

## A History of Human Helping

1. What was the belief about mental illness in the middle ages? People believed that mental illness was caused by evil spirits. Feudal Lords maintained responsibility of their wards
2. What agency provided human services in the 1500s? Why? The Catholic Church was the Authority Figure responsible for Guiding their A.D. World Order.
3. What was done to the mentally ill in the early history of Human Services? How were people treated? Early forms of "treatment" focused on ridding the body of "evil" spirits via holes in their head, exorcisms, chaining, beating, starving, etc. Hell yea, Jesus Saves - or suffer torture!
4. Explain the Elizabethan Poor Law Legislation in 1600's specified who was responsible for who, for the ensuing 350 yrs. under the pretense of "mounting a large-scale attack on poverty", the belief in the right of public assistance was established.
5. What shifted in Human Services during the Colonial America period in the US? Large scale immigration, rapid industrialization, and widespread urbanization, brought corresponding poverty and Elizabethan 'intitlement' services.
6. What happened in the 19<sup>th</sup> century that impacted Human Services? The decline of feudalism, the growth of commerce and the beginning of industrialization, i.e. a new world order of Consumerism. The Industrial Revolution relocating rural to urban culture. Poor Law Reform Bill
7. What are Social Philosophies?
  - a. Individualism? The individual is solely responsible for conditions of existence. Hard work was the road to success and poverty was the sign of spiritual weakness
  - b. Laissez-faire? a concept of "live and let live", negating societies responsibilities.
  - c. Social Darwinism? Live and let live = survival of the fittest! Any attempt to help the less fortunate would impede progress and facilitate survival of the "unfit"
8. How/when and why did probation come about? 1831 began Supervision by Sheriffs. ~~1841~~
9. Who was Dorothea Dix and what impact did she have on Human Services? A pioneer in improving conditions and services for people with mental illness during the 19<sup>th</sup> century. 1843-1853, her "decade of victory" established state hospitals in nine states.
10. How and why did Child Welfare come about? After the 1830's the number of juvi institutions multiplied as the public demanded the removal of children from almshouses. Overcrowded conditions and poor care prompted the establishment of a system that placed children in private homes.
11. What is the WHO? Why is it important? World Health Org. established a strong mental health agenda for low and middle income populations - They've outlined the barriers to providing mental health to those in developing countries.
12. Give an example of 2 different reforming organizations and their positive/negative impacts. The Organized Charity Movement aimed to eliminate fraud cases. Charity Org Society believed public did actually encouraged people to remain poor. The supported systematic distribution. The Settlement House Movement believed in social engineering co-operation all the time.
13. What happened in the 20<sup>th</sup> century that impacted Human Services? Federal legislation! Settlement house and Charity Org Society workers became Social Workers, the fields of welfare, mental health, child guidance and probation became professionalized.

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1. What happened in the 1930's that impacted Human Services? *The Great Depression / The New Deal*
2. How and why was the federal government involved? Was this a good or bad thing? Why? *The first focus was to provide short-term aid to the unemployed. The second focus was the enactment of the Social Security Act. These were good in concept but bad as "entitlement"-type Socialistic welfare State incentives.*
3. What is the NIMH and what was their purpose? *National Mental Health Act 1946  
National Institute of Mental Health  
Its function to study the causes, prevention, and treatment of mental illness and support training of psychs and social workers*
4. What impact did Presidents Kennedy and Johnson have on Human Services? *Kennedy set the tone for the eradication of poverty, and focused on the problem of mental health establishing Community Mental Health Centers. Johnson assumed the legacy of Kennedy, and declared war on poverty in order to create a "Great Society" with more socialist programs.*
5. How did President Nixon impact Human Services? *Nixon's New Federalism called for individuals to assume responsibility for their own situations*
6. Explain the government's relationship with Human Services and other activities today? *From the 30's to the 80's Social policy was for Govt to assume responsibility for disabled citizens, From 80's to present Govt decreased human services, aka Welfare Reform.*
7. How and why did Medicare and Medicaid come about? *1965's "Great Socialist Society" provides health insurance for people over 65 (Medicare), and Medicaid assist States help medically indigent citizens receive medical care.*
8. What Happened in the Human Services Movement? *1960 Great Society swelled public dole programs and service workers. We entered the Socialist Era of Affirmative Action.*
9. What function did NOHS and CSHSE have? *NOHS = NATIONAL ORG for HUMAN SERVICES, and the Council for Standards in Human Service Education, both credentialled "professionalism". Essentially their function was as any Trade Union serves.*
10. What was President Carter's impact on Human Services? *The creation of the Dept. of Health & Hum Services and his appointment of the President's Commission on Mental Health*
11. What impact did proposition 13 have on Human Services? *Human Service workers served larger case loads - and Existing programs were cut back.*
12. What are the good and bad of Welfare Reform? *Govt - Service Workers bilking tax payers have co dependency relationship with dysfunctional clients. Reform endeavors to rescue Human Service Clients from Human Service Workers (i.e. PRWORA)*
13. What is managed care and its influence on Human Services? *Managed Care is a term used to describe a set of tools or methods designed to manage resources and deliver human services. Managed Care influences the delivery of services by regulating professionals.*
14. What is Gatekeeping? *is a method used to control access to services / referral system. Gatekeepers are another level of Human Service Bureaucracy.*
15. What are some of the policy changes that took places in the 21<sup>st</sup> century and their impacts on Human services? *OBAMA CARE - Pharma PAC special interest arrangements with insurance industry. The Affordable Care Act insures every one who pays to plan, if they need it or not.*
16. Know the key terms from this chapter.

