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UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Janice **Brou**, Nancy Green,  
and Michael **O'Hara** on behalf of  
themselves and others similarly  
situated;

Plaintiffs,

vs.

COUNTY OF ALAMEDA; BOARD OF  
SUPERVISORS OF ALAMEDA COUNTY  
and the individual members in  
their official capacities;  
RODGER **LUM**, Director, Alameda  
County Social Services Agency;

Defendants.

NO. C-96-3206 CRB  
CLASS ACTION - CIVIL RIGHTS

SETTLEMENT AGREEMENT

Settlement Agreement

EXHIBIT I

1 **SUMMARY OF PROCEDURES AND FINDINGS OF FACT**

2 Plaintiffs brought this class action on behalf of General  
3 **Assistance** ("GA") recipients with disabilities to **enjoin** the  
4 Social Services Agency ("**SSA**") of the County of **Alameda**  
5 ('County') from discontinuing GA for recipients with disabilities  
6 in alleged violation of the Americans with Disabilities Act  
7 ("ADA") and other laws. Defendants filed an answer denying any  
a unlawful action. The parties began settlement negotiations  
9 shortly after the initiation of litigation.

10 The parties desire to resolve this matter by agreement in  
11 **order** to avoid the risks and burdens of further litigation. They  
12 **have** therefore entered into a proposed Settlement Agreement. The  
13 **Court** has not determined whether Defendants have violated any  
14 law, and, by entering into the Settlement Agreement, Defendants  
15 **do** not admit that they are in violation of, or have been in  
16 violation of, any law.

17 On motion of all parties, and the parties consenting  
18 thereto, it is therefore ORDERED, ADJUDGED, AND DECREED AS  
19 FOLLOWS:

20 A. **Jurisdiction.**

21 This Court has jurisdiction in this action and over the  
22 parties to this action under 28 U.S.C. sections 1331 and 1343,

23 B. **Definitions.**

24 For the purposes of this Settlement Agreement, the following  
25 definitions shall apply:

26 "**Defendants**" shall mean the County of Alameda, its **Board** of  
27 Supervisors and the individual members in their **official**

capacities, and **Rodger Lum** in his official capacity as Director of **Alameda County Social Services Agency**.

**"Disability"** shall mean the same as in the ADA and its regulations.

"Plaintiffs" shall mean Janice Brou, Nancy Green, and Michael **O'Hara**.

**C. Exhibits.**

The following exhibits are attached hereto and incorporated herein:

Exhibit A, Handbook on Reasonable Accommodations

Exhibit **B**, Notice of Informed Consent;

Exhibit C, Invitation to Disclose Disabilities and Request Accommodations

Exhibit D, Notice of Action

Exhibit E, Notice **re CA-7's**

**D. Compliance.**

Defendants will adhere to the provisions of the ADA as they apply to GA applicants and recipients.

**E. Identification and Assessment of Disabilities.**

1. **Purpose:** The main purposes of identifying and appraising disabilities are to (a) help qualify GA applicants and recipients for SSI and other benefits, (b) make appropriate determinations regarding the employability of GA applicants and recipients and (c) make reasonable accommodations for persons with disabilities in the process of **applying** for and **maintaining** their GA benefits.

2. **Confidentiality.** SSA shall keep information pertaining to disabilities of its clients confidential in the manner

1 required by SSA's confidentiality rules set forth in Welfare and  
2 Institutions Cod8 section 10850; provided that disability related  
3 information will not be released to employers and community based  
4 organizations except (a) when necessary to provide reasonable  
5 accommodations and (b) with the written consent of the recipient.

6 3. Means of Identification.

7 a. Questionnaires. SSA shall include questions in the  
8 GA application process that help to identify persons with  
9 disabilities among applicants by asking relevant questions such  
10 as, but not limited to, medical history, mental condition, and  
11 prior hospitalization. A Notice Of Informed Consent (attached as  
12 Exhibit B) advising applicants and recipients about volunteering  
13 information on disabilities as well as an Invitation to Disclose  
14 Disabilities and Request Reasonable Accommodations (attached as  
15 Exhibit C) shall accompany the questionnaires.

