7,8</sup> This leaves merely 27 states in the nation in which GA/GR programs persist,

and most of these have cut back on benefits or increased eligibility requirements. Despite the increased need for aid programs brought about by the economic recession, the availability of such programs has decreased consistently across the nation.

## 2. State View

### a. Background

Every county in California is required to provide a level of basic assistance to its indigent residents. Five years after California divided into counties, it enacted the Pauper Law of 1855, which required its newly-designated counties to provide relief and support to poor, incompetent, and incapacitated residents.<sup>9</sup> In 1933, the California legislature enacted Section 17000 of the California Welfare and Institutions Code which states: “Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions.” Section 17001 further directs: “The board of supervisors of each county, or the agency authorized by county charter, shall adopt standards of aid and care for the indigent and dependent poor of the county...”

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*Every county in California is required to provide a level of basic assistance to its indigent residents.*

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In California, there is no uniform or statewide General Assistance/General Relief program; rather counties are responsible for administering and providing 100% of the funding for these programs. In each county, the Board of Supervisors establishes its GA/GR program and may change its policies, procedures, and level of funding within the parameters and minimum guidelines set forth in the California Welfare and Institutions Code. The design and implementation of GA/GR programs is largely left to the

discretion of the counties. Therefore, eligibility requirements, benefit levels, the imposition of time limits, and the extent of other supportive services vary considerably from county to county.

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*In California, there is no uniform or statewide GA/GR program; rather counties are responsible for administering and providing 100% of the funding for these programs.*

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This discretion notwithstanding, the overall intent of aid is legislated and described in Section 10000 of the California Welfare and Institutions Code which states: “The purpose of this division is to provide for protection, care, and assistance to the people of the state in need thereof, and to promote the welfare and happiness of all of the people of the state by providing appropriate aid and services to all of its needy and distressed. It is the legislative intent that aid shall be administered and services provided promptly and humanely, with due regard for the preservation of family life, and without discrimination on account of ancestry, marital status, political affiliation, or any characteristic listed or defined in Section 11135 of the Government Code. That aid shall be so administered and services so provided, to the extent not in conflict with federal law, as to encourage self-respect, self reliance, and the desire to be a good citizen, useful to society.”

It is worth noting that during the recession of the early 1990’s, the California Legislature enacted new legislation (CA W&IC Sec. 17001.5) as well as amendments to existing legislation (CA W&IC Sec. 17000.5) in an effort to assist counties in reducing the fiscal burden of GA/GR programs.<sup>10</sup> Among the changes to the law were: the allowance of the reduction of GA/GR aid by \$40 in consideration of in-kind indigent medical care; a reduction of aid for individuals living in shared housing (the “shared housing deduction”); and the flexibility to provide in-kind aid (vouchers, third party payments, etc.) in lieu of or in combination with cash aid. Additionally, the state

allowed counties to reduce the level of aid below that normally required for up to three years if it could demonstrate that it was experiencing financial hardship (CA W&IC Section 17000.6).

## **b. Eligibility**

Eligibility for General Assistance/General Relief requires that an individual must not be eligible for any state or federally funded cash aid program such as: California Work Opportunity and Responsibility to Kids (CalWORKS), California’s version of TANF, which provides assistance to low-income families with dependent children, and SSI, which provides cash aid to aged, blind, and disabled individuals (including children). Other California Social Safety Net programs include: CalFresh, California’s version of SNAP, which provides nutrition assistance for low-income individuals irrespective of household composition or disability status, public housing, school lunch programs and Section 8 subsidized housing.

California is one of 26 states to date that has undergone Medicaid expansion.<sup>1</sup> This means that its GA/GR recipients, who were previously ineligible for Medi-Cal in nearly all cases, are now—almost by definition—eligible for Medi-Cal. In other words, the income eligibility requirements for GA/GR programs throughout the state typically also qualify an individual for Medi-Cal benefits. Prior to January 1, 2014, GA/GR recipients, as adults without dependent children, were usually ineligible for Medi-Cal and would be covered under each county’s Medically Indigent Services Program, the health care coverage program of “last resort.”

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*GA/GR recipients, who were previously ineligible for Medi-Cal in nearly all cases, are now—almost by definition—eligible for Medi-Cal.*

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## **c. Caseload**

California’s GA/GR caseload fluctuates from month to month but has steadily increased over the past several years. In July of 2008, GA/GR caseload was 110,482 after which

time it trended up to a high of 157,671 in August of 2011. Since then, the caseload has fluctuated somewhat, but the average caseload for Fiscal Year 2011/12 was 150,194. Since that time, despite some variation, the total caseload in March of 2014 held steady at 150,569.<sup>11</sup>

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*While the cost of living in the state of California increased 31% between 1998 and 2014, the average aid provided by GA/GR has essentially remained unchanged.<sup>14</sup>*

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The majority of California's caseload comes from Los Angeles County, which usually represents approximately 70% of the total cases in California.<sup>12</sup> A distant second is Alameda County, whose caseload generally represents about 7% of the State's total number of GA/GR clients. Sacramento and San Francisco typically alternate between the third and fourth largest caseload in the state, representing between three and four percent of the total state caseload each. Over half of California's counties have a very low caseload of less than 100 cases carried forward per month.

#### **d. Benefits**

Statewide average amounts of aid to individuals have remained relatively unchanged over the past 15 years.<sup>13</sup> In October of 1998 (the oldest data located) the average monthly benefit for GA/GR was \$225.28. As of March 2014, the average per person benefit was \$224.70. Thus, while the cost of living in the state of California increased 31% between 1998 and 2014, the average aid provided by GA/GR has essentially remained unchanged.<sup>14</sup>

Time limits for GA/GR vary significantly throughout the state and generally depend on whether an individual is deemed "employable" or "unemployable." Per Section 17001.5(a)4 of the California Welfare and Institutions (CA W&I) code, counties may limit aid to 3 months within a 12 month period if the individual is determined to be employable, so long as they are offered participation in a job skills or job training program.

#### **e. Employable vs. Unemployable**

The determination of one's employability often has an impact on the services he or she may receive under GA/GR. Counties may, but are not required to, impose as short as a three month time limit on aid as long as an offer of a job training program is made. Unemployable individuals may not have their aid discontinued as long as they continue to be indigent, deemed unemployable, and are ineligible for other benefits. Thus, the definition of "employable" vs. "unemployable" may mean the difference between 3 months of aid and the potential for indefinite aid under GA/GR.

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*The definition of "employable" vs. "unemployable" may mean the difference between 3 months of aid and the potential for indefinite aid under GA/GR.*

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There is no standard definition of "unemployability" for the purposes of determining eligibility for GA programs — though this has been the subject of some debate and litigation— and each county may have a different definition.<sup>10</sup> Although the term "employable" is generally accepted to refer to the absence of a disability that would interfere with employment, counties may choose to adopt guidelines as stringent as those imposed by the Social Security Administration in granting SSI or as flexible as to include non-disability related barriers to employment. In addition, most counties provide for the designation of a GA recipient as temporarily unemployable in the case of conditions expected to resolve.

#### **f. Workforce Programs**

The Food Stamp Employment & Training (FSET) Program is a federally funded program made available to CalFRESH recipients who are not receiving CalWORKS benefits. Counties are not required to offer FSET programs, but they are able to draw down federal dollars based on their CalFRESH caseload to cover the program; should a county choose to dedicate additional resources to the program, it

can claim back 50% of their administrative costs from the Federal Government. Thus, counties have the option of making FSET training available and can receive reimbursement when extending these services to GA/GR recipients.<sup>15</sup>

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*Within the last two decades, Alameda County's budgetary contribution to the GA Program has decreased significantly.*

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### 3. Alameda County View

#### a. GA History, Workgroups and Committees

Within the last two decades, Alameda County's budgetary contribution to the GA Program has decreased significantly. According to their 2010 report, the Community Coalition for a Compassionate General Assistance Program (CCCGAP) shows that in 1991-1994, Alameda County allocated as much as 4% of the total operating budget to the GA Program. After plummeting significantly in 1994, funds directed towards GA have trended between approximately 1-2% of the budget, and, during the past 6 years, budgetary expenditures on GA have remained below 1.3% (see Figure 1).<sup>16, 17</sup> It should be noted that approximately 98% of GA's budgetary expenditures are comprised of the loan made on behalf of the client.<sup>16</sup>

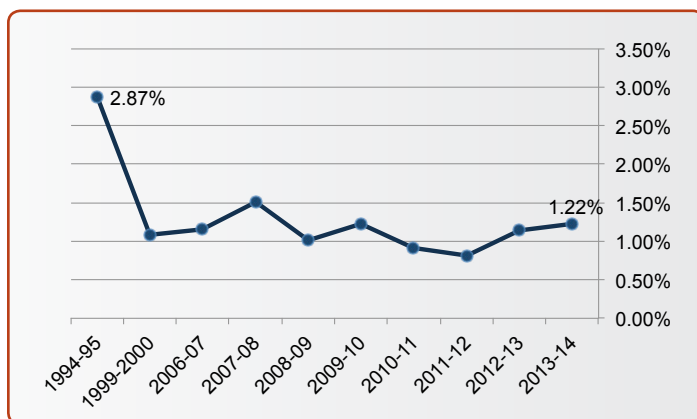


Figure 1. Percentage of County Budget Spent on the General Assistance Program By Fiscal Year

Key policy changes between 2007 and 2014 have contributed to the current climate of the GA Program, as well as the formation of various County Board of Supervisors committees convened to address issues with the GA Program (see Figure 2). First, in April 2007, the QR 7 quarterly eligibility/status report for cash aid and food stamps was implemented to replace the previous monthly reporting requirement. In January 2008, a 6 month time limit on benefits was adopted, but a lawsuit filed immediately at that time prevented the time limit from becoming effective. The court officially suspended the 6 month time limit in July of that year. In January of 2008, the GA Ad Hoc Workgroup was formed. In September 2009, a \$40 medical deduction and the shared housing deduction were implemented. This allowed the County to deduct \$40 from the GA loan towards the cost of HealthPAC, Alameda County's indigent health care coverage plan, and to reduce the loan amount for individuals living in shared housing. In January of 2009, the GA Taskforce was formed. A pivotal ruling in December 2009 allowed for the implementation of time limits on GA benefits, which quickly brought about the 3 month time limit on aid implemented in January 2010. This 3 month time limit is still in effect.

In 2010-11 the Board of Supervisors, GA advocates, representatives from Community Based Organizations (CBOs), and GA recipients alike vocalized concerns about the impact of these cuts to the GA Program, including the reduction in time limits. In response to these concerns, the Board of Supervisors directed the convening of the General Assistance Blue Ribbon Task Force in September 2010 to create a system that would address cost effective and compassionate ways of assisting those hit hardest by the recession and County cuts to GA. The Task Force, which was comprised of a diverse group of representatives from organizations and groups that advocate for and work closely with GA recipients as well as county staff members from various departments, made multiple recommendations to amend to the GA Program, some of which have already been implemented (see Figure 3).<sup>18</sup> Key changes implemented subsequently (in 2011) include the elimination of the \$40 medical care deduction, the previously mandatory employment training (FSET) becoming voluntary, and the elim-

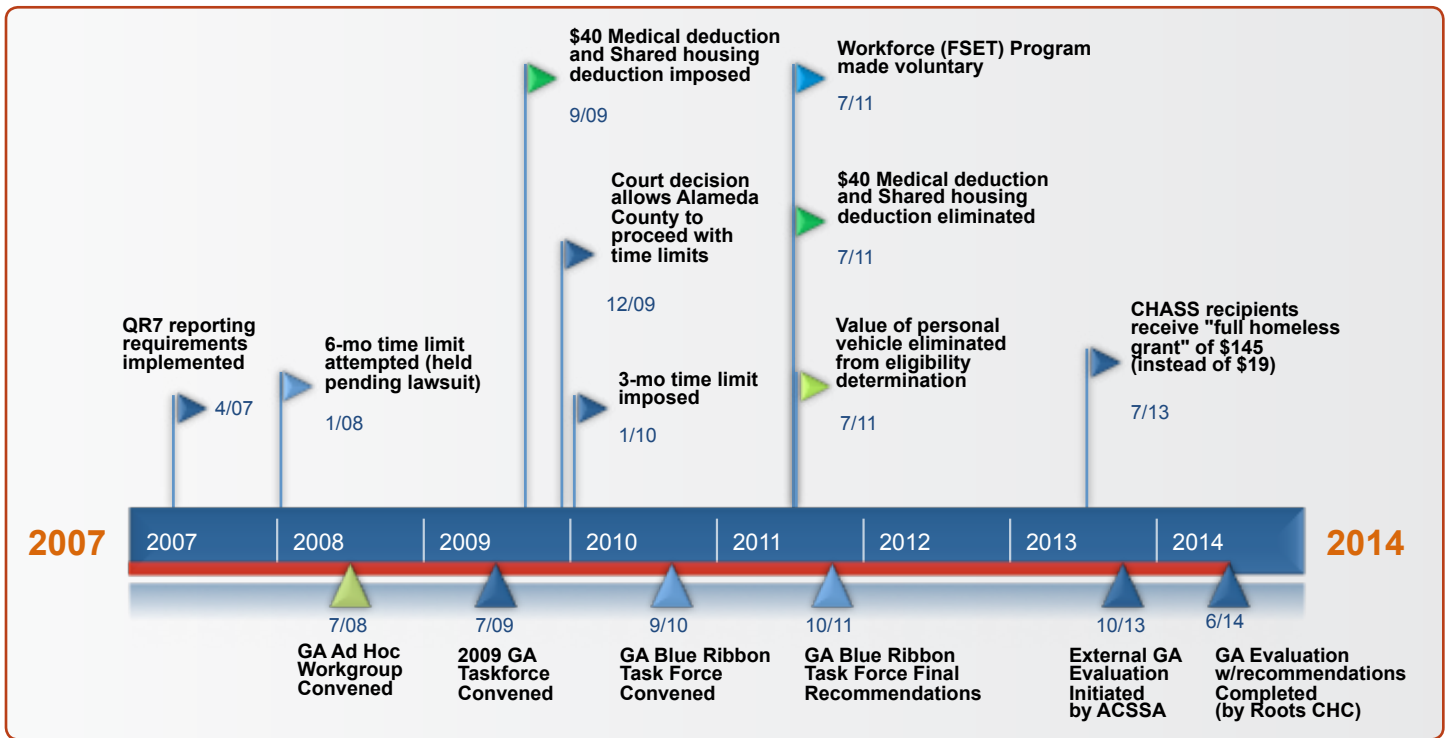


Figure 2. Key Events in Recent GA History

ination of the shared housing deduction. Also, the value of one's personal vehicle was eliminated from eligibility requirements; prior to 2007, the automobile value was factored into the \$1000 limit on personal property.

*The Board of Supervisors directed the convening of the General Assistance Blue Ribbon Task Force in September 2010 to create a system that would address cost effective and compassionate ways of assisting those hit hardest by the recession and County cuts to GA.*

Roots recognizes the important work of the GA Blue Ribbon Task Force as instrumental in fortifying the GA Program in Alameda County. This evaluation of GA intends to build upon the work of the Task Force and contribute to the further development of the program with recommendations that are reasonable, cost effective and just, and which promote self-reliance and maximum wellness for recipients. To this end, Roots is pleased to be working

closely with the Alameda County Social Services Agency and on behalf of the community it serves.

*The GA Program provides qualified, indigent individuals with a maximum cash loan of \$336 per month for a total of 3 months during any 12 month period.*

#### b. Current Program

The GA Program provides qualified, indigent individuals with a maximum cash loan of \$336 per month for a total of 3 months ("three month time limit") during any 12 month period. GA is considered a loan, and recipients are required to sign a reimbursement agreement as a condition of eligibility. Legal non-residents over 65 must apply for benefits through the Cash Assistance Program for Immigrants (CAPI). Undocumented individuals are not eligible for GA. Homeless individuals who qualify for assistance may opt to live in a shelter through Community Housing and Shelter Services (CHASS). However, if an individual is homeless and denies a "CHASS bed," the agency must make a "good cause

## Blue Ribbon Task Force Recommendation

## Implemented? (as of 6/27/2014)

Rescind 3-month limit of time on aid	no
Rescind shared housing deduction	yes
Eliminate \$40 medical deduction	yes
Provide full grant to homeless clients	partially
Eliminate auto value from GA eligibility rules	yes
Make participation in employment services voluntary	yes
Expand capacity for SSI advocacy	yes
Allow advocates to serve walk-in clients (not just SSA referrals)	no
Pilot the use of a housing subsidy for clients who appear likely to obtain SSI	yes

This chart is not intended as a comprehensive overview of the GABRTF,<sup>18</sup> rather "Highlighted Recommendations" are those selected by the authors for purposes of providing historical context and a foundation for this evaluation.

Figure 3. Highlighted Recommendations of the GA Blue Ribbon Task Force

determination," establishing an accepted reason for declining a bed, thereby allowing the applicant to receive full benefit amount. If no good cause determination can be made, the loan is cut to \$145 per month.

