

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



October 25, 1990

ALL COUNTY INFORMATION NOTICE NO. I-83-90

TO: All County Directors
All County Civil Rights Coordinators

SUBJECT: CIVIL RIGHTS PLAN UPDATES

The purpose of this All County Information Notice is to incorporate revisions and additions to the Civil Rights Plan Update Guidelines which will more accurately reflect the activities Counties are conducting to implement the SDSS Division 21 Civil Rights regulations.

The primary reason for revision of the Civil Rights Plan Update Guidelines is that the SDSS Civil Rights Bureau has noticed that recent CRP's do not have sufficient data with which to accurately assess the compliance of many Counties. One specific area of concern is the lack of accurate ethnic origin and primary language data in the Social Services programs. Most Counties are combining all Services programs making it impossible to evaluate a County's compliance with the requirements in Manual Section 21-115.

We wish to bring to the attention of Civil Rights Coordinators the need to adhere to the guidelines in preparing the Civil Rights Plan Updates.

If you would like additional copies for your staff or have questions, please contact your Civil Rights liaison analyst at (916) 322-4134.

A handwritten signature in cursive script that reads 'Robert Garcia'.

ROBERT GARCIA
Deputy Director
Administration

Attachment

cc: CWDA

CIVIL RIGHTS PLAN UPDATE GUIDELINES

State Department of Social Services
Civil Rights Bureau
Rev. September 1990

CIVIL RIGHTS PLAN UPDATE GUIDELINES

In accordance with the DSS Manual of Policies and Procedures Division 21 (Section 21-201.22), each County Welfare Department (CWD) is required to submit an annual Civil Rights Plan Update to the DSS Civil Rights Bureau. The update is to provide current information regarding the CWDs' plan to maintain compliance with MPP Division 21; to identify the portions that have remained the same; and to indicate changes necessary for continued compliance in the coming year.

These guidelines were developed to provide consistency, and to facilitate the plan review process. Please use this format in preparing your annual plan update. Changes from the previous plan should be described in detail. Portion(s) that do not have changes should be either summarized or repeated from the previous plan.

I. Assurance of Compliance Statement

The annual update shall include an Assurance of Compliance Statement. This statement, when signed by the Director of the CWD certifies that the CWD will maintain compliance with the requirements of MPP Division 21. This statement may be either incorporated in the body of the annual update or attached as a separate document. (See attached copy of Assurance of Compliance Statement)

Note: As this is a legal document, send the Assurance of Compliance Statement with the Director's original signature and not a photocopy.

II. Assignment of Resources (21-201.1)

- A. Provide the name of the Civil Rights Coordinator and number of personnel allocated to the implementation of the Civil Rights Program.

Example: 1 - Civil Rights Coordinator - (Name)
3 - Complaint Investigators

State whether the number of allocated personnel has increased/decreased, or remains at the same level as in the previous year.

- B. If personnel allocated to the Civil Rights Program have responsibilities in areas other than civil rights, please list those responsibilities and provide the percentage of time allocated to civil rights by each individual.

Example:

<u>Position</u>	<u>% of Time to C.R.</u>	<u>Other Responsibility</u>
CR Coordinator	50%	Staff Development
CR Investigator	20%	Social Worker Supv.

- C. Please submit a departmental organization chart, identifying and showing the reporting level of the Civil Rights Unit.

III. Community Profile

- A. Provide a brief narrative describing any unusual or significant county or community characteristics or circumstances which affect, or may affect, the equal delivery of services.

Example: Significant low-income population shift to areas further removed from CWD facility; discontinuance or reduction of public transportation, making it difficult for applicants/recipients to travel to a CWD facility; significant increase in low-income population; proposed relocation of CWD facility which may affect services in either a positive or negative manner.