16 b. Interviews: After completing the questionnaires,  
17 an SSA employee shall conduct an individual interview with each  
18 applicant who discloses or is observed to have a disability or  
19 where a disability is otherwise indicated. This interview shall  
20 include discussion of any disabilities presented in the  
21 questionnaire, by the applicant, or detected by an SSA employee.  
22 The interviewer shall be a Social Worker III from SSA's SSI Unit  
23 or an employee with at least the equivalent background,  
24 experience, and training in identifying and appraising mental  
25 disabilities.

1           **c. Phase in of Ongoing Caseload:** SSA shall invite the  
2 following, **current** recipients to disclose disabilities **and**  
3 request reasonable accommodations for their disabilities: **current**  
4 recipients who **applied** prior to January 1, 1994 or between April  
5 1, 1995 and July 29, 1996, and who have not been interviewed  
6 previously by SSA for the **purpose** of identifying or appraising  
7 their disability. SSA shall send this invitation with a  
6 regularly scheduled monthly check.

9           **d. Mental Health Specialist:** SSA shall provide a  
10 mental health specialist with expertise in identifying and  
11 assessing mental disabilities. The mental health specialist--  
12 shall be available for determining, among other things, whether  
13 an applicant or recipient is unemployable, might **be** eligible for  
14 SSI, and/or appears to have a disability requiring special  
15 assistance. Recipients may request an assessment by the mental  
16 health specialist. In collaboration with the recipient, the  
17 mental health specialist shall provide recommendations on  
18 accommodations and whether further assessment is needed.

19           **e. Observable Criteria:** At any point, a GA applicant  
20 or recipient may be referred, with his or her consent, for an  
21 assessment of disabilities on the basis of observable criteria  
22 consistent with **SSA's** Handbook on Reasonable Accommodations.

23           **5. Standards for Identification and Referrals.** The  
24 identification and referral of **persons** with disabilities must be  
25 with their consent and for their benefit. **A recipient, or** his or  
26 her designated representative who has obtained a signed release  
27

1 From **the** client, may initiate the identification **process upon**  
2 request. SSA may also initiate the process.

3 6. **Flagging of Files.** When SSA determines that a recipient  
4 has a disability, it will "**flag**" the recipient's file to  
5 indicate, not the disability, but the **special assistance needed.**  
6 **The type** of assistance needed Will be documented on-line.

7 **F. Modification of the Sanction Process.**

8 1. **Notice of Action.** SSA shall use a GA **Notice** of Action  
9 letter substantially identical to that attached as Exhibit D.  
10 **SSA reserves** the right to make minor changes due to changes in  
11 addresses, phone numbers, and GA regulations.

12 2. **Exemptions from the Sanction Process.** Prior to sending  
13 out a Notice of Action that proposes a sanction, SSA shall check  
14 to see if a recipient's file is "**flagged.**" **SSA shall not impose**  
15 **a sanction against any recipient with a "flagged" file except in**  
16 **cases of fraud or those involving violations relating to an**  
17 **individual audit.** SSA shall not undertake mass audits involving  
18 recipients with "**flagged files.**" SSA may reassess a disability  
19 if it has good reason to believe that a file was "**flagged**"  
20 without significant basis.

21 3. **CA-7 Process.** Individuals whose GA files have been  
22 "**flagged**" will not be exempted from the CA-7 process, but they  
23 shall have an additional 30 days to provide their **CA-7's** to have  
24 their GA restored in the event of alleged non-compliance. (For  
25 example, since **CA-7's** for April must normally be submitted by the  
26 end of May to avoid discontinuance effective May **31st**, a

2 . recipient with a "flagged" file has until June 30<sup>th</sup> to submit the  
3 CA-7 in order to have their benefits for June restored.) SSA  
4 shall send out the Notice Re CA-7's (attached as Exhibit E) if a  
5 recipient with a "flagged" file fails to submit the requisite CA-  
6 7 within the normally required time period. Prior to  
7 discontinuing any recipient with a "flagged" file who is also  
8 assigned to the SSI Unit, SSA shall refer the case to the SSI  
9 a Unit which shall review the on-line data and attempt to contact  
10 the recipient to determine whether the failure to submit the  
11 requisite CA-7 may be disability related. If the alleged non-  
12 compliance is disability related, SSA shall not proceed with  
13 discontinuance and shall reasonably accommodate the recipient in  
14 correcting the non-compliance.