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*GA recipients who are deemed "unemployable" are exempt from the time limits allowed by statute (CA W&IC 17001.5(a)4) and therefore may receive GA aid indefinitely as long as they continue to be indigent and considered unemployable by a clinician.*

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Before January 1, 2014 and the implementation of the Affordable Care Act, very few GA applicants qualified for Medi-Cal. Those without dependent children or disabilities were offered HealthPAC, the County program for medically indigent residents. (From 2009-2011 a monthly deduction of \$40 from the total monthly loan amount of \$336 was implemented for those covered by HealthPAC, but this has since been rescinded.) Many GA applicants also

qualify for CalFresh (food stamps), although individuals with felony records for certain drug-related offenses are not eligible. GA applicants who have previously committed GA fraud or who possess an excess of \$1000 in personal property may not qualify for benefits. Until 2011, the cost of an applicant's vehicle was factored into the personal property limit.

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*If a client is approved for SSI benefits, the Social Security Administration reimburses Alameda County Social Services Agency for the total GA loan amount disbursed since the day the applicant's claim was filed.*

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GA applicants who may be considered "unemployable" and unable to work for 12 months or more, and/or who are over 62, must apply for SSI through the Social Security Administration. "Employability" is a determination made by a clinician (generally mental health or primary care) and not by the Agency per se.

Individuals who self-identify as having mental health or physical conditions that may render them unemployable or whose pre-screening by a social worker reveals a potential disability, will be referred for an evaluation by either an in-house mental health clinician at ACSSA, an off-site, ACSSA-contracted provider, or with the applicant's personal physician or mental health clinician. This determination impacts the duration, and potentially the dollar amount, of benefits an individual receives through the GA program (unemployable GA recipients may be eligible for an additional housing subsidy of \$318 per month while awaiting an SSI determination). GA recipients who are deemed "unemployable" are exempt from the time limits allowed by statute (CA W&IC 17001.5(a)4) and therefore may receive GA aid indefinitely as long as they continue to be indigent and considered unemployable by a clinician.

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*In 2011, the previously mandatory workforce component of the GA Program became voluntary.*

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Evaluating clinicians must fill out a 90-2 ("ninety dash two") form to establish the presence of a disability and indicate the expected duration of this disability. Clients who are considered unemployable for a period of 12 months or longer are automatically given 36 months of "unemployable" status by the Agency. Once an individual is determined to be unemployable, he or she is placed in "the queue," a waiting list for SSI advocacy managed by Behavioral Health Care Services under the auspices of Alameda County Health Care Services Agency. While their SSI status is pending, candidates are exempt from the 3 month time limit. If a client is approved for SSI benefits, the Social Security Administration reimburses the County (as delegated by the State) for the total GA loan amount disbursed since the day the applicant's claim was filed. If a candidate is denied SSI benefits, he/she remains exempt from the 3 month time limit for GA benefits and can continue to collect the GA loan so long as he or

she continues to meet the income and "unemployable" criteria.

The following individuals are exempt from the 3 month time limit<sup>19</sup>:

- Individuals who are permanently disabled and unable to work for 12 months or more,
- Individuals who are temporarily disabled are exempt during the temporary period only,
- Former Foster Care Youth and Independent Living Skills program participants who are ages 18-24,
- Individuals age 64 years and older,
- Individuals living in Community Housing And Shelter Services (CHASS), Alternative General Assistance Program (AGAP) facilities, or other approved living arrangements,
- Individuals participating in certain Outpatient Drug and Alcohol Treatment Programs approved by the Agency.

In 2011, the previously mandatory workforce component of the GA Program became voluntary. Today qualified candidates who are considered employable can choose to participate in employment services such as "Job Club" and "Job Search" and can receive up to a 90-day bus pass when they sign up to assist with travel to employment activities. ACSSA staff must make employable GA recipients an offer of participation in the employment services program as a condition of the imposition of the 3 month time limit on aid (CA W&IC Sec. 17001.5(a)4).

## **B. Purpose/objectives of the evaluation**

This evaluation aims to evaluate the existing GA program regarding its impact on GA recipients. Based on evaluation findings, Roots provides herein recommendations that are intended to maximize the well-being and self-sufficiency of GA clients. Roots seeks to make recommendations that are practical from a fiscal standpoint, maximizing existing assets as well as leveraging resources and establishing or strengthening relationships with other agencies and Community Based Organizations.



### C. Evaluation questions

Roots Evaluation Team set out to answer the following questions:

1. What are the profiles of the GA clients, and what needs and barriers they are facing?
2. What is the process to obtain GA, and how does the client experience it?
3. What services are the GA clients receiving outside of ACSSA, and which entities provide them?
4. How does the GA client survive on \$336 per month?
5. What are the best practices of other counties' GA programs and what are the gaps within Alameda County's GA program?

### D. Structure of the report

Following this introductory section, Section 2 of the report presents the methodology used in conducting the evaluation, including study design, data sources, a plan for data analysis, quality assurance procedures, and strengths and limitations of the methodology. Section 3 presents the evaluation findings, and Section 4 presents the conclusions resulting from the evaluation findings

and recommendations to Alameda County Social Services Agency.

## V. Section 2: GA Program Evaluation Methodology

This section summarizes key aspects of the methodology used to evaluate the Alameda County SSA GA program. The methodology begins with an overarching evaluation design followed by a series of tasks undertaken in conducting the evaluation, including gathering and analyzing data, interpreting findings, and reporting results. The methodology also addresses quality assurance procedures utilized and comments on the strengths and limitations of the evaluation design.

### A. Evaluation Design

In order to better understand the Alameda County Social Services Agency GA program eligibility requirements, application process, benefits and services available to GA clients, as well the clients themselves, Roots developed a mixed-methods - quantitative and qualitative - assessment of the GA Program; a review of programs nationally and across the state; a distinct understanding of the GA population; and a clear view of the local landscape in which key agencies, organizations, and advocates create the Social Safety Net (see Figures 4 and 5).

### B. Steps in Conducting the Evaluation

#### 1. Census Data Analysis

Roots performed a detailed analysis of data received from Alameda County Social Services Agency for the 33,093 unduplicated individuals who received GA in Fiscal Years (July 1 - June 30) 2010/11, 2011/12 and 2012/13. For these individuals, data on their utilization dating back to 2005, when the CalWIN system was implemented, was also analyzed. CalWIN, California Welfare Information Network, is an online system supporting program administration for public programs such as CalWORKS, MediCal, and CalFresh, now used in many California counties.

While extensive information is gathered via the paper application for General Assistance, much of this information is not entered, or not consistently entered, into ACSSA's database. Other pertinent information is not asked on the application, and clients do not necessarily complete the application in its entirety. Due to these gaps in data collection and entry,

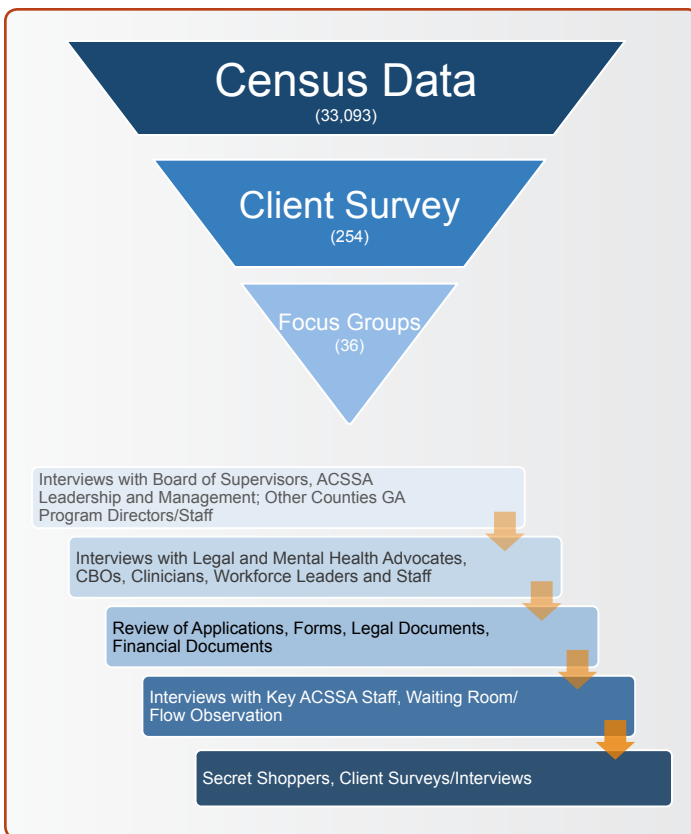


Figure 4. Process to Understanding Client Profiles

Figure 5. Steps to Understanding GA Landscape, History, and Process

and in an effort to understand more deeply the profiles, barriers, and needs of the GA population, Roots conducted an in-depth survey of clients who were either in the process of applying for GA and/or had received GA in the previous three years.

## 2. Client Survey

### a. Survey Instrument Development and Verification

Roots developed a survey that asked clients to share their direct experience obtaining and utilizing GA benefits, including their insights regarding possible shortcomings of the program and process. The survey also provided a timely opportunity for Roots to gather in-depth information about the clients themselves. Survey questions engaged clients on topics related to housing, healthcare needs, incarceration, finances, employment, barriers to services and employment, and education. The survey instrument was approved by Agency staff, who were given an opportunity to provide feedback and suggestions. The survey instrument was then reviewed and approved by Roots' ethics committee for community-based research. As the survey was initially developed on paper, once finalized, it was then formatted in an online tool. This tool allowed for data collection with real-time upload of responses to a HIPAA (Health Insurance Portability and Accountability Act) compliant database.<sup>20</sup> The survey tool employed sophisticated "skip logic" and "branching" which allowed for additional probing on certain topics depending on what answers were provided. This facilitated a deeper understanding of relevant information on a particular respondent while skipping questions irrelevant to that individual. In addition, this type of survey avoids complicated instructions, such as asking the respondent to skip to a particular point in the survey depending on their response, thereby speeding up the overall administration time.

Before distributing the survey to the GA participants, Roots operated the survey within a test environment with multiple users over the course of one week to insure accuracy, completeness, and flow. The testing period also involved a time study which revealed that the survey from start to finish took an average of

13 minutes, informing the protocol for systematic sampling at 20 minute intervals. That is, survey takers were instructed to administer the survey to a new respondent every 20 minutes to give all clients an approximately equal chance of being selected to participate.

### b. Survey Methodology and Administration

Roots surveyed a total of 270 people, 254 of whose responses were included after removing 16 incomplete surveys from the sample. It should be noted that respondents were allowed to skip questions with which they were uncomfortable, and thus participants were not required to answer every question asked. However, clients must have reached the end of the survey and authorized its submission for completion in order to be counted. Clients were properly informed of the purpose of the survey and were not provided with any compensation for their participation.<sup>21</sup> At the conclusion of the survey, participants were asked if they were interested in participating in a future focus group, and, if so, they provided their contact information and consent to contact them at a later date.

Roots' surveying methodology increased accessibility to the survey and reduced "coverage bias" by going to all main Alameda County GA application locations. The surveys were performed Monday through Friday from February 6, 2014 to March 6, 2014 by trained survey administrators at all three main offices where people apply for GA: Eastmont, San Pablo, and Hayward. Survey administrators approached GA applicants after they took a number and began to wait in line at the twenty-minute intervals as described above. This method of selecting individuals to participate in the survey diminished volunteerism by eliminating the possibility of selecting individuals who "appeared" interested or were waiting for survey-takers to approach them. Probability sampling of this sort is called "systematic sampling." That is, everyone in the GA office who took a ticket had a chance of being selected; the sampling is not completely random because only those who had taken a ticket at the time the survey takers approached applicants could be chosen to participate. However, systematic sampling is a method regarded as essentially equivalent to simple "random sampling,"

which is considered the optimum method to obtain an unbiased sample.<sup>22</sup>

### c. Survey Outcomes

Roots calculated a 95% confidence interval for the survey, indicating that the conclusions drawn from the survey have external validity.<sup>23</sup> This means that the sample surveyed is representative of the larger population of GA recipients and that the conclusions drawn from the survey are therefore generalizable to this population as well. Of note, the demographics of the population surveyed are demographically very similar to those of the data set of 33,093 with respect to race, age, and gender (e.g., approximately 60% male and 60% African-American). Because of the previously described survey skip logic and branching as well as the ability of clients to skip questions they were not comfortable with, not all questions were answered by all individuals surveyed. In cases where fewer than 254 individuals responded to a question, the “n” is indicated in text or on the corresponding figure.

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*Roots calculated a 95% confidence interval for the survey, indicating that the conclusions drawn from the survey have external validity.*

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### 3. Qualitative Interviews

Roots conducted in-person interviews with over forty individuals from County Officials to ACSSA staff, clinicians, and advocates. Some interviewees were individuals ACSSA leadership requested Roots interview. Others were selected by referral or “snowball sampling.”<sup>22</sup> Snowball sampling relies on the designated research participants, who are asked to recruit or refer future research participants to the researcher. Snowball sampling is particularly useful for research projects that require investigation of a particular network, population, or culture. Using snowball sampling allowed Roots to evaluate key members of the Alameda County Social Safety Net and to better understand

the dynamics among the individuals and organizations that create it.

Interview questions varied according to the individuals being interviewed. Because interviewees were among a diverse group, questions were formulated to reflect each one's unique contributions and understanding of the GA Program. Accordingly, Roots developed questions that would appropriately reflect the interviewee's specific role in regard to the GA Program as well as his or her experience and level of engagement with the GA process. Interviews also allowed for free-flowing dialogue when appropriate and provided opportunities for participants to share personal observations and points of view. Roots agreed to maintain the anonymity of all individuals interviewed.

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*Roots conducted in-person interviews with over forty individuals from County Officials to ACSSA staff, clinicians, and advocates.*

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Interviews were conducted with the following:

- ACSSA executive team and management
- ACSSA staff along the continuum of the GA process
- ACSSA Workforce and Benefits Administration staff
- Providers involved in the continuum (medical and mental health providers)
- Advocates (SSI, GA, Mental Health)
- Other counties GA program directors, employees and workforce programs
- County Board of Supervisors and their Aides
- Key Agencies and CBOs
- Workforce Investment Board and other workforce leadership and staff

### 4. Focus Groups

Focus groups were conducted with current and former GA clients who have collected benefits during the last 3 years as well as SSI clients who were formerly on GA. Roots developed focus group guides that would allow more nuanced information about important topics raised in the survey to be gathered. As the survey provided mostly quantitative data, focus groups offered an opportunity to obtain qualitative information

from GA recipients. Focus groups were conducted at the San Pablo and Eastmont SSA offices and at Roots Community Health Center. Systematic probability sampling was used to locate participants from the group of those who had taken the client survey by starting from the top of the survey list for a given ACSSA office and moving down until a client was reached. This process was repeated until 12 participants confirmed participation.

The informed consent process was used to assist participants in making an informed decision about taking part in the focus group. Clients were made aware that facilitators would be eliciting personal information about their experience with the GA process that would be used to inform a final report to the Agency. It was made clear that the investigators were not Agency staff and that their individual responses would be kept confidential. The informed consent process protects individual's rights and is subjected to the ethical principles and guidelines of The Belmont Report, which requires that all research studies that involve human subjects be grounded in "respect for persons, beneficence and justice" for the ethical conduct of research.<sup>24</sup> GA focus group clients signed consent forms the day of the focus group (n=11 to 12 each). Two Roots investigators facilitated each group, and two team members took notes and transcribed them following the group. Participants received lunch or breakfast and \$40.00 cash for their participation.

## 5. "Secret Shoppers"

Roots sent four "Secret Shoppers" to the San Pablo, Eastmont, and Hayward SSA offices. Secret Shoppers, or "Mystery Shoppers," are individuals who are briefed to observe and experience a customer service process by engaging in a series of agreed-upon tasks as a consumer of these services, and reporting back their experience in a consistent fashion.<sup>25</sup> Two Secret Shoppers were engaged to sit in the waiting rooms where GA clients and applicants convene at various stages in the process of obtaining benefits and observed the environment, atmosphere, clientele, quality of customer service, and staff-client interactions. These "Waiting Room Secret Shoppers" took notes and reported back to Roots. Two additional "Process Secret Shoppers" gathered data through direct participation in the application process. After going through the entire process, including the interview with an intake worker,

completing the necessary paperwork, and meeting with the social worker, they were interviewed by Roots within a few hours. Additionally, one Process Secret Shopper pursued SSI advocacy after self-disclosure of their disability, allowing Roots to formulate a deeper understanding of the circumstances in which a GA applicant is triaged to the SSI track. Secret Shoppers were properly consented, including advisement of their rights. Waiting Room Secret Shoppers were compensated \$30, and Process Secret Shoppers were provided \$50 cash in consideration of their time.

## 6. Analysis of Data

Comprehensive analysis of quantitative and qualitative data was undertaken. Census data was analyzed using multiple queries to elucidate demographics and trends in utilization. Quantitative survey data was tabulated and analyzed in a similar fashion, performing queries, applying various filters, and identifying trends.

Qualitative data analysis was applied to narrative responses on the client survey as well as Secret Shoppers, focus groups, and interviews. Narrative text responses on the client survey were examined in order to identify themes and were categorized and labeled accordingly. Similarly, transcribed interview and focus group notes were analyzed, emergent themes were identified, and the information was sorted and labeled accordingly. Interpretation of qualitative data was performed through listing, diagramming, and connecting the categories and emergent themes, and representative or illustrative statements and quotes were highlighted.