- B. Client Demographic Information - Provide Ethnic Origin data as shown in Example I - A & B (adjust to nearest %):

AFDC	Family Maintenance
NAFS	Family Reunification
GAIN	Permanent Placement
RCA/RDP	Emergency Response
	IHSS

EXAMPLE I - A

ETHNIC ORIGIN OF WELFARE POPULATION BY PROGRAM COUNTYWIDE

	AFDC		Social Services		N.A. Food Stamp	
	#	%	#	%	#	%
White	20	11	20	21	10	12
Hispanic	30	16	13	14	10	12
Black	50	27	11	12	25	30
Other Asian or Pac. Islander	15	8	10	11	8	10
Amer. Indian or Alaskan Native	23	12	23	24	10	12
Filipino	10	6	0	0	2	2
Chinese	0	0	2	2	0	0
Cambodian	5	3	2	2	2	2
Japanese	0	0	4	4	1	1
Korean	0	0	2	2	0	0
Samoan	0	0	2	2	0	0
Asian Indian	5	3	0	0	2	2
Hawaiian	0	0	2	2	0	0
Guamanian	0	0	0	0	0	0
Laotian	20	11	4	4	5	6
Vietnamese	5	3	0	0	8	10
Total	183	100	95	100	83	99

EXAMPLE I - B

ETHNIC ORIGIN OF WELFARE POPULATION BY PROGRAM
COUNTYWIDE

	GAIN		RCA		TOTAL	
	#	%	#	%	#	%
White	10	17			60	12
Hispanic	15	25			68	13
Black	15	25			101	19
Other Asian or Pac. Islander	2	3			35	7
Amer. Indian or Alaskan Native	5	9			50	10
Filipino	2	3			14	3
Chinese	0	0			2	0
Cambodian	2	3	25	22	36	7
Japanese	0	0			5	1
Korean	0	0			2	0
Samoan	0	0			2	0
Asian Indian	2	3			9	2
Hawaiian	0	0			2	0
Guamanian	0	0			0	0
Laotian	5	9	40	35	74	14
Vietnamese	1	2	50	43	64	12
Total	59	99	115	100	524	100

IV. Dissemination of Information (21-107)

Describe the procedures used to inform applicants/recipients of the Civil Rights Program. Include procedures for informing non-English speaking persons and persons having impaired vision or hearing.

Example: Bilingual posters and pamphlets, newspaper articles, taped material, public service radio and television announcements, including closed-captioned T.V. announcements.

V. Services to non-English Speaking and Handicapped Applicants/Recipients (21-115)

A. Describe the procedures used to inform non-English speaking and hearing impaired applicants/recipients of the availability of bilingual services.

- B. Summarize the key components of your bilingual services procedure. This procedure should, as a minimum, include the methods used to (1) identify an applicant's/recipient's primary language, (2) communicate with non-English speaking and hearing impaired applicants/recipients, and (3) transfer cases with a non-English primary language designation.
- C. Provide Primary Language Data as Shown (Adjust to nearest %):

Please note that in the following example the primary language data is shown as "countywide" data. If the CWD provides services in more than one location (a "main office" and one or more "district" offices), this data must also be provided for the main office and each district office, as well as the countywide data. Identify each set of data by office name and location.

The example shown on next page (Example II) does not reflect all the language categories possible in California. The following is a list of the languages and codes being used for reporting on the ABCD 350 report and as found on the application forms:

LANGUAGE CODES

0 - American Sign Language (ASL)	1 - Spanish
2 - Cantonese	3 - Japanese
4 - Korean	5 - Tagalog
6 - Other non-English	7 - English
8 - No valid data reported (MEDS generated)	9 - Not a valid value
A - Other Sign Language	B - Mandarin
C - Other Chinese Languages	D - Cambodian
E - Armenian	F - Ilacano
G - Mien	H - Hmong
I - Lao	J - Turkish
K - Hebrew	L - French
M - Polish	N - Russian
O - Not a valid Value	P - Portuguese
Q - Italian	R - Arabic
S - Samoan	T - Thai
U - Farsi	V - Vietnamese

If your County has a group of applicants/recipients who have a primary language which does not fall into one of the coded categories above, report it in the category for "Other" (6) and identify the language.