14 **G. Reasonable Accommodation Policy.**

15 1. **Reasonable Accommodation Policy.** SSA shall adopt and  
16 implement its Handbook for Reasonable Accommodations attached as  
17 Exhibit A.

18 2. **"Hotline."** SSA shall establish a "hotline" phone number  
19 for recipients who do not have an assigned SSI advocate-whose  
20 cases are "flagged" and inform them about the "hotline" number.  
21 The hotline will, among other things, assist recipients with  
22 disabilities in providing information and reasonable  
23 accommodations and responding to notices of action.

24 3. **Notice of Riights and Assistance.** SSA shall provide  
25 applicants and recipients notice of their rights to receive  
26 reasonable accommodations due to a disability. SSA shall place

1 these notices in its GA waiting rooms and shall post copies of  
2 the Invitation to Disclose Disabilities and Request  
3 Accommodations substantially as contained in Exhibit C in the  
4 waiting room or other prominent places.

5 **4. Assistance in Applications.** SSA shall instruct waiting  
6 person staff to provide reasonable accommodations to persons with  
7 disabilities in the GA application process.

8 **5. Training.** SSA shall ensure that appropriate staff is  
9 adequately trained for identifying and making reasonable  
10 accommodations for recipient with disabilities.

11 **H. Evaluation of System.** In the first year after the signing of  
12 this Settlement Agreement, SSA shall evaluate its system for  
13 identifying, assessing, and making reasonable accommodations for  
14 disabilities, including modification of the sanction system as  
15 discussed in section F above. The evaluation shall include an  
16 assessment of the interviewers and mental health specialist by  
17 random re-interview of clients to determine whether there has  
18 been an adequate identification and assessment of disabilities.  
19 Based on the findings of this evaluation and considerations of  
20 recommendations made by counsel for Plaintiffs, SSA shall make  
21 appropriate modifications to its policies and practices.

22 **I. Handbook on Reasonable Accommodations.**

23 It is understood and agreed upon by the parties that certain  
24 portions of the Handbook on Reasonable Accommodations (Exhibit A  
25 hereto) may affect the terms and conditions of employment of many  
26 of defendant Alameda County employees. Therefore, before

1' becoming final, such portions of the Handbook will be subject to  
2 the meet and confer process under the Myers-Miliias-Brown Act,  
3 which governs employer-employee relations for California  
4 counties, and, as such, these portions may be modified as  
5 determined in this meet and confer process.

6 J. **Reporting.**

7 Beginning one year after court approval of the Settlement  
a Agreement **and** for each year thereafter during the **pendency** of the  
9 Settlement Agreement, SSA shall provide the following information  
10 to counsel for plaintiffs:

11 1. **Data.** Data, which will be collected **monthly and**  
12 reported annually, **showing** the number of GA recipients who,  
13 during the prior year, have been (a) accepted onto GA, (b)  
14 **assigned** to the SSI Unit, (c) determined by SSA to have  
15 disabilities for purposes of establishing "flagged" files, (d)  
16 sanctioned or discontinued and for what type of violation for all  
17 flagged files and all GA recipients, (e) exempted from sanctions,  
1a (f) granted the additional **30-day** period to submit their **CA-7's**  
19 to have their GA restored;(g) discontinued from GA due to a CA-7  
20 violation and who have **"flagged"** files, and (h) receiving General  
21 Assistance according to **SSA's most recent** count of recipients;

22 2. **Files.** Review of a total of thirty-six (36) randomly  
23 selected files (which shall omit identifying information and be  
24 kept confidential by counsel for plaintiffs), twelve files each  
25 for (a) GA applicants who were accepted onto GA in the last year,  
26 (b) GA recipients who were sanctioned during the prior year, and  
27

(c) recipients with "flagged" files who were discontinued because they did not submit requisite CA'7's after the 30-day additional time period; and

3. Personnel. The job specification for the mental health specialist(s) and each SSA employee classification conducting interviews of GA applicants which include identifying or appraising disabilities.