## 7. Review of Documents

Alameda County SSA staff responded to multiple requests for data: client-level, program-related and financial. In addition, Roots was provided, or located for review, program applications, rules and regulations, multiple financial and legal documents, memos and letters (internal and between agencies, CBOs and Board of Supervisors), meeting minutes, several GA and workforce presentations, and notes and documents from GA committees, including the Blue Ribbon Task Force reports.

## 8. Landscape Analysis of Other Counties

### a. Overview of CA Counties

In an effort to understand the landscape of GA/GR programs across California, Roots reviewed published reports, official program literature, and official websites from the State as well as the counties themselves. Roots' evaluation team also attempted to contact program staff in all counties in order to update a grid on program benefits.

### b. County Selection Process

ACSSA provided Roots with initial direction for the best practices search among GA/GR programs in other counties. The Agency identified three specific counties in which to begin conversations: Los Angeles County, San Francisco County, and San Mateo County. Then during the interview process, Roots asked these counties' administrators to recommend other counties in which further investigation might take place. Kern, Fresno, and Sacramento Counties were identified as result of similarities to Alameda County in terms of challenges, caseload, and client demographics. Because Kern County's GA program is in a state of transition, they declined participation in this project.

## 9. Visits to locations

Roots made in-person visits to the Alameda County GA offices as well as employment programs within Alameda and San Mateo Counties. As well, over forty in-person interviews were conducted at various agencies, ACSSA departments, and Community Based Organizations.

### C. Strengths and Limitations of the Evaluation Design

Roots employed a multipronged research strategy that answered specific evaluation questions about Alameda County's GA Program by drawing on existing databases, literature reviews, and quantitative and qualitative data. Roots' research methodology received extensive feedback from colleagues in different areas of expertise, including Roots' research staff and ethics committee, in addition to academic reviewers and advisory board members. Roots

modified its evaluation design in light of the feedback received.

Roots used a multi-year analysis from the data collected for Fiscal Years 2010/11, 2011/12 and 2012/13 as well as a vigorous sampling technique for client surveys. Roots systematic sampling methodology increased "accessibility," reduced "coverage bias," and resulted in a 95% confidence interval, indicating that Roots' survey results are representative of and the conclusions drawn are generalizable to Alameda County's entire population of GA recipients. Roots subsequently performed rigorous data analysis based on prior work in the field.

In addition to the numerous strengths in study design, this evaluation also has key limitations. Namely, due to the constraints of time, accessibility, and willingness/ability on the part of other counties' GA/GR staff to divulge sensitive information Roots was able to conduct a truncated review of five notable GA programs in California to identify best practices among GA programs within the local landscape. In addition, as the demographic profile, caseload size, and local landscape in each of these counties varies substantially from Alameda County, Roots recognizes that exact replication of these methodologies is not realistic. Therefore, the purpose of Roots' best practice review is to provide preliminary data that would require further study and direct comparative analysis prior to the adoption of these models.

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*Roots employed a multipronged research strategy that answered specific evaluation questions about Alameda County's GA Program by drawing on existing databases, literature reviews, and quantitative and qualitative data.*

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Also, while beyond the scope of this evaluation, it is noted that in order to fully understand the path to successful transition off General Assistance, a study of clients "post-GA" should be undertaken. While not a limitation of the study design per se, this is an area for potential future exploration. Despite the stated limitations and constraints, Roots' evaluation design is well-adapted to evaluate the existing GA program with regard to its impact on GA recipients and to answer the evaluation questions. As such, this

evaluation provides salient information for ACSSA Leadership to consider regarding its GA Program.

## VI. Section 3: GA Program Evaluation Findings

### A. Profiles Of GA Recipients

#### 1. Background

Examination of the GA population reveals that this population is heterogeneous in many ways. Alameda County Social Services Agency leadership expressed a specific desire to gain a deeper understanding of the “profiles” of those within this group as well as needs and barriers as they relate to an individual’s ability to transition off GA. To that end, Roots performed an in-depth analysis of ACSSA’s census data (33,093 unduplicated individuals having received GA between Fiscal Years 2010/11 and 2012/13), which informed the direction of the client survey, which in turn informed the direction of the client focus groups and interviews. This approach allowed for a thorough and robust investigation of the GA population that deepened as the process unfolded.

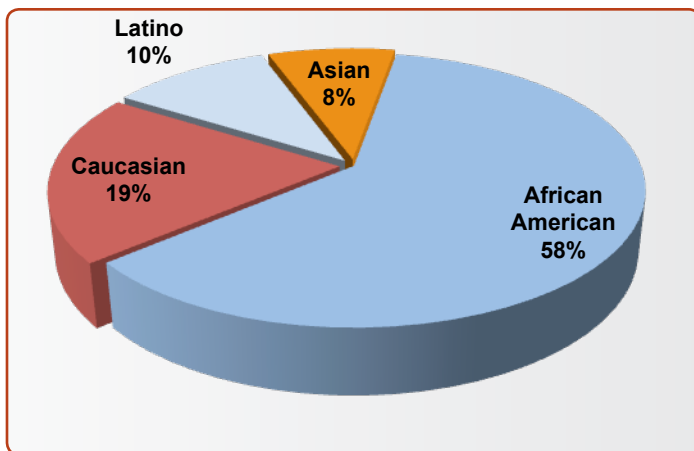


Figure 6: GA Participants By Race (FY 2010/11-2012/13)

#### 2. Demographics

##### a. Race and gender

In a given year, the number of people who receive General Assistance in Alameda County is equal to approximately 1% of the total county population, compared to

0.4% in the state of California.<sup>26</sup> The overall demographic profile of GA recipients from July 2010 through June 2013 has remained relatively stable: 60% are men and 40% women; 58% self-identify as African American, 19% as Caucasian, 10% as Latino, and 8% as Asian (see Figure 6). These numbers are compared to the entire county, which is comprised of 51% women; 13% African Americans, 34% Caucasians, 28% Asians and 23% Latinos.

##### b. Age distribution

The largest age group represented overall is 45-54 years old at 24% of the total, with roughly the same 60/40 male/female split seen in the larger GA population (see Figure 7). A further examination of age and gender reveals some interesting findings. Females comprise a greater portion of GA recipients than males in two age groups: 18-24 years of age (51% female) and in the 65 years of age and older group (62% females). By contrast, in the 34 to 44 year-old category, males outnumber females at a higher rate than the whole, comprising 70% of this age group (see Figure 8). Of the total, 689 (2.1%) of GA recipients are identified as former foster youth.

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*In a given year, the number of people who receive General Assistance in Alameda County is equal to approximately one percent of the total county population.*

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##### c. Geographic distribution

Regarding geographic distribution, Oakland and Hayward have GA populations disproportionate to their overall populations. The data indicate that 61% of GA recipients reside in Oakland, although Oakland only has 26% of the County’s total population, and 15% of GA recipients reside in Hayward, while it makes up just 10% of the county population. Another 6% of GA recipients reside in San Leandro, and 5% each reside in Berkeley and Fremont. Further examination of the data reveals that 16.5% (5452) of GA recipients used Social Services Agency as their address, presumably because they

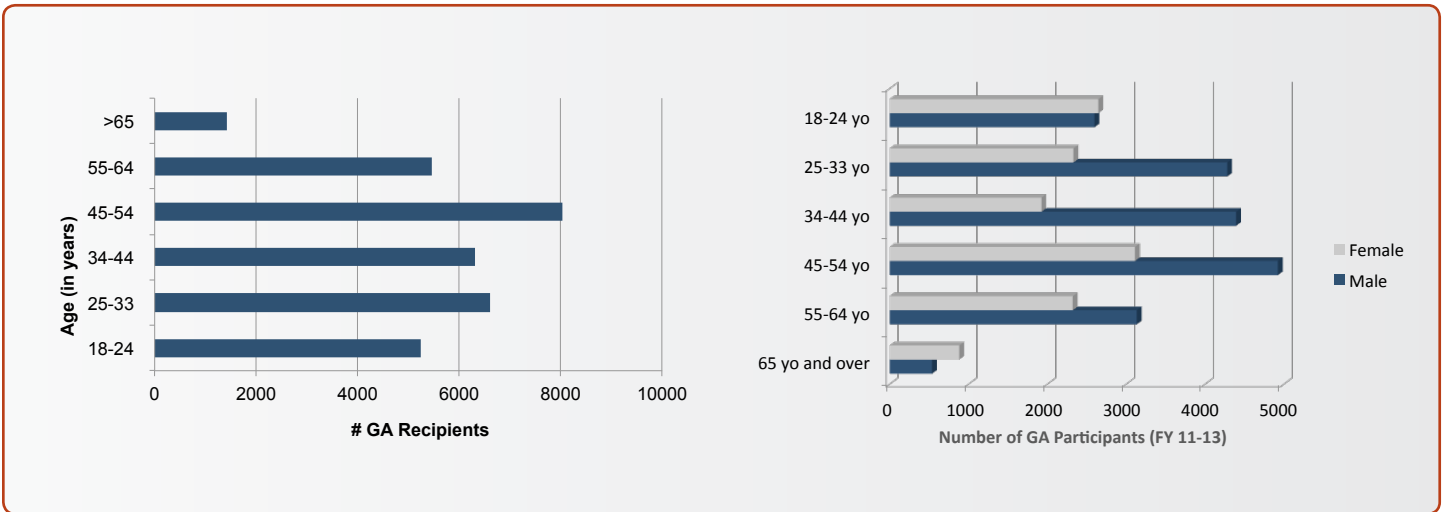


Figure 7: GA Participants By Age (FY 2010/11-2012/13)

Figure 8: Females Outnumber Males in the Younger and Older Age Categories (FY 2010/11-2012/13)

are homeless.<sup>27</sup> Because the Social Service addresses used are in Oakland, this artificially raises the percentage of GA recipients living in Oakland. According to the Alameda Countywide Homeless Count and Survey of 2009, 48.2% of Alameda County's homeless live in Oakland, and of homeless individuals who utilize services, it is estimated that 56.3% receive those services in Oakland.<sup>28</sup> Extrapolating from this data, it can be estimated that 48.8% of GA recipients reside in Oakland,<sup>29</sup> and 8% could be classified as "unknown."<sup>30</sup> Thus, GA recipients comprise over 4% of Oakland's overall population and about 3% of Hayward's population compared to 1% in the county as a whole.

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*GA recipients comprise over 4% of Oakland's population and about 3% of Hayward's population compared to 1% in the county as a whole.*

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**d. Employment History**

Alameda County Social Services Agency does not gather data specifically regarding employment history, although according to staff interviews, they do have the capacity to verify whether an individual applying for GA is receiving Unemployment Insurance and is, therefore, ineligible for benefits. According to Roots' client survey, close to 20% of respondents had received unemployment benefits within the preceding 12 months.

This indicates a substantial proportion of GA recipients are displaced workers. Eighty-three percent (83%) of survey respondents stated that an extended period of unemployment was posing a barrier to finding a job. Research suggests that the longer a person is unemployed, the harder it will be to find a job and the lower their wages will be once they do become employed.<sup>31</sup> Of focus group participants who were displaced workers, some were older individuals who needed retraining or a change of industry due to an injury or age while others had been laid off and unable to re-enter the workforce. It was also recounted that during the economic downturn, companies laid-off older, more expensive workers, and hired less expensive, less experienced workers in their place.

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*According to Roots' client survey, close to 20% of GA recipients had received unemployment benefits within the preceding 12 months.*

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In response to the economic recession, the United States Congress authorized The Emergency Unemployment Compensation (EUC) program in 2008.<sup>32</sup> This program provided federally funded unemployment benefits to individuals who exhausted state Unemployment Insurance. In California, the EUC program extended benefits for up to 73 additional weeks beyond the maximum allowable time on Unemployment Insurance

of 26 weeks.<sup>33</sup> This program, revised and extended multiple times, finally ended on January 1, 2014.<sup>34</sup> According to the California Employment Development Department, as of the end of April 2014, approximately 374,700 Californians were losing their federal EUC extension benefits.<sup>35</sup> Thus, it is possible that more displaced workers will be resorting to General Assistance as these benefits, as well as individuals' savings are exhausted.

#### e. Criminal History

Criminal record history has no bearing on GA eligibility and is not entered into ACSSA's database for GA. However, drug-related felony data does reside in the CalWIN system and currently impacts CalFRESH eligibility. Roots' survey data reveals that 17% of respondents had been on parole, and 18% had been to prison in their lifetime. At the time of the survey, 5% were on parole while 26% indicated that they had been on probation in the past three years. However, 61% of respondents felt that their criminal record was a barrier to employment. This likely indicates that individuals convicted of misdemeanors or felonies not sentenced to prison still carry criminal records that present barriers to employment.

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*Sixty-one percent of respondents felt that their criminal record was a barrier to employment.*

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In addition, 22% of respondents indicated that owing restitution is a barrier to employment, and 17% cited owing child support as a barrier. Roots' client interviews reveal that, when restitution or child support are owed, individuals are inclined to stay "underground" for fear that, even if they are able to secure employment, their wages would be garnished or they would lose employment. Notably, 66% of individuals who had been incarcerated said they became homeless within 3 months of release, and 18% went back to jail during that same time frame.

#### f. Homeless/Marginally Housed

When asked about where they lived in the three months preceding the survey, 46%

of survey respondents said they lived with friends or family at some point (n=211). Discussions in Roots' focus groups further confirm that, if not for family, many of these individuals would be on the streets. Some stated that, while family may want to help, they are simply unable to due to their own financial or housing situations.

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*Twenty-two percent of respondents cited owing restitution, and 17% cited owing child support as barriers to employment.*

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Of these same 211 individuals, 46% gave responses that indicate that they were homeless at some point during the preceding three months such as living on the streets, in an abandoned building, car, or in a shelter. Many of these individuals overlapped with those living with family/friends and indicated that they would "couch surf" as long as possible, and then find themselves on the streets. Sometimes, to avoid burdening their friends and families, they would alternatively sleep in a shelter or on the streets so as not to "wear out their welcome," and then return to try to stay with friends and family for only a few days at a time.

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*Forty-six percent of survey respondents indicate that they were homeless at some point during the preceding three months such as living on the streets, in an abandoned building, car, or in a shelter.*

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When asked where they have "mostly stayed" in the previous 3 months, 47% of respondents said with friends or family, 16% in their own apartment, and 15% on the streets. Another 8% stayed in a rented room or in transitional housing, and the remaining 15% were incarcerated, in a drug treatment facility, or hospital<sup>36</sup>.



## g. Health Status and Substance Abuse

The health status of individuals receiving GA was assessed through several survey questions. Nearly 45% of respondents (n=208) stated that they had health issues that were a barrier to getting a job, and 31% of these stated they did not have a source of healthcare to address these issues. Thirty-six percent (36%) cited a mental health issue and 19% cited a substance abuse issue as a barrier to employment. Fifty-nine percent (59%, n=223), needed or wanted help from a hospital or medical clinic in the preceding year. Of these, 16% stated that they did not obtain these services because they were uninsured (48%). The percentage of focus group participants in substance abuse recovery at the time the group convened ranged from 20% (East Oakland) to 50% (San Pablo).

Focus groups and client interviews reveal that an injury, surgery, or an acute illness was not uncommonly a precipitating factor to loss of a job. While the condition may have resolved, their position of employment was longer available; once their sick leave and temporary disability benefits were exhausted, they turned to GA as a last resort. One client interviewed revealed that, although he had recovered from an injury sufficiently to work, he was advised that “residual pain” could form the basis for his disability claim. While he preferred to work, he had come to the conclusion that SSI would be the best option since he could not find a job. This interviewee, as well as several focus group participants, cited feelings of depression and hopelessness due to their situation.

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*The Roots client survey revealed that 22% of respondents did not graduate high school, 11% have a college degree or higher, and another 22% had some college.*

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## h. Educational Level

In analyzing the census data from SSA, it was discovered that data on

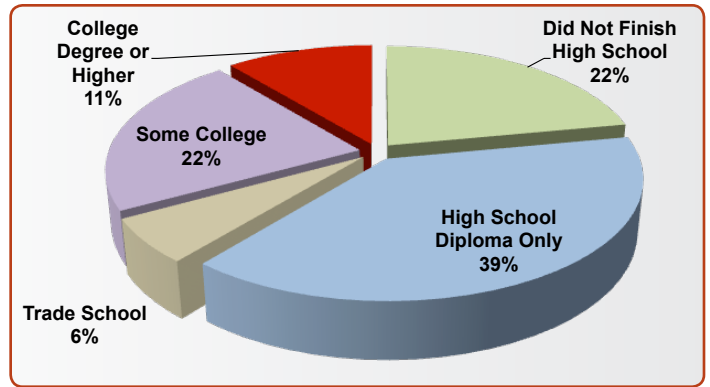


Figure 9: Educational Background from Client Survey (n=211)

educational level is entered sporadically and inconsistently. In fact, the data field indicating educational level was completed for fewer than 8% of the 33,093 clients in the data set. The Roots client survey revealed that 22% of respondents did not graduate high school. Interestingly, however, 11% have a college degree or higher, and another 22% had some college. Close to forty percent have a high school diploma only, while 6% had gone to trade school (see Figure 9). Of those who did not have a high school diploma, 72% stated that they would be interested in a free program to obtain one. Focus group participants and Secret Shoppers stated that they were not offered any programs to further their education, including GED programs, and that they were not aware if any such program existed.