EXAMPLE II

PRIMARY LANGUAGE OF WELFARE POPULATION BY PROGRAM
COUNTYWIDE

	AFDC		N.A. Food Stamp		GAIN		RCA		IHSS	
	#	%	#	%	#	%	#	%	#	%
English	14,788	66	1,792	74	4,436	66	0	0	2,465	75
Spanish	1,652	7	363	15	490	7	0	0	565	17
Laotian	146	1	2	0	43	1	32	9	0	0
Hmong	46	0	0	0	13	0	5	1	0	0
Chinese										
(Mandarin)	279	1	36	2	70	1	0	0	75	2
Vietnamese	4,647	21	214	9	1,390	21	266	75	158	5
Cambodian	730	3	15	0	210	3	6	2	9	0
Russian	220	1	5	0	66	1	41	12	4	0
Polish	60	0	0	0	0	0	3	1	0	0
American Sign Language	14	0	0	0	0	0	0	0	4	0
Other (German)	1	0	0	0	1	0	0	0	0	0
Total	22,583	100	2,427	100	6,719	100	353	100	3,280	99

EXAMPLE II (Continued)

PRIMARY LANGUAGE OF WELFARE POPULATION BY PROGRAM
COUNTYWIDE

	Family Maint.		Family Reun.		Perm. Place.		Emerg. Resp.		Total	
	#	%	#	%	#	%	#	%	#	%
English	1,161	93	1,155	97	1,645	91	1,660	96	29,102	70
Spanish	66	5	35	3	83	5	60	4	3,314	8
Laotian	0	0	0	0	1	0	0	0	224	1
Hmong	0	0	0	0	0	0	0	0	64	0
Chinese										
(Mandarin)	0	0	0	0	2	0	0	0	462	1
Vietnamese	13	1	5	0	73	4	4	0	6,770	16
Cambodian	2	0	0	0	0	0	2	0	974	2
Russian	0	0	0	0	0	0	1	0	337	1
Polish	0	0	0	0	0	0	0	0	63	0
American Sign Language	0	0	0	0	1	0	1	0	20	0
Other (German)	1	0	1	0	0	0	1	0	5	0
Total	1,243	99	1,196	100	1,805	100	1,728	100	41,335	99

U. Provide the number of public contact staff by program and office(s) as required by Division 21-115.14.

1. If any program has less than 5 percent non-English speaking recipients, list that program by title and give the number of staff in each occupational category. Enter "0" under the heading "Bilingual Staff Required".
2. In programs having 5 percent or more non-English speaking recipients, list that program by title, language and percentage, and the number of staff in each occupational category. Using the formula specified in Division 21-115.14, calculate the number of bilingual staff required. List the number of staff proficient in this language, and the hiring goal. This calculation must be repeated for each non-English speaking group of 5 percent or more within each program (see example). (Note: Please refer to the Handbook examples in Sections 21-115.14 and .141)
3. Submit staffing statistics for the following programs:

AFDC	Family Maintenance
NAFS	Family Reunification
GAIN	Permanent Placement
RCA/RDP	Emergency Response
IHSS	All Others

Example

"Main" Office (Address)	Total Staff	Bilingual Staff Required	Number of Bilingual Staff	Hiring Goal
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AFDC

Spanish-Speaking
Clients 7%

Elig. Supervisor	7	1	0	1
Elig. Workers	68	5	0	5
Welfare Aids	2	1	0	1
Clerks	7	1	0	1
Receptionists	2	1	0	1