# A History of Helping

Whispers

CH. 2

Goehler

## Self-Assessment

- Describe the major characteristics of helping those in need prior to the Middle Ages, during the Middle Ages, and immediately following the Middle Ages.

~~A-~~ Feudal lords maintained responsibility for care of the poor and sick people who lived on their lands. During the Middle Ages, needy people received aid from the Church, Hospitals, and/or Insane Asylums. Immediately following the Middle Ages, Government assumed responsibility.

- Explain how the Elizabethan Poor Laws influenced colonial America's approach to helping the poor and needy.

A- The four principles that formed the basis of the local practice of poor relief: Public Responsibility, Legal Residence, Family, Legislation.

~~2/2~~ Public relief was supported by individuals and groups who donated resources to institutions - or directly to needy people. Much assistance took the form of neighborly kindness or mutual aid. As populations grew, so did the number of indigents, idlers, criminals, orphans, and others who needed assistance. The colonists used the Elizabethan Poor Laws as a model of how to meet the needs of those individuals.

- Trace the development of care for the mentally ill and children from the 1850's to the 1930's.

~~Good!~~ A- In 1854 the U.S. Congress declared care for the mentally ill was the responsibility of the State. Later, states began upgrading out-patient clinics. In 1935, FDR introduced the Social Security Act, which fundamentally changed the federal government's role in providing services.

- How was the federal government involved in human services from the 1930's to the present?

A- Human services as we know it today began with the impact of World War I and II. By the end of WW<sup>II</sup> 'clinical psychology' was created, and the development of professions that trained social service workers began. As a result, the federal govt. increased its financial commitment to those in need.

# A History of Helping

Whispers

Ch. 2

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cont.

## Self Assessment

The Great Depression also introduced New Deal legislation that fundamentally changed the fed. govt. role in providing human services. The Social Security Act of 1935, the cornerstone of the American social welfare system was passed, and the policy of federal aid to states began - thus closing the door on three centuries of the "poor law" principle of local responsibility.

- In what ways has major legislation influenced the development of human services?

A- With FDR's New Deal legislation enacting the Social Security entitlement programs of social insurance, public assistance, and health & welfare services, - it only took a decade for the social welfare system to focus upon National Mental Health Acts which naturally attribute mental illness to the need of a new industry of psychs! "a national mental health program should set as an objective one fully staffed, full-time mental health clinic available to each 50,000 of population". A major impact of the Mental Health Study Act of 1955 on the human service movement was that it acknowledged the personnel shortage that existed, suggested a new type of mental health worker who could be trained in less time, and recommended a setting in which such new workers could be utilized effectively. The conditions that encouraged this immediate action (in 1955!!) were an awareness of the increasing numbers of people with mental health problems, the rising cost of institutional care, and the need for more effective use of personnel, treatment facilities and treatment.

Its very unfortunate for a nation of lamebrains who know nothing of Project Paperclip and the Psychiatric Permeation of American Society after World War II, that they've trusted politicians who'd sold them out to social engineers who have built a pharmaceutical empire from hell!