## i. Other Impacts on Employment

Thirty-five percent (35%) of employable survey respondents (n=179) stated that they were responsible for the care of a sick family member, and 14% said they were responsible for childcare; for those reasons these individuals felt challenged in finding employment outside the home. Seventy-seven percent (77%) cited a lack of transportation as a barrier to employment, while 20% said that English being their second language posed a barrier to getting a job.

## B. Trends in GA Utilization

### 1. Caseload

Because new individuals are added to GA on a daily basis and others reach their time limit

or are otherwise removed from GA on a daily basis, the caseload is constantly fluctuating. GA caseload is often expressed in terms of monthly or annual averages which are calculated from the census of individuals receiving GA on the last day of each month. Average GA caseload has fluctuated considerably over the last nine years (since implementation of CalWin in 2005 from which data was extracted) from a low of 4,963 individuals in December of 2005 to a high of 10,121 in October of 2009. The caseload has appeared to fluctuate in response to major program changes as well as changes in the economy.

*Historically, GA caseload has followed trends in unemployment rates; however, this logical relationship has shifted in the past four fiscal years, as caseload is increasing despite decreasing unemployment.*

Historically, GA caseload has followed trends in unemployment rates; as the unemployment rate climbs, for example, so does the number of individuals seeking finance assistance. However, this logical relationship between unemployment and caseload has shifted in the past four fiscal years. Since 2009, the rate of unemployment has decreased steadily; yet, since 2010, the GA

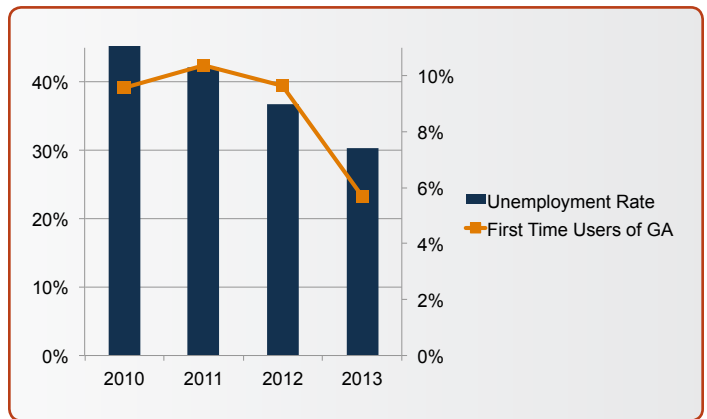


Figure 11: First Time Users of GA and Unemployment by Calendar Year

## 2. New (first time) utilizers of GA

With the steady improvement of the unemployment rate from 2010 to 2012, there was a commensurate decrease in the number of new individuals applying for GA, despite the overall caseload increase.<sup>38</sup> (see Figure 11). As the unemployment rate decreased from 11.3% in 2010 to 7.4% in 2013, the percentage of individuals collecting GA for the first time (at least since 2005) simultaneously decreased from 42.5% in 2011 to 39.4% in 2012 and down to 23.2% in the first half of 2013.<sup>39</sup>

*“Frequent utilizers,” defined for purposes of this evaluation as employable individuals who obtained GA in three of the preceding six years, are overwhelmingly African American—about 73% as compared to 60% of the total GA population.*

## 3. Frequent utilizers

Of note, while the number of new utilizers decreased during the 2011-2013 time frame, the number of individuals who “repeatedly utilized” GA, defined for purposes of this evaluation as employable individuals who obtained GA in three of the preceding six years, increased from under 25% in 2011 to over 34% in the first half of Fiscal Year 2012/13 (see Figure 12). A detailed analysis of frequent utilizers reveals that they are overwhelmingly African American—about 73% across all three years as compared to 60% of the total GA population. And while African American men

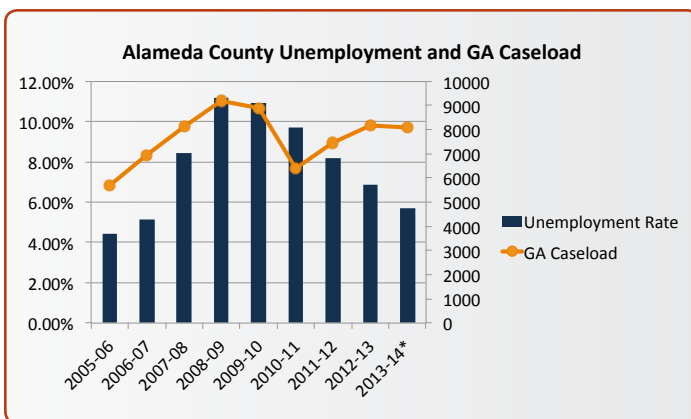


Figure 10: GA Caseloads Increasing Despite Decreasing Unemployment Rate

\* Includes first 10 months of FY 2013/14 (through April 2014)

caseload has continued to rise. For example, in FY 2010/11, GA caseload was 6239 and the unemployment rate was at 9.7%. In FY 2012/13, caseload rose to 8184 while unemployment continued to drop to 6.84% (see Figure 10).<sup>37</sup>

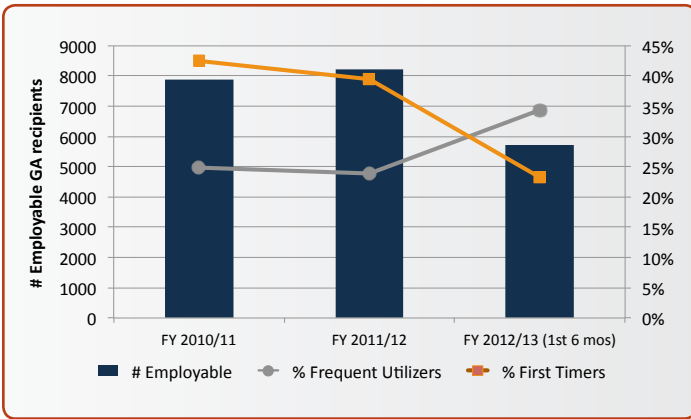


Figure 12: "First-Time" and "Frequent Utilizers" of GA (FY 2010/11-2012/13)

comprise only 36% of the total GA population, they make up close to 50% of the frequent utilizer population. For other ethnicity and gender combinations, the rate of frequent utilizers is equal to or less than their relative proportion of the overall GA population. Significantly, the unemployment rate among African Americans in Alameda County is typically higher than all other ethnicities. For

1 <sup>st</sup> Time Utilizers <i>Individuals collecting GA for the first time in the preceding six years</i>	Frequent Utilizers <i>"Employable" individuals who received GA in 3 of the preceding 6 years</i>
Has followed the unemployment rate	Has remained stable despite improvements in unemployment rate
Demographic profile very similar to overall GA population :	Demographic profile very different from overall GA population:
<ul style="list-style-type: none"> <li>60% men (60% of overall GA)</li> <li>56% African American (58% of overall GA)</li> <li>20% Caucasian (19% of overall GA)</li> </ul>	<ul style="list-style-type: none"> <li>73% African American (58% of overall GA)</li> <li>50% African American men (36% of overall GA)</li> <li>49% are age 25-44 yo (39% of overall GA)</li> </ul>

Figure 13: First Time and Frequent Utilizers (FY 2010/11 - FY 2012/13)  
See page 61 for enlarged chart

example, in 2010 when Alameda County's unemployment rate was 11.3%, unemployment among African Americans in Alameda County was 20.9%.<sup>40</sup> For a comparison of New vs. Frequent Utilizers, see Figure 13.

#### 4. Employable vs. Unemployable

The percentage of GA individuals considered "unemployable" has increased sharply over the past three years from 24% in January of 2010 to, most recently, 79% in April of 2014 (see Figure 14). Those considered unemployable are exempt from time limits and are placed into the SSI advocacy "queue" to initiate their SSI application process when applicable.<sup>41</sup> According to interviews with ACSSA, BHCS and clients, waiting times in the SSI queue can extend over a year depending on the severity of the disability.

That is, if it is determined that a person is severely disabled and therefore more likely to be granted SSI, they will be "moved up" the queue, and if it

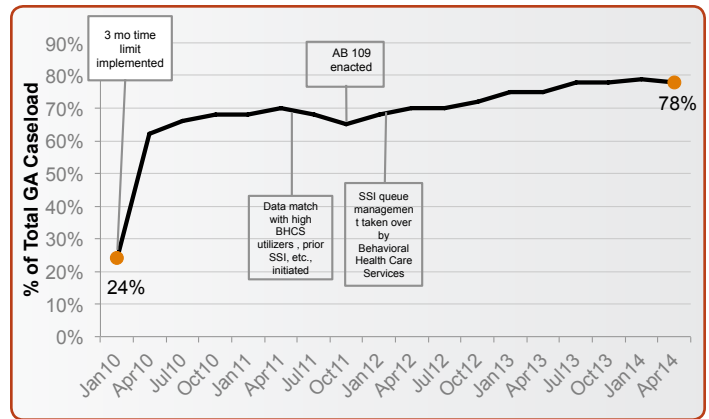


Figure 14: Percentage of GA Recipients who are Unemployable

is less certain, they may be moved lower in the queue. This form of triage helps those with more severe disability receive needed benefits sooner, but may have the unintended consequence of leaving those less likely to be approved in a "holding pattern" awaiting the delayed initiation of their SSI process.

*Waiting times in the SSI queue can extend over a year depending on the severity of the disability.*

Unemployable individuals who remain on GA without time limits include: those waiting in the queue for SSI advocacy, those with pending applications to SSI, those appealing the SSI decision, as well as those who are denied SSI. In other words, all those determined by a clinician to be unemployable for 12 months or longer can potentially receive GA indefinitely irrespective of the outcome of their SSI application.

*All those determined by a clinician to be unemployable for 12 months or longer can potentially receive GA indefinitely irrespective of the outcome of their SSI application.*

## C. The Agency

### 1. Framework of the GA Program

The General Assistance Program is housed within Alameda County Social Services Agency's Workforce and Benefits Administration (WBA). WBA is headed by an Assistant Agency Director who reports directly to the Social Services Agency Director, who in turn reports to the Alameda County Board of Supervisors. The GA Program is directly overseen by Division Directors at each of the three sites: Eastmont, North County (Oakland) and South County (Hayward as well as Livermore and Fremont satellites) in conjunction with the GA Program Specialist. Program staff include: waiting room clerical staff, intake eligibility workers, social workers, and district eligibility workers.

Legal, mental health, and community providers advocate on behalf of the clients they serve and have varying degrees of interaction with the Board of Supervisors, Agency leadership, and Agency staff. Advocates may address an issue for an individual client or group of clients, and they may also take on broader issues of program rules, regulations, and implementation. Advocacy may occur in the form of email or phone communication with Agency staff, meetings with Social Services leadership or Board of Supervisors members, presentations and public comments at Board of Supervisors meetings, public records requests, filing of lawsuits, and litigation on behalf of their clients.

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*Interviews with ACSSA leadership and staff, clinicians, legal advocates, and the Alameda County Board of Supervisors indicate that there is there is no unified understanding or clear direction of the GA Program.*

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Interviews with ACSSA leadership and staff, clinicians, legal advocates, and the Alameda County Board of Supervisors indicate that there is there is no unified understanding or clear direction of the GA Program. While, without exception, interviewees expressed a sincere desire to help those who find themselves in need of General Assistance, perspectives on how this

is being done, or should be done, vary widely. For instance, some feel strongly that helping people get jobs should be the primary objective of the program, while others feel just as strongly that jobs are scarce and that resources should be directed elsewhere. Some believe the Agency should take a more central role in providing supportive services, while others believe that these services would be best contracted out to community based agencies.

A general understanding that the GA program is paid for solely by the County and that program changes which have fiscal implications must be weighed carefully was conveyed by most staff members interviewed. However, the practical implications of this fact were subject to wide variations in interpretation even among those within the same department or organization. For instance, some hold the belief that there is a large number of people "gaming the system" who need to be identified and removed from the system. Others believe that the benefit level is so low that only those in dire need are presenting to the Agency for assistance. As a result of differing ideas about GA client needs and intentions, interviewees also express varying opinions about the role of GA staff. Some express the understanding that the primary role of GA staff is to discover possible reasons an individual is ineligible for GA benefits, while others feel their main role is to help people with their basic needs.

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*GA Program changes are often viewed as "reactionary" rather than "proactive"; as such, Agency leaders and staff are often faced with spending valuable time and talent "putting out fires."*

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When asked about the manner in which issues are addressed or changes are made within the program, responses also varied widely. And while there are some established "tables" at which concerns are to be raised both within and outside the Agency, issues regarding matters such as program implementation and interpretation/enforcement of regulations are often addressed outside of these venues. Matters of disagreement or conflict are often handled on an individual basis – for example between an advocate or labor representative and an ACSSA supervisor or Board member

- and may result in program changes which are then viewed as “reactionary” rather than “proactive.” As such, agency leaders and staff are often faced with spending valuable time and talent “putting out fires.” Because program policy and practice changes are often made in response to a crisis or external pressure rather than “from within,” their implementation is sometimes hasty and/or inconsistent across sites. Under these circumstances, changes are often not well-communicated within or outside the agency, creating more confusion and room for interpretation.

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*Data regarding the GA Program is manually compiled and manipulated by a limited number of specialized ACSSA staff who have the ability to produce reports upon request.*

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## 2. Data Management

The GA Program inputs and draws upon data from disparate databases which is then repositied into Social Services Integrated Reporting System (SSIRS), a data warehouse system. The software that is utilized to pull reports from SSIRS is called IBM Cognos. California Welfare Information Network (CalWIN), which is used for all ACSSA welfare programs, is the database used for tracking GA clients and payments. Social Security Online, operated by the Social Security Administration, allows ACSSA to locate pending SSI applications. GA reports may be pulled from CalWIN, SSIRS, and Social Security Online. In addition, Behavioral Health Care Services tracks SSI advocacy referrals and activity in their own database, and makes use of a customized dashboard to view data in real-time. Data regarding the GA Program is manually compiled and manipulated by a limited number of specialized ACSSA staff who have the ability to produce reports upon request. Turnaround for reports is generally timely, according to program managers. However, because the managers themselves may not have direct access to the data they desire, they must make a follow-up request, for example, to further drill down into an area of interest or concern. In addition, particular times of year or month may present the need for a higher volume of data reports, causing increased demands and potential delays. Also, because different departments or individuals may

request data in different ways, they may obtain different data sets from which they are working and making decisions. During the course of Roots’ interviews, it was noted that contradictory statements were made regarding particular indicators or outcomes; upon further probing it was elucidated that while the statements were indeed backed by data, this data was being requested and viewed in a different manner, leading to opposing statements regarding the facts. Continued investigation revealed that a uniform standard for requesting and reporting most types of data is not in place; this is due, in part, to the fact that data request are often made on the “back end”, as opposed to an established framework being established on the “front end.”

## 3. The Application Process (see Figure 15)

### a. Initial Application

The General Assistance (GA) program does not have an online application process, so clients are required to complete the application in person at one of the three main Social Services locations (Eastmont, North Oakland, and Hayward). The process starts with the client standing in an information line. Upon reaching the front of the line, the client is given an application packet, as determined by the intake worker, as well as a number. They are told to complete the application packet and asked to sit in the waiting room until called back to the window. Secret Shoppers reported that the application asks questions about assets, demographics, citizenship, education, and housing and takes approximately 30 minutes to complete. Secret Shoppers reported that their number was called after approximately 1.5 and 2 hours, respectively, at which time they returned the packet to the intake worker. The intake worker then verifies the applicant’s eligibility to apply for the GA program. Once this is completed, the client is scheduled to participate in a group session. Depending on the ACSSA site and the time of day, this session may happen the same day or the following day. Secret Shoppers as well as focus group participants reported that there was not an actual “group” conversation but that they waited in a group to be called individually into a one-on-one interview with a social worker. However, program staff relay that there is usually an orientation that precedes the social worker interview.