K. Continuing Jurisdiction.

The Court's jurisdiction over this Settlement Agreement shall continue for a two and one half year period following the Court's final approval of the Settlement Agreement. After said period, plaintiffs shall: dismiss the action without prejudice except that, if defendants have failed to comply with the terms and conditions of the Settlement Agreement, plaintiffs may request, and the Court may grant, a continuation of its jurisdiction for a period sufficient to remedy the alleged non-compliance.

L. Attorneys Fees and Costs

The court reserves the right to resolve issues pertaining to attorneys fees and costs.

M. Modification of Settlement Agreement.

The parties may modify this Settlement Agreement, including the Exhibits, upon their stipulation and the Court's approval.

N. Enforcement of Settlement Agreement.

Prior to seeking enforcement of the Settlement Agreement, plaintiffs shall give reasonable notice of any alleged violation and the parties shall briefly meet and confer in an attempt to

1 resolve the matter without litigation. The terms of the  
2 Settlement Agreement are enforceable by the named plaintiffs or  
3 any current General Assistance recipient with a disability.

4 **D. Dismissal of Claims.**

5 This Settlement Agreement does not resolve plaintiffs'  
6 claims for alleged violation of their rights to Due Process under  
7 the California and Federal Constitutions, and said claims shall  
8 be dismissed without prejudice upon the Court's approval of the  
9 settlement Agreement.

10 **P. Signing in Counterpart.**

11 This Settlement Agreement may be signed in counterpart.

12 **Q. Approval of Counsel.**

13 The parties, through their respective counsel, hereby agree  
14 to entry of the Settlement Agreement subject to final approval of  
15 the Court.

16 Richard E. Winnie [68048]  
17 County Counsel  
18 William E. Rundstrom [51484]  
19 Assistant County Counsel  
20 County of Alameda  
21 1221 Oak Street, Suite 463  
22 Oakland, CA 94612-4296  
23 (510) 272-6700

24 Dated: 11-25, 1998

25 By:   
26 William E. Rundstrom

27 Counsel for Defendants

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**Stephen E. Ronfeldt [41044]**  
**The public Interest Law Project**  
449 15<sup>th</sup> Street, Suite 301  
Oakland, CA 94612-2038  
(510) 891-9794, ext. 127

Dated: 11/24 8

By: *[Signature]*

**Robert D. Newman [86534]**  
**Richard A. Rothschild [65376]**  
Western Center on Law and Poverty  
3701 Wilshire Boulevard, Suite 208  
Los Angeles, California 90010-2809  
(213) 487-7211

Counsel for Plaintiffs

Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_  
Janice Brou, Plaintiff

Dated: 11/20, 1998

By: *Nancy K. Green*  
Nancy Green, Plaintiff

Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_  
Michael O'Hara, Plaintiff

Stephen E. Ronfeldt [41044]  
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Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_

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Counsel for Plaintiffs

Dated: \_\_\_\_\_, 1990

By: \_\_\_\_\_  
Janice Brou, Plaintiff

Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_  
Nancy Green, Plaintiff

Dated: 11/20/98, 1998

By: Michael O'Hara  
Michael O'Hara, Plaintiff

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Dated: Nov. 17, 1998

By: \_\_\_\_\_

Robert D. Newman [86534]  
Richard A. Rothschild [65376]  
Western Center on Law and Poverty  
3701 Wilshire Boulevard, Suite 208  
Los Angeles, California 90010-2809  
(213) 487-7211

Counsel for Plaintiffs

Dated: Nov. 17, 1998

By:  \_\_\_\_\_  
Janice Brou, Plaintiff

Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_  
Nancy Green, Plaintiff

Dated: \_\_\_\_\_, 1998

By: \_\_\_\_\_  
Michael O'Hara, Plaintiff

1 Stephen E. Ronfeldt (Bar No. 41044)  
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8 Attorneys for Plaintiffs  
9  
10  
11

12 UNITED STATES DISTRICT COURT

13 FOR THE NORTHERN DISTRICT OF CALIFORNIA

14 Janice Brou, Nancy Green, )  
and Michael O'Hara on behalf of )  
15 themselves and others similarly )  
situated; )

16 Plaintiffs, )

17 vs. )