<u>"Main" Office (Address)</u>	<u>Total Staff</u>	<u>Bilingual Staff Required</u>	<u>Number of Bilingual Staff</u>	<u>Hiring Goal</u>
<u>IHSS (by specific category)</u>				
<u>Chinese-Speaking</u>				
Clients 2%				
Social Supervisor	2	N/A	0	N/A
Social Workers	23	N/A	1	N/A
Welfare Aids	2	N/A	0	N/A
Clerks	5	N/A	0	N/A
Receptionists	1	N/A	0	N/A
<u>FOOD STAMPS</u>				
<u>Spanish-speaking</u>				
Clients 15%				
Elig. Supervisor	7	1	0	1
Elig. Workers	46	7	4	3
Welfare Aids	2	1	1	0
Clerks	7	1	0	1
Receptionists	2	1	1	0
<u>GAIN</u>				
<u>Vietnamese-Speaking</u>				
Clients 21%				
Elig. Supervisor	7	7	1	0
Elig. Workers	46	7	2	5
Welfare Aids	2	1	0	1
Clerks	7	1	1	0
Receptionists	2	1	0	1

Repeat statistical breakout for all programs.

E. Division 21-115.15 requires that CWDs with less than five percent non-English-speaking recipients must provide bilingual services. If any one, or all of your programs, has less than five percent non-English-speaking recipients, please submit a brief narrative describing your procedure for providing services to non-English-speaking persons, including deaf and hearing impaired. As a part of this narrative, list employees with second language skills. As dictated by the size and organization of the County, this should be shown by district office, program, and occupational group. The following is an example for a smaller County with one office.

<u>"Main" Office Language</u>	<u>Occupational Group</u>	<u>Number</u>
Tagalog	Social Worker	1
	Clerk	<u>2</u>
		3
German	Eligibility Worker	3
	Eligibility Supervisor	<u>1</u>
		4
French	Eligibility Worker	1
	Clerk	<u>1</u>
		2
American Sign Language	Social Worker	1
Mandarin or Cantonese	Social Worker	2
Japanese	Eligibility Worker	1
	Clerk	<u>1</u>
		2
Vietnamese	Eligibility Supervisor	1
	Clerk	<u>1</u>
		2

(List any other language skills not shown above)

F. Division 21-115.5 requires that CWDs ensure that all programs are readily accessible to handicapped persons. Please provide a narrative describing your procedure for ensuring equal accessibility. In addition, submit the following:

1. List all offices readily accessible to handicapped persons.
2. For each inaccessible office, provide the following:
 - a. Name and address of office
 - b. Description of problem which prohibits accessibility
 - c. Brief description of structural modifications needed to provide accessibility
 - d. Projected date for completion of modifications.
3. Submit a brief description of structural modifications completed during the previous plan year (ramps, doors, rest rooms, etc.)
4. If structural modifications are impractical, what procedures have been developed to provide services by:
 - a. Home visits
 - b. Services at alternate accessible sites
 - c. Other.

vI. Staff Development and Training (21-117)

Regulations require that all public contact employees be given cultural awareness training and Division 21 training. Please provide the following information pertaining to the training conducted during the period of your prior year's Civil Rights Plan:

- A. A brief description of each training program, including whether the training was:
 - 1. Mandatory or optional
 - 2. Orientation (new employees), continuing, or other
 - 3. Conducted by CWD staff or other agency.
- B. Dates training given.
- C. Number of public contact staff in attendance.
- D. Number of hours for each type of training.
- E. Brief summary or analysis of the effectiveness/value of the training.
- F. If training has not been conducted as required, please state the reason.
- G. Describe plans for training proposed during the effective dates covered by this Civil Rights Plan Update.

VII. Discrimination Complaint Process (21-203)

Please submit a copy of your discrimination complaint procedure which implements current regulatory requirements.

- A. Provide a summary report of all discrimination complaints processed during the previous plan year. The summary should contain information which includes: the case number, basis for which the complaint was filed, the programs involved, whether the complaint was resolved prior to entering the investigative process (21-203.21), and the final disposition of the complaint.

<u>Case Number</u>	<u>Basis</u>	<u>Program</u>	<u>Early Resolution</u>	<u>Disposition</u>
00000	Race	AFDC	Yes	Withdrawn
00000	Marital Status	Food Stamps	No	No Discrimination found
00000	Religion	Soc. Serv.	No	Client's favor

- VIII. Please include a brief summary of any non-mandated civil rights related programs, activities, etc., which have been developed to provide additional or expanded services to applicants/recipients.