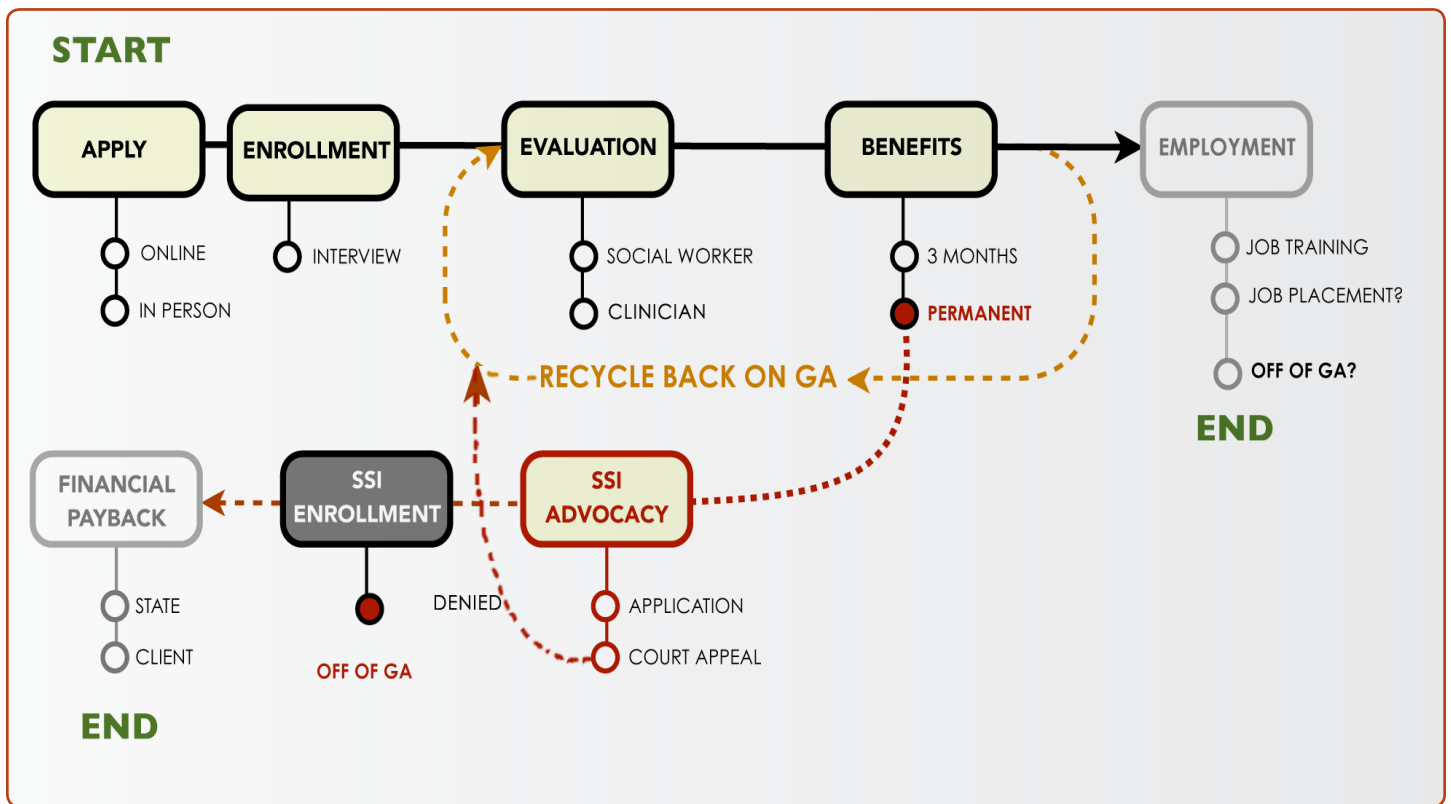


Figure 15: General Assistance Application Process

*Interviews with GA recipients, staff and advocates alike confirm that clients often bring with them the stress, trauma, and anxiety of their circumstances when presenting to the Agency to apply for GA, and that their emotions and frustrations can be compounded as they attempt to navigate the system.*

Interviews with GA recipients, staff, and advocates alike confirm that clients often bring with them the stress, trauma, and anxiety of their circumstances when presenting to the Agency to apply for GA, and that their emotions and frustrations can be compounded as they attempt to navigate the system. Sixty percent (60%) of focus group clients reported that the GA process is hard to understand and is frustrating to navigate across all ACSSA sites. One Secret Shopper reached the front of the information line and was told he was in the CalWORKS line and that he needed to stand

in a different line. Several other clients stated that they were given the wrong paperwork to complete, causing additional wasted time and frustration. Focus group participants and Secret Shoppers consistently relayed that the offices are confusing and it is unclear what steps should be taken upon arrival.

*Survey respondents reported that it required an average of three visits (value, 3.2) to the ACSSA office to receive GA benefits.*

Focus group participants conveyed that it is common knowledge that one must arrive at the GA office early in the morning to begin the process, in order complete it within two days. Survey respondents who had received GA more than once (n=144) reported that the last time they received GA it required an average of three visits (value, 3.2) to the ACSSA office to receive GA benefits. In some cases, as reported by some survey and focus group participants, clients are asked to travel to a different site than the one at which they initiated their application. Program staff explain that this may happen, particularly

towards the end of the month, if the intake worker has reached the maximum number of applications they are allowed to process. In this situation, the application will be sent to another site with availability, and, when the client is called back in, it will be to that site and not the site where they began. This poses a particular hardship to clients who have limited or no transportation.

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*The mental health screening tool utilized by the social worker contains over 40 questions regarding drug, alcohol, mental health, sexual, and medication history.*

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#### **b. Client Assessment**

Social workers conduct one-on-one interviews including a mental health screening, an assessment of housing/shelter needs, and the provision of referrals as appropriate. The mental health screening tool utilized by the social worker contains over 40 questions regarding sexual history, drug and alcohol history, mental health and medication history. The completed screening tool is scored; depending on the score, the client may be referred for a mental health assessment. Generally, this assessment occurs in-house on the same day the GA application is processed, but the client also has the option of taking the assessment form to their own clinician for completion. This assessment forms the basis for the “employable vs. unemployable” determination for those with mental illness. Clients with physical impairments are referred to one of two contracted

locations for physical assessment or to their own physician for completion of the 90-2 form. Employable applicants must be offered employment services – a statutory requirement for the imposition of the three-month time limit.

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*If an applicant reveals that they are homeless, the social worker is responsible for making an offer of a CHASS shelter bed. If the bed is accepted, or declined without “good cause,” the loan amount is decreased from \$336 to \$145.*

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If an applicant reveals that they are homeless, the social worker is responsible for making an offer of a CHASS shelter bed. If the bed is accepted or declined without “good cause,” the loan amount is decreased from \$336 to \$145. The social worker is responsible for making the “good cause” determination, thereby deciding whether the client will receive the full loan amount. Reasons for good cause may include a history of trauma in a shelter, physical ailments that prevent them from being able to sleep on a cot, post-traumatic stress, or anxiety in crowded/ confined environments. Clients report that reasons they feel are legitimate for declining a bed often do not meet the definition for good cause. These might include not wanting to part with their personal possessions, having a pet that is not allowed in the shelter, or being more comfortable sleeping in their car.

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*Because social workers are charged with the role of making a “good cause” determination, which can affect the GA loan amount, they report feeling that they are placed in a “policing role” rather than a supportive one and would prefer to spend the time connecting clients to services.*

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Clients and social workers alike have complaints about the nature of the social worker interview. One social worker said “I went into social work to help people. Instead I am the one deciding how much money they get.” Another social worker said, “I don’t feel like I need to be wasting time with the (mental health) screening tool. It has questions on it that turn people off right away and make them not trust me.” Because social workers are charged with the role of making a “good cause” determination, which can affect the GA loan amount, they report feeling that they are placed in a “policing role” rather than a supportive one. In general, social workers said they would prefer to spend the time with the client determining their barriers and connecting them to services. Social workers’ methods for connecting clients to services vary. There is no standard list of services or referrals possessed by all social workers. In addition, social workers say they are not privy to the job resources and generally do not address a client’s readiness for work. This role is reserved for a job developer in the optional employment services program.

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*Multiple focus group and survey clients retold that once they disclosed that they had a substance abuse problem or were in recovery the interaction with the staff seemed to change, as one said, “for the worse.”*

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One Process Secret Shopper said of the social worker interview, “They asked, ‘are you crazy?’ She know I wasn’t crazy, so it went fast since that’s all they really asked me about.” The other Secret Shopper said, “she asked ‘do you hear voices, have you ever tried to kill yourself, have you taken any medicine in the past 48 hours?’ In my mind the purpose of this interview was to determine whether I was crazy so they could send me to SSI.” Multiple focus group and survey clients retold that once they disclosed that they had a substance abuse problem or were in recovery the interaction with the staff seemed to change, as one said, “for the worse.” Several focus group participants

as well as clients surveyed indicated that they need “drug treatment help,” but that they received no referrals and felt they were on their own in attempting to obtain help. Others said they were afraid to disclose that they have a drug problem, as one explained, for fear that they would “judge me or not want to help me.”

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*Focus group participants conveyed frustration with the repetitiveness of the process in that they are asked the same questions multiple times; some believe this is a method to discover inconsistencies as a basis for denying their application.*

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The next step in the application process following the social worker interview is a meeting with an Eligibility Technician (ET3). This face-to-face meeting is to review all forms, sign paperwork, and discuss all necessary documentation required to complete the application process. The applicant is allowed 10 calendar days to provide any required documentation. GA Program regulations require the ET3 to process the application and make a determination within 30 days of the application date unless allowed an extension. If an application is extended or is being re-determined, it must be processed within 45 days of the application date.

Focus group discussions among clients reveal that their main point of frustration is that their eligibility worker (ET3) does not call them back. Some clients expressed frustration and anger about this, while others emphatically stated that “you have to call their supervisor” in order to get a return the call. This was the consistent theme for all sites except the Hayward location. One focus group participant said “(in Hayward) the workers always call you back... and tell you that you don’t have to travel to them, just submit paperwork at Eastmont and I will come get it for you. They will give you personal cell phone number!” One client who lives in West Oakland stated a preference for going to the Hayward office in order to be served efficiently. While the ET3 workers’ caseload



was the topic of much discussion in ACSSA staff and advocate interviews alike, it was agreed that it seems some workers are able to manage the caseload while others are not. The exact reasons for this were not explored, as such exploration is beyond the scope of this evaluation.

Client interviews repeatedly convey the sentiment that Agency staff is attempting to find a reason to disqualify them for benefits, as one client said, “like it’s their money.” One Secret Shopper stated, “the eligibility technician’s first question was, ‘do you have a bank account with \$12 in it?’ I was surprised and I didn’t know if that was a trap.” Focus group participants conveyed frustration with the repetitiveness of the process in that they are asked the same questions multiple times either on application forms or verbally. Some clients stated they thought this was a method to try to discover inconsistencies as a basis for denying their application. One client surveyed stated that “the questions about rent are a trap. It’s a way to cut your money not get you help.” By contrast, several focus group and survey respondents expressed gratitude for being asked questions that were aimed at formulating an understanding of their needs and challenges. In the narrative comments section of the survey, respondents reported that participating in the evaluation process made them feel “hopeful” and “empowered.” One commented, “someone actually cares about what I am going through.”

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*One focus group participant said, “... you have to sell your story to the eligibility worker so they won’t profile you. I bring all my certificates and credentials from programs I’m participating in so she doesn’t think I’m trying to milk the system. If you don’t do this, you definitely not going to get any help.”*

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Others objected to requests for information that were not accompanied by meaningful follow-up. For example, one Process Secret Shopper said, “I said I wanted to

work. I wrote it in the packet and I said it in the interview. But no one gave me any information about where to get a job or any programs.” ACSSA staff admit that there are multiple steps along the GA process whereby information is not transmitted, not entered into the computer, or resides in a system to which not all staff have access. This results in the need to ask questions that may have already been asked. One mental health clinician said, “it would help if I could see the social worker’s assessment. We are so disconnected, even in the same building!”

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*ACSSA staff admit that there are multiple steps along the GA process whereby information is not transmitted, is not entered into the computer, or resides in a system to which not all staff have access resulting in the need to ask questions that may have already been asked.*

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Focus group interviews also reveal clients’ dissatisfaction with personnel, including intake, social worker and eligibility staff, saying they felt “stereotyped,” leading to a lack of compassion and a reduced level of service. One focus group participant said, “... you have to sell your story to the eligibility worker so they won’t profile you. I bring all my certificates and credentials from programs I’m participating in so she doesn’t think I’m trying to milk the system. If you don’t do this, you definitely not going to get any help.” One staff supervisor admitted that some staff do see their role as “not wasting the County’s money” since they are often told that the GA Program costs too much. At times, this supervisor said, this viewpoint can interfere with staff providing needed help, and seems to raise the stress level of the worker, as they do not view themselves as providing support but rather trying to “catch people in a lie.”

In one of the focus groups conducted, 90% of clients reported having substance abuse issues within the preceding 12

months. This focus group provided an opportunity to learn more about the challenges this population faces and their experience within the GA process. These clients expressed feelings that they were not treated like people with mental illnesses, but rather that they were looked down upon and that no one really wanted to help. All of the participants sought treatment options on their own, as they stated they were not given referrals to treatment centers even though several requested them. One client interviewed said they were given a referral to a place that had closed down.

### c. QR7 Reporting Requirements

A class action lawsuit filed against the County of Alameda in 2004 resulted in “the Santos settlement” that required the County to: convert from its previous monthly reporting to the QR 7 quarterly reporting, establish criteria for exemption of disabled individuals from the QR 7, and exempt individuals 64 years of age and older from the reporting requirements.<sup>42</sup> The QR 7 quarterly report is a statewide form created for cash aid and food stamps recipients to report on their eligibility and status. Alameda County implemented the QR 7 reporting requirement in April of 2007.<sup>43</sup> Recipients of GA, CalWORKS and CalFresh are all required to submit this form, which asks clients to report detailed income and eligibility information even if the information is unchanged from the previous submission.

In October of 2012, the State adopted SAR 7, a semi-annual reporting form, in line with a national trend to reduce paperwork and streamline applications.<sup>44</sup> One principal difference between the QR 7 and SAR 7, aside from its periodicity, is that the SAR 7 asks only for updates or changes to information as opposed to re-reporting and re-verification of all information.<sup>45</sup> While SAR 7 implementation in the counties was expected in 2013 for CalWORKS and CalFresh recipients, the State did not mandate its implementation for GA/GR programs.

## D. Benefits Programs And Supportive Services

### 1. GA Benefits and meeting needs

General Assistance loans to employable individuals are typically \$336 per month for three months per year. In general, the housing portion is paid directly to the landlord through a “vendor pay” system, and the remainder is given as cash aid to the recipient. If an individual is homeless, they are offered a CHASS bed, and should they decline without “good cause” as determined by the agency, this amount is reduced to \$145 per month.

When asked if the GA aid was enough to help find housing and/or work, 83% of survey respondents said no. And when asked how they “got by” with GA money and/or when the time limit was reached, 61% indicated support from family and friends, 43% said with odd jobs, and 22% said with the help of supportive services such as the food bank. Over six percent admitted to engaging in illegal activity, while 5% declined to state. Roots’ focus groups reveal that, in order to supplement the GA aid and/or when the time limit is reached, recipients may engage in illegal activities from petty theft and robbery to prostitution and drug sales. One focus group participant said “I never thought of myself as a thief” but felt desperate enough to steal. Another participant expressed shame in having a child work to bring money into the household, while several simply stated that they had to “hustle” to survive.

Eleven percent (11%) of survey respondents stated that they did not know what they were going to do when the funds ran out. Some commented that “hopefully” they would find a job before that point and that they are “just trying to stay focused on finding a job.”<sup>46</sup> Focus group participants indicate that three months is not enough time to find a job, and the majority stated that six months seems a more reasonable time frame to find employment.

### 2. SSI track

#### a. Employable vs. Unemployable

The designation of an individual as “unemployable” in Alameda County is dependent upon the evaluating clinician and not the Agency per se. Clients are initially screened by a social worker, who utilizes a prescribed assessment tool that assigns a

score to determine whether the individual will be referred to a mental health screening for possible determination of disability. In addition, should a social worker determine, in their clinical judgment, that a person may be suffering from mental illness, he/she can refer the patient directly to the mental health clinician for screening, score notwithstanding. Patients may be screened in-house by contracted mental health clinicians, or, in the event that they have their own clinician, they may see their own doctor instead. The mental health clinician or other treating provider is to complete a 90-2 (“ninety dash two”) form which indicates whether they believe the individual is unemployable, and, if so, the reasons for and length of time of their unemployability. In addition to mental health diagnoses, physical limitations or substance abuse issues may factor into the clinician’s decision. Also, there is an option of placing the client on “light duty” or “limited employment” in the event that some types of work-related activities may be possible.

In reviewing Mental Health Reports from the Agency, it is noted that there is considerable variability in the percentage of patients who are deemed unemployable, even when controlling for site.<sup>47</sup> Each clinician was relatively consistent across his or her own evaluations over the course of the 11 months evaluated. For example, on one end of the spectrum, a clinician averaged 71.4% (range 64%-76%) patients deemed unemployable, while on the other end, one averaged 99.9% (range 99%-100%). On further inquiry, it was discerned that (1) clinicians are not made aware of their own rate of employable vs. unemployable designation as compared to their colleagues; (2) clinicians do not attend trainings at the agency, including cultural competency or situational sensitivity training, and (3) there is no clinical tool that is used or expected to be used by mental health clinicians to make “unemployable” determinations.

It follows that variability among private providers or community clinics/mental health providers would exist as well, although a specific analysis of these providers was not undertaken. Interviews with contracted providers indicate that they also are not given specific guidance or clinical tools to assist with consistency of their assessments.

In addition, the Agency does not provide them with feedback or data regarding their outputs. Focus groups and client feedback reveal that there are “known locations” in the community at which one can be assured to be deemed unemployable. One focus group participant stated, “I know someplace you can go to get diagnosed, but you gotta go...line-up early in the morning. Those doctors will give you the diagnosis you need for SSI.” Two other participants immediately confirmed their knowledge of this information. While specific information about such sites was raised independently and repeatedly through surveys as well as focus groups, no objective measurements were performed to confirm this anecdotal evidence.