18 (COUNTY OF ALAMEDA; BOARD OF )  
SUPERVISORS OF ALAMEDA COUNTY )  
19 and the individual members in )  
their official capacities; )  
20 RODGER LUM, Director, Alameda )  
County Social Services Agency; )  
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22 Defendants. )  
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NO. C-96-3206 CRB

[PROPOSED ] ORDER APPROVING  
**SETTLEMENT NOTICE, GRANTING  
PRELIMINARY APPROVAL OF  
SETTLEMENT AGREEMENT, AND  
SETTING HEARING FOR FINAL  
APPROVAL OF SETTLEMENT  
AGREEMENT**

28 Preliminary Settlement Approval Order

1           Upon application of the parties, and **good** cause appearing  
2 therefore, the Court HEREBY ORDERS as follows:

3           1. The proposed Settlement Agreement, attached **as** Exhibit  
4 **"1,"** is granted preliminary approval.

5           2. The proposed form for Settlement Notice, **attached as**  
6 Exhibit **"2,"** is approved.

7           3. Defendants shall complete the mailing of the Settlement  
8 Notice to all General Assistance recipients of Alameda County by  
9 January 20, 1999.

10          4. The hearing for final settlement approval is hereby set  
11 for February 19, 1998 at 10:00 a.m. in the above entitled Court  
12 before the Honorable Charles B. Breyer.

13          5. The Court will consider written comments in support of,  
14 or in opposition to, the approval of the proposed Settlement  
15 Agreement, provided that those who wish to be heard must timely  
16 file and serve written statements by filing with the Clerk of  
17 this Court **and** serving **said** papers upon Plaintiffs' Counsel no  
18 later than February 12, 1999 under the procedure set forth in the  
19 approved Settlement Notice.

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23 DATED: \_\_\_\_\_, 1998

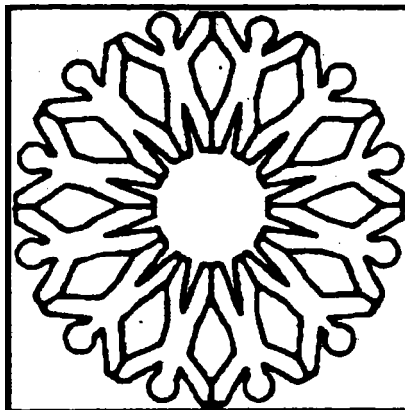
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CHARLES R. BREYER  
UNITED STATES DISTRICT COURT JUDGE

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EXHIBIT **A**

11.

**ALAMEDA COUNTY SOCIAL SERVICES AGENCY**



**REASONABLE ACCOMMODATIONS  
FOR  
GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS**

**November 23, 1998**

## Introduction

The purpose of this Handbook is to assist you in recognizing and **working** with clients who need accommodations.

Some of the clients we work with have disabilities, both mental and physical. These clients may **qualify for SSI**, have **difficulties** meeting certain General Assistance requirements and may need reasonable accommodations for their disabilities. We can see many physical disabilities but some **physical** and emotional disabilities are not readily visible. Some clients may tell us about their **disabilities** and **the type** of accommodations they need; others will not.

It is important for us to identify clients with disabilities so that appropriate service referrals **can** be made. If there is evidence of a **disability**, it's important that you explain to the clients what options are available for assessment and documentation of their need for **accommodations**. The client may obtain documentation of their need for accommodations by:

- o Seeing our physician or therapist; or,
- o Getting a letter from their physician or therapist.

The examples of disabilities and reasonable accommodations discussed in this General Assistance Handbook are **NOT INCLUSIVE**. Should you need further help in identifying a disability or providing a reasonable accommodation, please contact your supervisor and the General Assistance SSI Advocacy Unit.

## Reasonable Accommodation

### Reasonable Accommodation-What **Does It Mean?**

It is the **Agency's** expectation that the mnge of behavioral problems and challenges faced by clients with mental and physical disorders will be identified. Identification will be either through self-declaration by the client or **appropriate** Agency staff or community health provider. As part of this Agency, you need to make reasonable accommodations for people who have mental or physical disabilities. We are familiar with the routine shelter and food needs that exist for our clients, but we may not understand the clinical issues that confront them. All staff at our Agency must exercise flexibility, dignity, and respect while serving clients with these problems. It is important to learn to identify individuals whose behavior is out of the ordinary. Our sensitivity to the needs of clients and of individuals who should be accommodated, allow5 our system to meet their needs and provide quality service.