Interesting  
Perspective

Whispers

## Reflection Ch. 2

Goehler

### • Significant Legislation impacting Human Services:

1946 National Mental Health Act (Public Law 79-487)  
Created a Mental Hygiene Division within the US Public Health Service, which later became National Institute of Mental Health.

This was significant in that it emphasized preventive health measures, and assisted in the development of state and community health services.

1955 Mental Health Study Act (Public Law 84-82)  
provided funding for a joint commission to analyze and evaluate the needs and resources of the mentally ill, and make recommendations for training, research, facilities and programs.

These early legislative efforts signify that the Govt. decided that the social paradigm shift from rural to urban economies produced too great a culture shock to be ignored and consequently found that professional intervention was necessary to restore a sense of security. Big brother has taken responsibility to "MELP" dysfunctional come to terms with this New World Order.

True

Significant legislation!

Not sure about the New World Order

## Summary of Settlement Terms in *Ashker v. Brown* (Governor of California)

When *Ashker v. Brown* (Governor of California) was filed as a class action in 2012, California held thousands of prisoners in solitary confinement, in Security Housing Units (SHU). Hundreds of these prisoners had been isolated for decades. They spent nearly 24-hours-per-day in cramped cells, often without windows, and were denied phone calls, all physical contact with visitors, and recreational, educational, and vocational programming. Additionally, many of the prisoners languishing in SHUs were there not due to any rule infraction, but because of their alleged affiliation with a gang, often based on the evidence as innocuous as having supposedly gang-related artwork or tattoos.

In 2012, CCR joined the lawsuit originally filed by prisoners in the SHU at Pelican Bay State Prison to challenge this practice. In September 2015, the case was settled, and far-reaching reforms were ordered. These reforms are expected to dramatically reduce the number of prisoners currently detained in the SHU and limit the way SHU confinement is used going forward. Ultimately, these reforms are the result not merely of litigation, but of a widespread community effort led by prisoners and their families.

**1. The settlement transforms California's use of solitary confinement from a status-based system to a behavior-based system.** Under California's old regime, prisoners identified as gang affiliates were sent to SHU for an indefinite term based merely on their gang affiliation, regardless of whether they had ever violated a prison rule. The settlement transforms California's use of solitary confinement from a status-based system to a behavior-based system: from now on, California will only send gang-validated prisoners to SHU if they are found guilty, at a hearing, of a serious "SHU-eligible" rule violation.

These violations are now limited to the same violations that send non-gang-validated prisoners to the SHU: murder, violence against persons, threats to kill or assault, weapons possession, distribution of controlled substances, escape, disturbance, riot or strike, harassment, gang activity that leads to a serious rule violation, serious theft or destruction of property, extortion or bribery, certain sexual misconduct, and related attempts or conspiracy.

**2. Validated gang affiliates who are found guilty of a SHU-eligible offense will enter a quicker two-year SHU step-down program for return to general population after serving their determinate SHU term.**

Prisoners validated as gang affiliates in California used to face indefinite SHU confinement, with a review for possible release to general population only once every six years. Even when such reviews occurred, a single piece of evidence of alleged continued gang affiliation led to another six years of solitary confinement. That evidence was often as problematic as the original evidence used to send them to SHU – for example, a book, a poem, or a tattoo that was deemed to be gang-related. As a result, California held more people in solitary confinement, for longer periods of time, than any other state in the country.

Under the settlement, California will no longer impose indeterminate SHU sentences. Instead, after serving a determinate sentence for a SHU-eligible offense, validated gang affiliates whose offense was proven to be related to gang activities will be transferred to a two-year, four-step program. Prisoners will definitely be released to a general population prison setting after two years unless they commit another SHU-eligible offense while in the step-down program. While conditions at the steps remain harsh, prisoners will be allowed some telephone calls and rehabilitative programming at each step.

This new step-down program improves upon interim reforms unilaterally promulgated by the state after the *Ashker* complaint was filed. It cuts in half the time in the program from four to two years; provides increased phone calls, other privileges, and out-of-cell programming in the steps; and eliminates prisoners being kept in the SHU for either minor infractions or failure to engage in required behavioral programming.

Under this settlement, those prisoners who have refused to participate in step-down programming, or who have been found guilty of numerous acts of misconduct that don't rise to the level of a SHU-eligible offense, will be transferred to a new unit established as an alternative to solitary: a Restricted Custody General Population Unit (RCGP). In this unit, described below, they will have the opportunity to complete the step-down program in a high-security but non-solitary unit, and earn release into general population.