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*Focus groups and client feedback reveal that there are “known locations” in the community at which one can be assured to be deemed unemployable.*

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## **b. The SSI Application and The Queue**

Once an individual is determined to be unemployable, he or she is placed in “the queue,” a waiting list for SSI advocacy managed by Alameda County Behavioral Health Care Services (BHCS) under the auspices of Health Care Services Agency. From there, a client is triaged based on the severity of their disability and the potential complexity of their case to SSI Advocacy internally or to external advocates contracted by ACSSA and/or BHCS. Waiting times in the SSI queue can extend up to one year depending on the severity of the disability, per ACSSA and BHCS staff, and corroborated by several clients interviewed. That is, if it is determined that a person is severely disabled and likely to be granted SSI, they will be “moved up” the queue, and, if it is less certain that a client will meet SSI’s criteria for benefits, they may be moved lower in the queue. This form of “triage” helps those with more severe disabilities receive needed benefits sooner but may have the unintended consequence of leaving those less likely to be approved in a “holding pattern” awaiting the delayed initiation of their SSI process.

Of the total surveyed population, 66% had applied for SSI at some point in their lives: 29% of these were ultimately denied while 54% were still pending and the remainder abandoned their application due to getting a job or not following through with appeals. Of those taking the “SSI track,” 70% said they were physically unable to work, 27% said they were mentally unable to work, and 13% said they could work part-time or light duty, but they wanted the SSI benefit. Focus group participants as well as 30% of survey respondents stated that they felt they were “encouraged” to apply for SSI although they did not believe they were disabled. They state that this “encouragement” may have come from a clinician, the Agency, legal counsel or friends and family. One SSI recipient stated, “It’s a game. Ain’t nothing wrong with me.”

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*SSI advocacy refers to the assistance provided to a disabled GA recipient in obtaining disability benefits.*

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#### **c. SSI Advocacy and the SSI Process**

SSI Advocacy refers to the assistance provided to a disabled individual in obtaining disability benefits. ACSSA contracts with legal advocates in the community and also hosts an internal unit for SSI Advocacy. In January 2012, BHCS took over the administration of the queue, and there was a simultaneous increased investment in SSI Advocacy, with new and expanded contracts resulting. Community legal advocates, who may be contracted with ACSSA, BHCS, or both, to perform SSI Advocacy include: Bay Area Legal Aid, Homeless Action Center, and Building Opportunities for Self-Sufficiency. These changes in the queue and SSI Advocacy were made in an effort to increase the County’s capacity for moving disabled GA participants onto SSI in an expeditious manner, and facilitate the repayment of the county for GA paid out while awaiting SSI benefits.

The stages of the SSI application and appeals process are: (1) Initial, (2) Reconsideration, (3) Administrative Law Judge, (4) Appeals Council, and (5) District Court. All SSI advocates are able to perform

steps one and two, while the hearings required for steps three, four and five are currently performed only by Bay Area Legal Aid and Homeless Action Center. This is one of the reasons that client-level and advocate-level data is challenging to track; that is, cases may be transferred depending how far through the appeals process they proceed with the advocate they began with. In addition, data is reported differently depending on which agency is submitting it, making data analysis challenging. Also, information on denials is difficult to assess. Behavioral Health Care Services reports that denials tend to hover around 12%; this includes actual denials by the Social Security Administration as well as “abandonment” (client gets a job or does not follow up), deaths, and moving out of the County.

#### **d. Increase in “unemployables”**

The percentage of GA recipients considered “unemployable” in Alameda County has increased dramatically over the past three years from 24% in January of 2010, to 79% in April of 2014 (see Figure 14). Opinions about the reason for this sharp increase in the number of applicants considered unemployable vary widely. From the perspective of clients surveyed, client focus groups, as well as clinician interviews, the increase in individuals “going the SSI route” is related, at least in part, to the imposition of time limits. As one GA recipient explained, “SSI is the new GA.” This notion of SSI as the new GA refers to the reality that, since GA aid is only offered for three months, the only way to obtain benefits for a longer period of time is to apply for SSI. As one client interviewed stated, “(SSI) is the new way to rely on the system or get over on the system.”

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*The percentage of GA recipients considered “unemployable” in Alameda County has increased dramatically over the past three years from 24% in 2010 to 79% in 2014.*

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Several focus group members recounted that “three months is not enough” time to get a job and that the SSI track “buys

time” to help them get on their feet. Many individuals interviewed, including staff of public agencies and Community Based Organizations alike, cited the downturn in the economy with the increase in disability applications. It was conveyed that “there are no jobs” available, and, therefore, it is better to make around \$700 per month indefinitely, than \$336 for three months.

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*One GA recipient explained, “SSI is the new GA,” referring to the reality that, since GA aid is only offered for three months, the only way to obtain benefits for a longer period of time is to apply for SSI.*

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Clinicians as well as clients also explain that individuals who are incarcerated understand the “game” involved with attempting to qualify for SSI and “start the paper trail” during incarceration. Clients recalled instances of “acting crazy” in order to be prescribed anti-psychotic medications, which they would pretend to take while incarcerated. According to the clients, this scheme is well-known among the prison population and is often seen as the best option for those who anticipate release such that they are more likely, with a “history” of documented “mental illness,” to be ensured benefits within a reasonable time frame following their release. As one formerly incarcerated client said of fellow inmates trying to establish their disability case, “some of them even take meds they don’t need just to get the paperwork started. We would hear that, on the outside, doctors test your blood to see if the med is really in your system, so you gotta take it.”

Legal and mental health advocates point to an under-identification of disabled individuals and an under-investment in this population prior to the expansion in SSI Advocacy and the queue as the primary reason for the increase in unemployable rate. It was pointed out that only 24% of GA recipients identified as unemployable (2010) was low as compared to other counties. According to Roots’ county best practice review, Sacramento County’s current unemployable

rate is 40%, San Mateo County’s is 52% and Fresno County’s is between 70-75%. It should be recognized, however, that a comprehensive review of how counties define “unemployable,” contributing factors such as the proximity of a psychiatric hospital, or community indicators such as high homelessness rates were not considered for purposes of this evaluation. Additionally, recent trends in other counties with respect to employable vs. unemployable were not analyzed, although best practices for moving individuals off of GA/GR and onto SSI have been suggested in the literature in recent years.<sup>48, 49</sup>

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*Legal and mental health advocates point to an under-identification of disabled individuals and an under-investment in this population prior to the expansion in SSI Advocacy and the queue as the primary reason for the increase in unemployable rate.*

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Mental health and primary care clinicians also cited AB109 “Realignment,” which was enacted in October of 2011, as another possible reason for the increase in the proportion of unemployable individuals on GA. AB109 provides for the early transfer of individuals in the custody of the California Department of Corrections and Rehabilitation to the counties. In addition, individuals committing certain types of non-violent felonies may be granted “probation in lieu of prison,” and a number of individuals with parole violations who would have returned to State Prison are instead maintained under Alameda County supervision.<sup>50</sup> A study conducted by the American Psychiatric Association in 2009 across multiple prisons and two 1-year time spans concluded that 14.1% of male and 31% of female prison inmates have a serious mental illness.<sup>51</sup> And in California, the estimated number of inmates with serious mental illness was estimated to be 20% in 2006.<sup>52</sup> These figures support the notion that the AB109 Realignment may explain some of the increase in GA recipients with mental disability.

### 3. Workforce Development

Eight months following the imposition of the three-month time limit on aid, the previously-mandated employment services program became optional. Employment Services utilizes the same platform as the federally-funded CalWORKS program, but GA clients are less-resourced than their CalWORKS counterparts due primarily to differences in the funding source and program requirements. Components of Employment Services include “Job Club,” a one-week program which includes employment orientation, resume building, interviewing skills and decorum; and “Job Readiness,” a three-week program at a career center including “dress for success,” classes on how to handle money, and assistance from SSA employment specialists/job developers on how to search for a job. For CalWORKS clients, there is also “Supervised Job Search” with a job counselor, and a “Work Experience” component to the program which aims to match recipients with on-the-job training in the client’s field of interest and/or experience. In addition, CalWORKS clients receive other support such as childcare, stipends for books, training classes, and clothing/uniform allowances that GA recipients are unable to utilize, except on a rare case-by-case basis. When participation was mandatory, the County also had a Workfare program whereby GA recipients would “work off” their grant doing clerical tasks such as preparing packets or sorting mail at Social Services or General Services Agencies.

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*Mental health and primary care clinicians also cited AB109 “Realignment,” which was enacted in October of 2011, as another possible reason for the increase in the proportion of unemployable individuals on GA.*

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Based on employment program utilization, the County is able to receive federal Food Stamps Employment and Training (FSET) dollars to offset the full cost of training for GA participants who also receive CalFresh, as well as reimbursement of fifty percent of the cost of administering the program. In 2008-9, when employment training was mandatory, Alameda County’s FSET program budget was approved by the State for

\$10.6 million, while in 2013-14, the approved budget was \$2.23 million. FSET revenue, which is based on the federal share of actual program expenditures, was approximately \$2.6 million in 2008-9, while in 2012-13 it was about \$260,000.

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*In 2008-9, when employment training was mandatory, Alameda County’s FSET revenue was approximately \$2.6 million in 2008-9, while in 2012-13 it was about \$260,000.*

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Interviews with multiple advocates yielded consistent agreement that the employment program should be voluntary due to the imposition of the three month time limit on aid. Reasons cited include various opinions, among them that (1) it is an unreasonable expectation for clients to search for work, stabilize their living condition, and meet program requirements in such a short period of time, (2) the workforce program as it existed was not successful enough in moving clients into jobs, (3) the requirement to participate in the workforce program was used as a way to control caseload by terminating aid for non-participation—no longer necessary with the three month time limit, and (4) the workforce program should be reserved for individuals who are truly motivated to work rather than losing capacity by accommodating individuals who are not interested or engaged. These opinions were made known to the Agency and Board of Supervisors. Ultimately, ACSSA acquiesced and made employment program participation voluntary in July of 2011. This resulted in a significant decrease in program participation as well as the aforementioned dramatic decrease in FSET revenue.

According to the information gleaned from ACSSA’s census data, approximately 18% of employable GA recipients signed up for employment services in 2013. In actuality, this figure represents the number of individuals who signed up for employment services, presented for the first day, and received a bus pass. Roots’ client survey yielded similar data, with 22% stating they had utilized “Job Club” or the career centers in the preceding 12 months. Interviews with program staff as well as employment services staff reveal that the attrition rate after securing the bus pass is extremely high and that staff believe the main reason

individuals sign up is in fact to obtain the bus pass. Data on actual participation, completion, and securing of employment is, by and large, incomplete or anecdotal. Much of the known data is in regard to the CalWORKS participation; as multiple program staff communicated, the infrastructure and support for CalWORKS clients far exceeds that for GA clients. In fact, some job counselors note that this disparity is recognized by GA clients themselves who report back that their CalWORKS counterparts participating in employment services are provided with snacks, stipends for books and travel, childcare, as well as opportunities for work experience to which they do not have access except by specific request on a rare, case-by-case basis.

Interviews with staff indicate that GA clients who are motivated and have fewer barriers to entry into the workforce do benefit from employment services offered by ACSSA. However, it was noted by ACSSA staff and focus group participants alike that those with significant barriers to employment are less likely to participate, less likely to feel that employment services are valuable, and less likely to succeed in transitioning into a job. Therefore, it follows that the successes reported by employment services are specific to the most motivated with the fewest barriers to employment. In turn, those with the greater barriers and in need of services beyond the current scope of the employment program may not present to the program, and their needs will therefore not be recognized or met. Interestingly, it was noted by one ACSSA interviewee that successes of GA clients are not “celebrated” in the same manner as CalWORKS hires, another example of disparities staff notice between GA and CalWORKS services. Likewise, data on the successful transition — short and long-term — into employment is incomplete, does not reflect the overall success rate (i.e., total number securing employment as compared to total number receiving services), longer-term outcomes, or recidivism back to the GA Program.

Sixty-four percent of survey participants and over 90% of focus group participants expressed a desire to participate in a meaningful employment program that could lead to a job. Eighteen percent of survey participants stated they had participated in job training programs outside of ACSSA, and cited a variety of schools, training programs and Community Based Organizations they had attended. It should be noted, however, that since the majority of these individuals were currently applying for or receiving GA,

the purpose of this question was to scan the landscape for available programs and not to yield program-specific or best practice information; this information would ideally be obtained from tracking data on clients who successfully move off of GA into gainful employment.

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*Sixty-four percent of survey participants and over 90% of focus group participants expressed a desire to participate in a meaningful employment program that could lead to a job.*

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#### **E. Best Practices: Other Counties Review**

Upon the request of ACSSA, Roots has conducted a limited review of five counties in the state in order to identify best practices among GA/GR programs within the local landscape. For the purpose of this report, Roots’ investigation should be considered a point of departure for future, in-depth research of the programs identified. An exhaustive study of outside counties is beyond the scope of Roots’ GA evaluation, and thus it should be understood that the information herein reflects not only this limitation, but also the constraints of time, accessibility, and willingness/ability on the part of interviewed GA/GR staff to divulge sensitive information and data. It should also be noted that the best practices which appear in this report are not meant to represent exact models for replication; instead, they provide exemplary methodologies that show innovation as well as the potential to maximize the benefits and services available to clients while considering the needs of staff. To this end, Roots will provide a brief overview of each program identified along with recommendations regarding appropriate follow-up procedures for obtaining a deeper understanding of key methodologies that may impact future programmatic decisions in Alameda County’s GA program.

As themes arose from the GA program evaluation work, the approaches to program execution Roots observed in these outside counties became increasingly relevant to help inform and reinforce the recommendations for Alameda County’s General Assistance Program. From staff and

technology to infrastructure and service delivery, each brings a unique approach and deliberate investment in their ability to move GA/GR clients to appropriate services and ultimately onto a path towards self-sufficiency.

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*Best practices from other counties' GA Programs described in this report are not meant to represent exact models for replication; instead, they provide exemplary methodologies that show innovation as well as the potential to maximize the benefits and services available to clients while considering the needs of staff.*

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### **1. San Francisco County: Triage Maximizes Agency Potential**

The San Francisco County GA Program's internal triaging capacity is a best practice that effectively overcomes the challenge of providing comprehensive client care in a one-stop location. Triaging incoming GA applicants is a successful in-house service model which reduces barriers to self-sufficiency by connecting clients to practical resources within and outside the Agency, thereby supporting a variety of client needs. Within their capacity to provide multiple services, staff provide intake assessments, medical screenings, support services, SSI case management, and workfare counseling under one roof. The GA Program's staff includes full-time social workers, psychologists, and medical professionals who assess eligibility, refer clients to appropriate resources, and consult with one another routinely to optimize efficiency and accuracy. The program also links GA clientele to employment resources in the community. For example, social workers work closely with employment specialists who provide employable applicants with work assignments in Public Works (street sweeping), MUNI (bus cleaning), GLIDE Memorial, and local food banks. Employable recipients may also attend job clubs that provide access to the job center, career counseling, job searches, and interview preparation workshops.

San Francisco County GA Program provides recipients with a maximum cash grant of \$342 a month and a Muni "Fast Pass" (or tokens)

to attend Workfare, their mandatory work program. SF GA recipients are expected to perform Workfare hours according to the amount of their monthly loan. Recipients may opt to work at additional County-approved work sites, or, in the event that a client's physical limitations render him/her unable to perform Workfare hours, GA recipients can participate in a structured job search program in which hours and activities are monitored.

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### **San Francisco Best Practice**

*Within their capacity to provide multiple services, staff provide intake assessments, medical screenings, support services, SSI case management, and Workfare counseling under one roof.*

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During the interview, SF administrators indicated that having SSI case management in-house is extremely beneficial due to the large population of clients who present with mental health issues and homelessness. Because social workers and medical professionals can confer directly with SSI case management and effectively compile medical records on-site, staff members believe the triaging capabilities of their department make it particularly successful.<sup>53</sup>

### **2. Fresno: Emphasis on Agency Culture and Environment**

Fresno County General Relief provides cash loans of up to \$245 a month and requires that employable recipients participate in structured employment activities, including job skills assessments, vocational training, coaching, educational services, and counseling to remove barriers to employment. The monthly average caseload reported at the time of the interviews in January 2014 was 2,827 of which 632 were employable. Employable clients receive cash assistance for a maximum period of 3 months. Roughly 70-75% percent of clients are considered unemployable and are tracked to SSI.

Interrelated points of interest in the Fresno offices include their emphasis on creating a cohesive and supportive professional environment and the design of their metro office lobby, which was granted the California State Association



of Counties Challenge Award for “Lobby Modernization and Improved Client Experience” in 2013. Roots’ interviews with two Fresno GA staff members indicate that the Agency places noteworthy emphasis on compassionate care of clients and upholds a value of staff support and community building. According to the staff interviewed, staff members “enjoy” their work and believe in being “sensitive to” clients’ needs. The Agency builds community and welcomes new staff with potlucks and socials and creates a cohesive environment in which staff who don’t share an “intrinsic” aptitude for the work “don’t last long.”