Reasonable accommodation is the delivery of services to applicants and recipients that allows people with disabilities the same program accessibility as people without disabilities. Reasonable accommodations must be provided in a manner that does not stigmatize the individual, should offer flexibility and should improve the quality of applying for and maintaining **benefits** for the client. Clients who have been identified and provided documentation of an emotional or physical disability will have their case flagged and accommodations will be made.

In those cases where a disability effecting the client's ability to go to the GA office has been identified and documentation of the need for an accommodation has been provided, clients may mail in their application, renewal and other correspondence that would usually require an office visit. Clients who have been identified and provided documentation of the need for an accommodation for emotional disabilities will be allowed an additional 30 days to provide a CA-7 and have benefits restored, without reapplication, when

good **cause** has been provided. Agency staff will attempt to contact **these clients** prior to **discontinuance** for failure to provide a CA-7.

Examples of reasonable accommodations are:

- o **Helping** a client fill out **the** application **form** or other papers.
- o **Modifying** a **client's Workfare responsibilities or placement** to enable the **client** to do the job.
- o **Following** up a written notice **with** a phone **call for clients** who have **cognitive or memory disabilities**.
- o **Waiting Workfare requirements** altogether **if no placement could accommodate a client's disability**.
- o changing **appointment times to accommodate a client's needs** because of **medication affects or doctor's appointments**.

### How to Recognize Individuals Who May Need Accommodations

To recognize people who may require immediate help and a referral to community medical providers, observe your clients carefully during a one-to-one interview, or while they are standing in line or in group meetings.

Symptoms that may indicate that the person is sick and may require a referral to a medical provider **include**:

They appear **cold or clammy**; are shivering uncontrollably, coughing, wheezing, having labored breathing; are unable to catch their breath; appear pale in color; or, are perspiring profusely. In addition, mucus running from eyes or nose and coughing may indicate the person is going through substance abuse withdrawal **and/or** is sick.

Document your observations and make appropriate referrals to a Social Worker or medical provider for further assessment. For those individuals whom you have observed as showing symptoms of mental or physical disabilities and who have provided documentation of a need for accommodation, you should prioritize cases for review and eligibility determination.

Symptoms that may indicate that a person has a mental disability include:

- o The **person** is not appropriately dressed for the weather. The client is not **wearing shoes**. **The client** is wearing a top coat or heavy **jacket** in **the** summer, and light or no clothing in the winter. The **person** has **body odor, appears ill-kept and generally appears unclean**.
- o **The person** does not respond **appropriately** to questions asked. The person is restless, or extremely rigid and unmoving. The person's expressions do not fit the conversation.
- o The person's speech pattern is very quick and **"pressured,"** or it is slow with **lapses** in between responses. The person is smiling when **talking** about sad events.

### Special Challenges Working With Homeless People

Experiences with domestic violence, rape, torture, starvation, child abuse, sexual abuse, and child exploitation are common place in the lives of people who are homeless. Homeless people are more likely to be children from families with parents who were drug and alcohol abusers. Most of the homeless

## Behavioral Indicators of Mental Illness

Listed below are Mental Disability Indicators. Remember, these characteristics are indicators. Displays of these behaviors and having one or more of these characteristics does not confirm a mental health disability diagnosis. Referral to a Social Worker for further assessment may be appropriate.

### Organic Brain Dysfunction, Developmental Delay, Retardation

<b>Characteristics</b>	<b>What's Really Going On</b>	<b>Type of Accommodations That may be Needed</b>
- Speech is different.	This person may have difficulty processing information due to deficits in the brain.	Help with filling out forms.
- Does not understand instructions.		Instructions repeated and written out.
- Frustrated easily.		Extra reminders of appointments
- Gets angry quickly..		Definitely refer for evaluation.

### Depressive Mood

<b>Characteristics</b>	<b>What's Really Going On</b>	<b>Type of Accommodations That may be Needed .</b>
- Talks in a low voice.	This person may have a lack of energy and appears to be using a lot of effort for the activity.	Understanding and support
- No energy, tired.		
- May cry for what seems inappropriate reasons.	Life seems pointless. Problems only confirm the futility of making any effort.	Express sympathy with their situation and your desire to help.
- Clothing may be unkempt.		
- Sighs for no reason.		Occasional flexibility around missed appointments when depressive episodes are more severe.
- Slow moving and lethargic all the time.		
- Difficulty comprehending information.		