From the information gathered in the interviews, Roots was able to ascertain that Fresno invests in formal trainings that provide professional guidance which further enhances the culture of the Agency. One administrator stated that, “Training is important to ensure technical knowledge is up to date and understood. However, when staff is hired they come with a desire to help others, which is something that can’t be taught but is maintained by the culture and expectations that we set.”<sup>54</sup>

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### **Fresno Best Practice**

*Interrelated points of interest in the Fresno offices include their emphasis on creating a cohesive and supportive professional environment and the design of their metro office lobby, which was granted the California State Association of Counties Challenge Award for “Lobby Modernization and Improved Client Experience” in 2013.*

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### **3. San Mateo: Meaningful Workfare Supports Self-Sufficiency**

San Mateo County GA is the smallest program surveyed with a total average caseload of 726 at the time of the interview (June 2014). Of the total caseload, 54% (395 cases) are unemployable and 46% (331) are employable. GR clients receive cash grants on a tiered scale as follows: \$333 per individual (increase from \$317 effective March 1, 2014), \$291 for clients residing in drug and alcohol treatment facilities, and \$393 for Board

and Care residents. There is currently no time limit on benefits collection.

Employable clients are mandated to participate in workfare through Vocational Rehabilitation Services. Through collaboration with South Bay Recycle, clients are placed in a Training and Transitional Employment opportunity for up to two years, which is the average time San Mateo’s recipients collect benefits. With noteworthy emphasis on effective and expeditious transition to self-sufficiency through employment experience, San Mateo facilitates long-term placement in workfare through vocational assessments which include the evaluations of technical and soft skills as well as individualized counseling and support services.<sup>55</sup>

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### **San Mateo Best Practice**

*With noteworthy emphasis on effective and expeditious transition to self-sufficiency through employment experience, San Mateo facilitates long-term placement in workfare through vocational assessments, which include the evaluations of technical and soft skills as well as individualized counseling and support services.*<sup>55</sup>

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### **4. Los Angeles County: Educated Staff Bolster Client Services**

Los Angeles County has the largest GR program in the State of California. Los Angeles County caseload was reported at 71,642 in April of 2014.<sup>56</sup> The County provides participants with General Relief Opportunity for Work (GROW), a robust workfare program that is mandatory for employable recipients. Importantly, GROW’s progress is tracked by a data analyst. Unemployable (and temporarily unemployable) clients may volunteer to participate in the program. GROW provides comprehensive support to clients seeking employment with a team composed of case managers, job developers, job coaches, facilitators, as well as an employment development team. In order to maximize efficacy of benefits, clients receive vocational evaluations, which include skills assessments,

educational background review, work history evaluation, and linkage to support services.

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## **Los Angeles Best Practice**

*Trained staff assist participants in removing their barriers to employment—and self-sufficiency—via expungement support, tattoo removal, and job preparation activities, such as interview prep, dress for success workshops, and job searching strategies for formerly incarcerated individuals.*

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Importantly, GROW is staffed by skilled, Agency-trained, and primarily well-educated front-end workers and counselors. The interview conducted revealed that LA values the academic and professional preparation of its support staff and hires individuals who possess at minimum 2 years of college and at least as much work experience; however, it was stated that the majority of the Agency's staff members hold Bachelor's and/or Master's Degrees and demonstrate "passion" for the work they do. According to interview findings, the Agency believes in removing barriers for staff and clients alike. In order to ensure cultural competency and to establish a distinct team culture within the Agency, LA provides on-the-job-training for staff who become oriented to the work environment while building job skills and community simultaneously. Trained staff assist participants in removing their barriers to employment—and self-sufficiency—via expungement support, tattoo removal, and job preparation activities, such as interview prep, dress for success workshops, and job searching strategies for formerly incarcerated individuals.

Of note, Los Angeles County GR Program staff report that significant investments were made in a countywide system for gathering data through a dedicated data department that services multiple county agencies. The advanced research capacity and reporting capability enabled by this department has facilitated a deeper understanding of Los Angeles County GR program demographics and utilization, as well as a firm grasp on program performance. Data informs program changes and decision-making throughout the GR Program and was cited as a

major undertaking that has produced tangible results. Because this department is located outside of the GR Program, gaining a detailed understanding of its evolution, makeup, and operations is beyond the scope of this evaluation. And while this aspect of Los Angeles County's GR Program is certainly compelling, an in-depth study would be needed to assess the feasibility of replicating such a model in Alameda County, particularly when considering the significant size difference between the counties.<sup>57</sup>

## **5. Sacramento County: Collaboration with Other Agencies Better Serves Clients**

Sacramento General Assistance reported that they are undergoing a transition because of major budget cuts within the program. They are currently reassessing their program and seeking new and innovative ways to serve their clients. Roughly 40% of GA clients are unemployable while 60% are employable. Clients self-declare their employable/unemployable classification during their intake assessment. A large portion of GA clients are re-entering society from prison due to the impact of AB109 realignment. Because of the increase in the reentry population, the department employs two dedicated staff who connect reentry clients to programs and services supported by Probation and the Sheriff's Department. During intake, reentry GR clients are given two forms: a general assessment and an assessment form designed to collect information about past arrest, mental and physical health. This process determines the clients' employability.

Sacramento has various agencies that are set up and ready to serve a large population of vulnerable clients who need medical assistance and workforce resources. Program staff reported that the County is not equipped to support an in-house model, so they place a strong emphasis on establishing relationships with Community Based Organizations and medical professionals for referral.

As Sacramento assesses its current program and identifies opportunities to serve GA clients more efficiently, they are looking to partner with CalWORKs to see if GA clients can leverage the services available for CalWORKs recipients such as Job Club. Sacramento also plans to scale up staff for job-related services. Job specialists, who understand the challenges of GR clients and are familiar with an array of services, successfully refer clients to resources that enable them to get "back on their feet."

Lastly, Sacramento program staff emphasized a desire to move towards increased collaboration with businesses and CBOs in order to bolster their ability to move individuals successfully into employment. Expanding on-the-job training and work experience opportunities currently provided exclusively to CalWORKS participants is a potential strategy they are examining.

The General Assistance (GA) Program in Sacramento County is the most explicit among counties interviewed regarding their repayment policy. Technically, GA/GR cash assistance is a repayment program with the expectation that, once GA/GR clients are able to, they will reimburse the county for the loan. Many counties do not have the capacity to track clients and enforce their repayment policies. Some counties will address this through mandating the work requirement – that is, if clients are eligible to work, they participate in a workfare program as their repayment. Instead, Sacramento focuses its efforts on transitioning clients into gainful employment and requiring payback of the GR loan.<sup>58</sup>

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### **Sacramento Best Practice**

*A large portion of GA clients are re-entering society from prison due to the impact of AB109 realignment.*

*Because of the increase in the reentry population, the department employs two dedicated staff who connect reentry clients to programs and services supported by the Probation and Sheriff's Department.*

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## VII. Section Four: Conclusions

This section begins with recommendations, desired outcomes for each recommendation, as well as the activities suggested to help achieve the desired outcomes. Each recommendation is followed by a discussion that supports the recommendation and further describes the suggested activities. Next, a brief framework for approaching the implementation is suggested. Last, Roots suggests emergent innovations for the Agency's consideration.

### A. Recommendations

#### 1. Recommendation One:

##### **Define Targeted Outcomes & Goals Of The GA Program As A Foundation For All Changes And Future Strategies**

##### **Desired Outcome:**

**The Targeted Outcomes & Goals of the GA program are uniformly understood and upheld by BOS, ACSSA Leadership and Staff, Advocates, Labor, and Clients.**

##### **Suggested activities:**

- Develop a three-year strategic plan that identifies Targeted Outcomes and Goals and includes a one-year implementation strategy.
- Establish a structured mechanism and protocol for the interaction between ACSSA leadership, Advocates, the Board of Supervisors, and Labor Unions.
- Deploy a marketing campaign outlining Targeted Outcomes and Goals of the GA program to ACSSA, stakeholders, and the general public.
- Make transparent GA program performance relative to Targeted Outcomes and Goals.
- Provide quarterly updates of program performance relative to Targeted Outcomes and Goals.
- Post notices of all program/process changes to the website, and ensure their communication to the broader network of stakeholders.

##### *Discussion*

*An examination of the overall system in which the GA program exists reveals that there is not a unified understanding or clear direction of the GA Program. It is also clear that a common framework or a common language within the Agency and among stakeholders that would facilitate an understanding of program challenges and assets has yet to be defined. Importantly, a structured mechanism and established protocol for the interaction between ACSSA leadership, Advocates, the Board of Supervisors, and Labor Unions is either lacking or inconsistently upheld.*

*A review of "best practices" literature and interviews with other counties suggest that these concerns are best addressed by adopting a global, unified understanding of the goals and objectives of the GA program. A three-year strategic plan, including an implementation strategy, would further delineate and communicate the vision and direction of the GA program both internally and externally.*

## 2. Recommendation Two:

### Implement A Paradigm Shift With The Aim Of Promoting The Elevation, Empowerment, And Self-Sufficiency Of Those In Need Of General Assistance

#### Desired Outcome:

All aspects of the GA Program from application process to linkage to support services lead to client self-sufficiency and increased well-being.

#### Suggested activities:

- Change from a budget-savings model to a client-investment model.
- Present clients up-front with potential paths to self-sufficiency.
- Allow a 3-month extension of GA for recipients participating in a viable Workforce Program or other approved activities such as certificate or educational program (see recommendation #6)
- Develop a team dedicated to removing barriers to employment.
- Implement an "Integration Team" that will serve as a liaison between the client and the Agency, employers, schools, CBOs, and/or other programs suitable for the client.

#### Discussion

*Creating an environment of encouragement and hope is the first step in empowering GA clients to transition to self-sufficiency. In a climate experienced as punitive or demeaning, hopelessness and discouragement are likely to result. Thus, investing in strategies designed to empower individuals as opposed to instituting policies to save money will result in more clients moving away from reliance on public assistance.*

*Although the three-month time limit is the minimum required by law for employable individuals, even the most motivated, skilled person may require more time to find a job. Allowing a three-month extension for those making concerted, demonstrated strides toward self-reliance increases the likelihood of success while fostering a sense of accountability.*

*Attention to the multitude of barriers—both legal and logistical—to employment will further increase the likelihood of success of the GA client. An investment in removing legal barriers, providing transportation and other employment-related costs, and addressing the underlying causes of unemployment is an important aspect of promoting self-sufficiency. For those with multiple barriers in particular, an "Integration Team," whose sole purpose is to ensure a successful transition to work, school, or other suitable programs should be instituted.*

### 3. Recommendation Three:

#### Invest In Data Management And Data Capturing To Better Inform GA Strategies.

##### Desired Outcome:

Data-driven program design, implementation, and evaluation ensure services are relevant and supportive to the GA population.

##### Suggested activities:

- Capture data on the front-end of the application process to enable triaging ability.
- Create customized dashboards for leadership, supervisors, and staff that are populated by an integrated system which draws data from multiple sources.
- Manage and analyze data in “real-time” to better inform GA program changes and decision-making.
- Utilize data tracking to monitor programs, contracts, and services related to the GA Program.
- Invest in programs, contracts, and services that produce measurable results.

##### Discussion

*The GA Program inputs and draws upon information from different databases repositied into a data warehouse system, requiring manual compilation and manipulation by a limited number of specialized staff. Therefore, there is a slow ability to capture and analyze certain data sets, and different departments may have different data sets from which they are working.*

*Throughout the interviews, Roots noted many inconsistencies, misunderstandings, and misstatements about the GA population, including the use of anecdotal evidence as a basis for programmatic decision making. The lack of standardized practices to gather and utilize data systematically prohibits the Agency and those who serve the GA population from taking effective actions and has led to false assumptions about the GA program and clientele. Utilizing data dashboards that feature key performance indicators and metrics would help inform all Agency activities from staff development to program design. Designing user-friendly interface suitable for the non-technical end-user will provide ACSSSA leadership with real-time availability that is both useful and actionable.*

#### 4. Recommendation Four: Create An Environment That Is Client-Centered

##### a. Desired Outcome #1:

Practices which are redundant, inefficient, and demeaning/  
disempowering to clients are eliminated from the GA process.

##### Suggested activities:

- Eliminate the “good cause” determination for declining a CHASS bed.
- Eliminate “vendor pay” for landlords (except possibly in the case of mental incapacity).
- Decrease the quarterly reporting requirement to the minimum allowed by law.
- Synchronize all intake and assessment tools to avoid repetitive disclosure of sensitive information.
- Consider utilizing the GA “group” to impart useful information to clients on programs, services, additional resources, and referrals through a video or staff presentation.
- Replace the assessment tool currently utilized by social workers with one that focuses on connecting the client to resources.
- Require that social worker assessments are made available to the mental health clinician.

##### Discussion

*In order for clients to be forthcoming with pertinent information, the intake process must occur in an environment of trust. The structure and implementation of the GA program should be experienced by the client as supportive rather than punitive, and clients should feel that questions are being asked in order to find ways to assist them rather than to deny their application. Repeated requests for the same information, while often an administrative glitch, are perceived by clients as intrusive or an attempt to discover inconsistencies that would lead to a denial of their GA application. This perpetuates a cycle of fear and mistrust that may prevent clients from being connected to services they need.*

*Eliminating the “good cause” determination would remove the “policing” role from social worker staff, thereby fostering trust and streamlining the process. This also enables the social worker to focus on connecting clients to the resources they need. Replacing the assessment tool currently used by the social worker with one that is streamlined and aimed at supporting clients will enhance the client-social worker interaction. Making this tool available to the mental health clinician reduces redundancy and encourages an interdisciplinary approach to supporting the client.*

*Eliminating the “vendor pay” system and allowing clients to manage their own funds is self-empowering and also removes the administrative burden associated with the current system. The vendor pay system could be utilized in the case of mental incapacity, a determination that should be made by a mental health clinician. It should be noted that the presence of mental illness rendering one “unemployable” does not equate to a definition of mental incapacity. Rather, an additional assessment of whether an individual is capable of making decisions on his or her own behalf would be required.*



**b. Desired Outcome #2:**

**A customer service model with accountability is created and upheld.**

**Suggested activities:**

- Establish “Greeters” at each site to assist with client navigation and ensure clients with disabilities are properly accommodated in a discrete manner.
- Create clear signage in all offices designating process and directions.
- Create a menu of services such that the client knows what is available, what to ask for, and for which programs they may qualify.
- Utilize video shorts in each office to explain the process, set expectations, highlight successes, and describe benefits and services.
- Elicit client feedback via customer satisfaction surveys at each stage of the GA process, as well as periodic GA focus groups to monitor the customer service experience.
- Develop culturally, linguistically, and situationally relevant program materials based on GA participants’ demographic data.
- Identify internal best practices on workload management strategies, and standardize them via established metrics and Agency-wide trainings.

*Discussion*

*A client-centered model of service improves not only the satisfaction of the GA recipient, but also the morale of the GA Program overall. Interviews with clinicians, staff, and leadership alike indicate that those who feel they are able to help clients are more satisfied with their jobs than those who see their role as one of simply enforcing regulations.*

*In addition, facilitating a clear understanding of what is available to clients, how to navigate the system, and what to expect would reduce confusion and frustration for clients while easing some of the burden on staff. In turn, staff should be held accountable to standards of customer service in accordance with their job duties.*

*The implementation of performance standards and ongoing evaluation regarding number of clients served, client satisfaction, clients called back, etc. ensures that benchmarks are set appropriately, high performing staff are rewarded, and outliers are addressed accordingly.*

## 5. Recommendation Five:

### Create An Environment That Is Supportive To And Ensures The Success Of Agency Staff.

#### Desired Outcome:

Staff are empowered to provide empathetic and supportive customer care through clear direction, ongoing training, and recognition.

#### Suggested activities:

- Institute routine staff trainings and guidelines to ensure understanding and consistent implementation of the law as well as internal policies and procedures.
- Create model-based cultural competency, de-escalation, and other population-specific training with input from/facilitated by advocates and clinicians.
- Implement trainings and case conferences to allow social workers and mental health clinicians to share best practices and receive up-to-date information.
- Equip staff with up-to-date referral resources including substance abuse treatment and support.
- Implement a strategy to establish optimum workload and productivity levels, considering client, staff and Agency needs.