## Suspiciousness/Paranoia

<b>Characteristics</b>	<b>What's Really Going On</b>	<b>Type of Accommodations That may be Needed .</b>
<ul style="list-style-type: none"><li>- Asks questions about everything.</li><li>- Unsure of themselves.</li></ul>	<p>This person may not trust anyone. In some cases, this is because of real life repeated disappointments and frustrations. In other cases, this is because of clinical paranoia, a significant mental disability.</p>	<p>Answer questions as fully and as patiently as possible.</p>
<ul style="list-style-type: none"><li>- Does not want to answer the interviewers questions.</li><li>- Applications lack detail and/of incomplete.</li></ul>		<p>Explain why information is needed ( e.g. not 'Because you won't get your <b>benefits,</b>' but 'Because the County requires that you verify that you <b>actually</b> live there.'</p>
<ul style="list-style-type: none"><li>- Checks to see who is listening or who may hear their private interview.</li></ul>		<p>Provide a private location to talk and reassure client about confidentiality of information.</p>
<ul style="list-style-type: none"><li>- Refer to plots against them.</li></ul>		<p>Don't challenge the rationality of 'plots.' Merely express <b>empathy</b> with how frustrating or frightening that must feel for them.</p> <p>Refer for evaluation.</p>

**Hallucinations, Visual. Audttow. Tactile and Thought Content .**

<b>Characteristics</b>	<b>What's Really Going On</b>	<b>Type of Accommodations That may be Needed</b>
- May be talking to self.	Visual - may see things that are not there.	Refer for evaluation.
- May not hear when someone is speaking.	Auditory - may hear voices or sounds that others don't.	
- Exhibits behavior like turning to see what is behind them, or covering ears, or closing eyes.	Tactile - may feel things crawling on their skin.	
- Easily confused with <b>information</b> . May jump from one subject to another.		Try to get basic information to preserve an application.
- May think they are someone they are not, such as a president or a king or are related to someone famous.	This person may believe <b>irrational</b> things because they exist in a world that is safe for them. If confronted they may become argumentative out of fear.	Do not challenge delusions. -Again, express empathy with how frightening or frustrating what they are experiencing may be.  Refer for evaluation.

**Hostility**

<b>Characteristics</b>	<b>What's Really Going On</b>	<b>Type of Accommodations That may be Needed</b>
- <b>Angry.</b> - <b>Sarcastic.</b> - <b>Rude.</b> - Voice may escalate. - <b>Swearing, name calling.</b> - <b>Nothing is ever right.</b> - Not open to instructions or information.	Some of this behavior is due to significant but temporary <b>frustrations</b> . This person may not be able to express themselves appropriately and, if given time to collect themselves, may present themselves in a <b>better</b> manner.  Others, who may have organic disorders, <b>are</b> best referred to professionals to <b>work</b> with them.	Keep calm yourself'.. You cannot inspire control in another if you, yourself, are not in control.  Express sympathy for the client's frustration.  Say you want to be able to <b>help</b> .

## Violence and Mental Disabilities

People often fear the unknown and what they do not **understand**. For many of us, mental **disabilities fall in** the category of the "unknown." According to the American Psychiatric Association, mental **disability is a** disability that affects or is manifested in a person's brain. It may impact on the way a person thinks, behaves, and interacts with other people. The term "mental disability" **actually** encompasses numerous psychiatric disorders, and just like disabilities that affect other parts of the body, they can vary **in severity**.

What people typically see are glimpses of someone with a mental **disability**. These glimpses are typically portrayed in the media. **The** media tends to only show extremes. Unfortunately, this is the **kind** of coverage that further reinforces a negative stereotype, instills fear, and encourages people to avoid those with **mental disabilities**.

"Recent research has shown that a vast majority of **people** who are violent do not suffer from **mental disability**. However, there is a certain small group of people with severe and persistent mental disabilities **who** are at risk of becoming violent. Violence is defined as threatening, hitting, fighting or **otherwise** hurting another person." (Excerpt from "The American Psychiatric Association **Online**" **Public** information.)

**Handling** violence associated with mental disability involves understanding the symptoms **involved** with mental illness. We can assist the client with personal control. Create positive experiences, when appropriate. Clients should be interviewed with a pleasant voice tone. We must continue to emphasize what services can and cannot be provided. Learn to look for potentially violent behavior by reading the nonverbal communications of the clients, but do not endanger your well being. Try to assist the **client** by continuing to treat them with dignity and respect. Take the blame if there is miscommunication, by saying: "I am **sorry**. Perhaps I have miscommunicated with you." Do not argue with the client.

Staff can't control the client's behavior, but we can change our behavior to avoid causing annoyances. There may be occasions when an enraged mental health **client may** threaten you or become violent. Rely on your gut feelings, if things appear to be getting out of hand. Terminate your interview **slowly**, reassuring the client that you understand, but emphasize that another date and time will probably work best for this interview. Maintain the integrity of the date of application, even though **eligibility** has not been established.

**EXHIBIT B**

INFORMED CONSENT FOR HEALTH QUESTIONNAIRE

We ask the following questions about your health to find out if you (1) need help getting and keeping your benefits, (2) are not able to work, and (3) may qualify **for** disability benefits. **The** information about your health will be kept confidential and **will** be used to help you.

— Please check here if you need help in understanding or filling out this form.

you do not have to answer these uestions. However, if you do not answer the questions, we will assume that you do not need help in applying for benefits and can work and take part in employment services. If you can work and do not want to answer these questions, a doctor will need to fill out a form stating that you cannot work.

Please place your initials next to one of the following:

— I will answer this questionnaire. I understand that the information will be kept confidential and used to help **me**.

— I choose not to answer this questionnaire. I understand that not answering may mean that I will have to work and take part in employment services.

— I cannot work. I choose not to answer the questionnaire. **I** will get my doctor to send a statement that I cannot **work**.

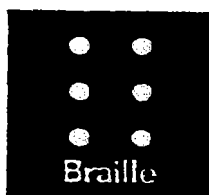
**EXHIBIT C**



**Do you need help with our  
services?  
Please tell us now.**

**Yes, I need help.**

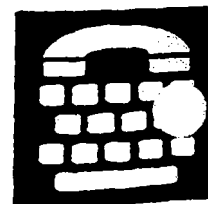
**No, I do not need help.**



**If you have a disability, you  
may have a right to get special  
assistance.**

**Yes, I think I may have a disability.**

**No, I do not think I have a disability.**



**EXHIBIT D**

**NOTICE OF PROPOSED ACTION  
GENERAL ASSISTANCE PROGRAM**

We believe that you did not comply with \_\_\_\_\_ program requirements. If you believe this is wrong or that you have good cause for not complying, you should request a hearing. If you do not request a hearing within 90 days of the date of this Notice, your General Assistance will be discontinued, effective \_\_\_\_\_.

If you request a hearing within 90 days of the date of this Notice, your General Assistance will not be discontinued before the hearing. The back side of this Notice tells you how to request a hearing. Please read it carefully.

You should contact your worker for assistance and to discuss this matter. If you cannot contact your worker, then report promptly to 401 Broadway, Oakland, at window \_\_\_\_ on Monday through Thursday 8:30 to 10:00 a.m.

If you have a disability and need assistance, then call the Hotline number \_\_\_\_\_ for assistance.

If you have questions about what to do, you can call the GAES Information Line at 208-I 088.

This action is required by GA Regulations 9-2-4 and 9-2-7.

**EXHIBIT E**

NOTICE FOR FLAGGED FILES WITH CA-7 MISSING

We want to send you your General Assistance check.

However, we have not received your CA-7 form for \_\_\_\_\_.

Please complete and mail us your CA-7 form, and we will send you a check.

OR

You can come in and fill out your **CA-7** form. Once we have received your completed CA-7 form, then we will send you your check.

Our office is at \_\_\_\_\_. You should go to Window for help.

If you need help from us, you can call \_\_\_\_\_ and ask for \_\_\_\_\_  
\_\_\_\_\_.

THANKS!. We look forward to hearing from you soon.