#### Discussion

*Given the expertise and professional wisdom that exists within ACSSA and among those who work with the GA population, opportunities for staff training and professional development are close at hand. Mental health professionals have the knowledge and expertise to teach methods of conflict resolution and de-escalation—critical skills with which to empower frontline staff. Legal advocates are well-versed in the laws governing the provision of GA and can assist in developing training materials to instruct staff on the evolving legal landscape within which the GA program exists.*

*Clinical case conferences and trainings with social workers and mental health clinicians improve the quality of care and service to clients through activities such as sharing data on outcomes and ultimate disposition of clients; standardizing definitions such as “unemployable vs. employable”; sharing best practices and up-to-date information; holding cultural competency and other relevant trainings; providing updates on changes—both internal (e.g., policy changes) and external (e.g., AB 109, Affordable Care Act)— which may impact their work.*

*Examining patterns of client management and productivity across sites and evaluating internal best practices will help form a basis for evaluating optimum workloads and expectations for all staff. Leadership can then set reasonable benchmarks and consistent expectations across all locations while constantly improving quality.*

**6. Recommendation Six:**  
**Create And Support Clear Paths To Self-Sufficiency.**

**a. Desired Outcome #1:**  
**GA recipients are stably housed.**

**Suggested activities:**

- Expand the GA Housing Subsidy Program to the fullest extent possible for unemployable clients likely to receive SSI.
- Invest in transitional and long-term housing strategies throughout the County.
- Consider a County-wide or regional “collective impact” strategy to specifically address homelessness including the participation of Oakland Housing Authority, HUD, GSA, HCSA, BHCS, and other stakeholders.
- Consider re-instituting the hotel voucher system for workforce program participants who meet certain benchmarks.
- Continue the process of homeless shelter evaluation, development of minimum standards, and assurance of adequate geographic distribution.

*Discussion*

*It is estimated that there are over 4,000 homeless individuals in Alameda County.<sup>59</sup> A review of best practices suggests that a comprehensive, multi-disciplinary approach to addressing homelessness is required in order to make an impact on this pervasive issue.<sup>60,61</sup> Indeed, unstable housing is a significant barrier to employment according to 74% of employable GA recipients in the Roots survey. Stably housed individuals are more likely to address their own issues, such as joblessness and health problems. In addition, by providing stable housing, public costs in other areas such as emergency departments, psychiatric hospitals, and jails are reduced as well.<sup>62, 63</sup>*

**b. Desired Outcome #2: Employable GA recipients who are “job ready” successfully transition into gainful employment.**

**Suggested activities:**

- Create a full-scale Employment and Training Program to include:
  - Comprehensive client assessment
  - Eliminating barriers to employment
  - On-the-job training within ACSSA and/or through CBO/business/agency partnerships
  - “Soft-skill” development
  - Paid internships within ACSSA and County and State agencies
  - Job placement with the use of an “Integration Team”
- Leverage FSET dollars in connection with the Employment Program.
- Leverage other relevant resources and funding streams such as AB109, Social Impact Bonds, foundation funding, and other matching funds for collaborative and innovative programs.
- Closely monitor performance of all employment-related services and contracts.
- Rapidly scale up effective programs.
- Implement a tool to assess skill set, work history, educational level, readiness/ability to work, and interests.
- Work with stakeholders to produce an effective workforce development program that will properly serve “ready to work” GA clients.
- Provide training that correlates with the industries that are hiring for each population.
- Create partnerships with industries that are hiring with a clear understanding of the needs of the employer and who among the GA population they are willing to hire.
- Utilize an “Integration Team” that acts as an accountability liaison between the client and the employer and ACSSA, especially for frequent GA utilizers or those with multiple barriers to employment.
- Develop strategic partnerships with other agencies such as WIA/WIB, community colleges, and certificate programs.
- Partner with other agencies such as the Alameda County Courts, Public Defenders office, and advocacy groups in an interdisciplinary effort to assist with child support orders, criminal record expungement, restitution orders, liens, levies, and driver license suspensions.

**Discussion**

The ability to triage the GA population is a critical first step that links them to resources and services that will support their transition off GA. Relevant data should be collected at intake in order to identify those who are, for example, homeless, ready to work, unemployable, reentering from prison, older workers, and skilled workers, allowing for faster access to appropriate services and transition to self-sufficiency (see Figure 16).

Leveraging a combination of funding streams as well as existing assets in support of a meaningful workforce program not only moves individuals off GA, but also stimulates the local economy, bolsters cross-sector relationships, and encourages public-private partnerships.

Barrier	Refer To:
Disabled	Same-day Case Manager trained to* (1) link individual to care; (2) begin building the file for SSI application process
“Ready to work”	Job counselor or program that (1) is equipped with assessment/ evaluation tools and (2) possesses close employer relationships
No diploma	GED program
Criminal record eligible for expungement	Legal advocate or “Clean Slate” program for expungement
Recently released from incarceration	Referral to “wraparound” program that can (1) assist with re-socialization and comprehensive approach to job-readiness (2) link to employers when participants become job-ready
Older worker needing industry/occupational change	Education and training specific to appropriate high-growth employment sectors
Legal Barriers (suspended license, restitution, child support, IRS)	Legal advocacy and/or appropriate agency
Younger worker without job history	Sector-based training program, community college, certificate program
Caretaker for sick/elderly family member	IHSS worker training

\*training to be done by legal advocates/counselors who are skilled in SSI cases from initial to ALJ

Figure 16: Invest in Triage & Referral: Examples  
See pg 61 for enlarged chart

c. **Desired Outcome #3:**

**Unemployable GA recipients transition expeditiously onto SSI when appropriate and to rehabilitation or modified duty when appropriate.**

**Suggested activities:**

- Expand capacity for SSI Advocacy utilizing data and metrics to determine how this is optimally achieved.
- Define a clear structure of governance and oversight for all aspects of SSI Advocacy.
- Create distinct benchmarks and deliverables for SSI Advocacy that are aligned with the Agency's intended outcomes for the GA population.
- Implement ongoing monitoring of client-level and advocate-level data as a basis upon which to evaluate and track the movement of clients onto SSI.
- Consider various models of SSI Advocacy once additional data is available with respect to: triage of cases, case management, activities of the internal unit and external advocates, and the transfer of cases when needed.
- Implement provider training to facilitate a uniform understanding of the definition of "unemployable" and the proper completion of the 90-2.
- Develop an official set of Technical Instructions for completion of the 90-2 Form.
- End the practice of automatically granting 36 months of GA benefits when a clinician indicates a disability expected to last 12 months or more; rather require that clinicians to specify a specific time period after which the client should be reassessed.
- Reassess unemployable clients every 6 to 12 months for potential improvement, opportunities for rehabilitation or part-time/light duty employment when appropriate, including those who are ultimately denied SSI benefits.
- Allow unemployable clients access to workforce programs suited to their needs and abilities.

*Discussion*

*Unemployable GA recipients can remain in "the queue" in excess of one year awaiting SSI advocacy. During that time, they continue to collect GA, are exempt from time limits, and, unless they are part of a small group receiving the housing subsidy, they must find a way to subsist on \$336 per month. In addition, if the current trend of increasing numbers of unemployables continues, the GA caseload can be expected to keep increasing as larger numbers of individuals who are not subject to time limits remain on GA. Increasing the capacity to move individuals through the queue and the SSI process will ensure that disabled individuals receive the additional financial support they need and transition off General Assistance as expeditiously as possible.*

*Because applicants with more severe conditions are "moved up" the queue in the interest of expedience, those with less severe impairments, who are conceivably more likely to be denied SSI, remain exempt from time limits and continue to collect GA benefits for an extended period of time. This unintended consequence not only subjects these individuals to a more protracted period of time living far below the poverty line, but also, in the event that SSI is denied, renders ACSSA unable to recoup GA funds. In the meantime, participants who may be temporarily unemployable or equipped to work part-time or light duty are not re-assessed and may not seek alternatives in anticipation of an SSI approval that may never materialize. For this reason, the current practice of granting 36 months whenever a year is indicated by the clinician should be stopped; instead an assessment for employability should be performed every 6 to 12 months or as indicated by the clinician. Since individuals with disabilities should be under the treatment of a clinician, this requirement is not only reasonable, but also encourages individuals to stay engaged in their own care.*

*The threshold for "unemployable" is not universally understood or applied. This leaves a large degree of variability among diagnosing providers and an opening for potential manipulation of the system as existing patterns of practice become known. As such, provider trainings on completion of the 90-2 should be conducted for contracted clinicians. For all clinicians who come into contact with the 90-2 Form, Agency-authored Technical Instructions for 90-2 completion should be developed and*

## 6. Recommendation Six: Create And Support Clear Paths To Self-Sufficiency.

### c. Desired Outcome #3: Continued

available with each 90-2 Form. These should include guidance on completion of the form as well as information on how the form is being utilized. Clinicians should be made aware of the legal and practical implications of the statements and determinations they make on the form.

Some GA programs across the country end benefits upon final disposition of the SSI case whether it is approved or denied. While it is reasonable that the County continue to adopt a less stringent definition of “disability” than does the Social Security Administration, a level of scrutiny should be imposed on denied cases in the interest of thorough follow-up and proper disposition of the GA client. In the instance of denial of SSI benefits, it is suggested that an independent reassessment of the client be performed by a clinician other than the one who completed the original 90-2 and that these clients be reassessed on at least an annual basis.

“SSI Advocacy” currently occurs collaboratively between ACSSA, Health Care Services Agency’s Behavioral Unit, and contracted Legal Advocates. While this program has demonstrated successes in many areas, a clear structure of governance of the entire SSI process has yet to be defined. This makes overall program evaluation very difficult, as each of the above entities reports different metrics and outcomes to different people or departments. A comprehensive structure will ensure performance-based accountability, proper oversight of the process, uniform standards and reporting, and data-driven decision-making.

Along those lines, a mechanism for tracking client-level data consistently and in real-time must be implemented whether the SSI case is being handled by the internal unit or external advocates, whether the case is transferred mid-way through the process, or whether the client is applying on his or her own. This will allow for attribution of casework to the proper party and form the basis for future programmatic and contracting decisions. This client-level tracking should include the accounting of SSI reimbursements to the County as well as the monitoring of the clinician who made the initial determination for the client.

Because this sort of data is not available currently in any reliable format, it is not possible to evaluate the efficacy of individual components of the process or make specific recommendations

regarding the direction of the SSI Advocacy process. However, it is clear that a specific protocol for determining where and how cases are triaged and an understanding of which entities perform which functions should be defined.

It is further noted that, in general, attorneys are the only representatives who can carry an SSI case through the entire appeals process when necessary. This point is important to consider when contemplating the flow of cases. In order to avoid—or reduce the negative impact of—the transfer of cases mid-way through the process, the following models can be considered:

- 1– The internal SSI Advocacy Unit could focus on early case management and building a solid case for SSI through linkage to/coordination of care, retrieval of clinical records, and social support to keep the client engaged in the process,
- 2– The internal unit could be staffed with an in-house attorney who oversees the process, handles complex cases, and takes the case to federal court if needed, or
- 3– The internal unit could work collaboratively with legal advocates to build cases and then transfer them at the appropriate stage.

### B. Implementation

Roots investigators noted throughout their evaluation that the Agency rapidly responds to concerns and recommendations, and, in fact, made major programmatic changes even during the course of the evaluation itself. This speaks to the flexibility of the Agency and its capacity and willingness to adapt as needed. The primary challenge in implementing the above recommendations will be to attempt a balanced approach to programmatic revision that implements changes in a timely and systematic manner while considering comprehensive outcomes as opposed to implementing new protocols piecemeal.

It is suggested that leadership implement these recommendations with consideration to the order in which they are presented herein. That is, the development of a three-year strategic plan should be undertaken as a critical first step. The initial activity in developing this plan should be to clearly define and publicize the Targeted Outcomes and Goals of the GA Program. Then a structured protocol for

interaction between the Agency and stakeholders which aims to uphold the overarching goals of the program should be delineated.

The one-year implementation strategy should include the recommended program and policy changes the Agency chooses to undertake. In addition, this presents an ideal opportunity to determine which best practices from other counties' programs warrant further investigation or replication or are suitable for regional collaboration and expansion. A framework and design for all collaborative strategies should also be detailed here, prioritizing the approach to addressing homelessness and workforce initiatives. Again, it should be determined by the Agency whether a regional strategy, local collaboration, or targeted, population-specific approaches will be undertaken. Lastly, other areas for further exploration should be delineated, such as gaining a more in-depth understanding of frequent utilizers of GA as well as those who successfully transition off of GA.

### C. Innovation

During the course of Roots' interviews and investigation, many innovative ideas emerged. Here are some of these presented for consideration:

#### 1. GA Greeter Internship

Create a "Greeter" position at the SSA offices that is reserved exclusively for GA participants. Entry level positions can be paid internships, while "Lead Greeter" positions can be available as permanent positions for Greeters who meet performance standards for a prescribed period of time. Not only will this create entry-level jobs or paid internships for clients, but it will help them build their resume and transition them back into the workforce. This arrangement carries the added benefit that recent GA recipients are likely to be knowledgeable about the process and more empathetic towards new GA clients and their needs.

#### 2. GA Mentoring

Older GA recipients with skills mentor younger or unskilled workers in learning laboratories, particularly in the trades. Mentors receive a stipend or salary, and mentees receive their GA and housing voucher for the six-month period

as they acquire a valuable skill. Partnering with community colleges or other programs ensures that graduates earn a certificate upon completion. Older workers who may no longer have the ability to practice their trade on a full-time basis are able to pass on their valuable knowledge and skills in a less-demanding setting while earning income. This program could be housed within ACSSA or contracted out to a CBO capable of executing the program.

#### 3. GA Hotels

Convert city-owned or abated apartments or hotels into transitional housing for GA recipients participating in workforce development, school, or other approved activities. This approach can assist with the redevelopment of various areas throughout Alameda County while supporting the local economy through stabilizing housing and revitalizing abated properties.

#### 4. GA Enterprise and Procurement

Partner with social enterprises and local businesses such as bakeries, food service, warehouse, and light manufacturing to provide on-the-job training in conjunction with a transition team to facilitate soft-skills development and foster client-employer relationships. Arrange for County and other public procurement of the products and services of these entities. Partnerships with community colleges, vocational and training programs ensure that graduates earn a certificate upon completion of their on-the-job training program.

#### 5. GA Mediation Forum

Create a forum for GA recipients to address their legal barriers to employment. This forum could include representatives from County Collections, Child Support, Probation, the Courts, and any other agency or entity that has the authority to remove legal barriers for the GA client.

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## Abbreviation Definition

ACA . . . . .	Affordable Care Act
ACSSA . . . . .	Alameda County Social Services Agency
CalWIN . . . . .	California Welfare Information Network
CA W&IC . . . . .	California Welfare and Institutions Code
CalWORKS . . . . .	California Work Opportunity and Responsibility to Kids
CAPI . . . . .	Cash Assistance Program for Immigrants
CBO . . . . .	Community Based Organization
CHASS . . . . .	Community Housing and Shelter Services
EUC . . . . .	Emergency Unemployment Compensation
FSET . . . . .	Food Stamp Employment & Training
FY . . . . .	Fiscal Year (for purposes of this document refers to July 1 through June 30)
GA . . . . .	General Assistance
GR . . . . .	General Relief
SNAP . . . . .	Supplemental Nutritional Assistance Program (food stamps)
SSA . . . . .	Social Services Agency (SSA can also be used to refer to the Social Security Administration, however this use is not contained in this document to avoid confusion)
SSI . . . . .	Supplemental Security Income
TANF . . . . .	Temporary Assistance to Needy Families

Figure reference

1 <sup>st</sup> Time Utilizers <i>Individuals collecting GA for the first time in the preceding six years</i>	Frequent Utilizers <i>“Employable” individuals who received GA in 3 of the preceding 6 years</i>
Has followed the unemployment rate	Has remained stable despite improvements in unemployment rate
Demographic profile very similar to overall GA population : <ul style="list-style-type: none"> <li>• 60% men (60% of overall GA)</li> <li>• 56% African American (58% of overall GA)</li> <li>• 20% Caucasian (19% of overall GA)</li> </ul>	Demographic profile very different from overall GA population: <ul style="list-style-type: none"> <li>• <b>73% African American</b> (58% of overall GA )</li> <li>• <b>50% African American men</b> (36% of overall GA)</li> <li>• <b>49% are age 25-44 yo</b> (39% of overall GA )</li> </ul>

Figure 13: First Time and Frequent Utilizers (FY 2010/11 - FY 2012/13); see pg 27 for related copy.

Barrier	Refer To:
Disabled	Same-day Case Manager trained to* (1) link individual to care; (2) begin building the file for SSI application process
“Ready to work”	<b>Job counselor or program that (1) is equipped with assessment/ evaluation tools and (2) possesses close employer relationships</b>
No diploma	GED program
<b>Criminal record eligible for expungement</b>	<b>Legal advocate or “Clean Slate” program for expungement</b>
Recently released from incarceration	Referral to “wraparound” program that can (1) assist with re-socialization and comprehensive approach to job-readiness (2) link to employers when participants become job-ready
<b>Older worker needing industry/occupational change</b>	<b>Education and training specific to appropriate high-growth employment sectors</b>
Legal Barriers (suspended license, restitution, child support, IRS)	Legal advocacy and/or appropriate agency
<b>Younger worker without job history</b>	<b>Sector-based training program, community college, certificate program</b>
Caretaker for sick/elderly family member	IHSS worker training

\*training to be done by legal advocates/counselors who are skilled in SSI cases from initial to ALJ

Figure 16: Invest in Triage & Referral: Examples; see page 52 for related copy.

## Notes

## Notes

# Inside the Social Safety Net

ALAMEDA COUNTY SOCIAL SERVICES AGENCY



GA  
GENERAL ASSISTANCE

program evaluation

2014



ALAMEDA  
COUNTY  
SOCIAL SERVICES