**3. California will review all current gang-validated SHU prisoners within one year to determine whether they should be released from solitary under the settlement terms. It is estimated by CDCR that the vast majority of such prisoners will be released to general population. In addition, virtually all of those prisoners who have spent more than 10 years in solitary will be immediately released to a general-population setting, even if they have committed recent serious misconduct.**

The settlement requires speedy review of all prisoners currently held in a California SHU based on gang affiliation. *With very limited exceptions, described below, those who have not been found guilty of a SHU-eligible offense within the last two years will be immediately released to a general-population unit.* Those with a recent SHU-eligible offense will be placed at the appropriate step of the step-down program, based on the date of the rule violation. It is currently estimated that only a small minority of those currently held in a SHU based

on gang affiliation have a recent SHU-eligible offense, so that the overwhelming majority of prisoners should be released into general population under this settlement.

In addition, California has implicitly recognized the harm to prisoners from very prolonged solitary confinement by agreeing that those prisoners who have already spent 10 or more continuous years in the SHU will generally be immediately released from the SHU and placed in the RCGP to complete the step-down program – even if they have been found guilty of, or are still serving a sentence for, a recent gang-related SHU offense. Nor will anyone be involuntarily held in the Pelican Bay SHU for longer than five years for any reason. Even those prisoners who have been incarcerated in the SHU for more than 10 years and are currently serving a determinate SHU sentence for serious misconduct will be released to the RCGP to complete their SHU sentence and the step-down program unless California can show by a preponderance of the evidence that to do so would pose an unreasonable security risk.

#### **4. California will create a new Restricted Custody General Population Unit (RCGP) as a secure alternative to solitary confinement.**

The RCGP is a general-population unit designed to facilitate positive and meaningful social interactions for prisoners about whom California has serious security concerns, such that they would otherwise be placed in solitary confinement. As such, it may serve as a model for jurisdictions seeking to do away with solitary confinement altogether, while still ensuring prison security.

As part of a general-population unit, RCGP prisoners will be allowed to move around the unit without restraints, will be afforded as much out-of-cell time as other general-population prisoners, and will be able to receive contact visits. As a very high-security, restrictive-custody unit, its group activities will generally be in small groups, instead of large yards. For example, RCGP prisoners will have access to educational courses, a small-group recreation yard, small-group leisure activities and programming, some job opportunities and phone calls. Programming will be designed to provide increased opportunities for positive social interaction with both other prisoners and staff. Three categories of prisoners will be sent to the RCGP: first, those who repeatedly violate prison rules while in the step-down program or refuse to take part in step-down programming; second, those who have spent over 10 continuous years in some form of solitary confinement and have recently committed a SHU-eligible offense; and third, prisoners against whom there is a substantial threat to their personal safety that limits their ability to be released into other general-population units.

#### **5. Very prolonged solitary confinement will be severely limited and those confined provided significantly more out-of-cell time.**

Because this settlement ends the prior practice of indeterminate SHU sentences for validated prisoners, generally prisoners will not be kept in the SHU for more than 10 continuous years, with a limited exception, called Administrative SHU. The settlement limits and ameliorates such prolonged solitary confinement by (a) setting up strict criteria for its use, (b) requiring increased out-of-cell time, and (c) providing for strong judicial review of its use. For example, where the Departmental Review Board has overwhelming evidence that a prisoner who has already served a SHU term presents an immediate threat such that he cannot be placed in general population, he can be kept in the SHU. Even in such instances, CDCR shall provide enhanced out-of-cell recreation and programming of a combined total of 20 hours per week, double the out-of-cell time of other SHU prisoners. During the agreement, CDCR's decision is subject to review by Magistrate Judge Vadas, who is monitoring implementation of the settlement with plaintiffs' counsel. The agreement states that CDCR's expectation is that only a small number of prisoners will be retained in Administrative SHU. The Administrative SHU prisoners will have 180-day reviews in which staff will be required to identify efforts to move the prisoner to a less restrictive environment with the assumption being that these prisoners would be candidates to be moved to the RCGP.

In addition, no prisoner may be held involuntarily at Pelican Bay SHU for more than 5 years.

#### **6. Prisoner representatives will work with plaintiffs' counsel and the magistrate judge to monitor implementation of the settlement.**

The struggle to reform California's use of solitary confinement has always been a prisoner-led movement. Indeed, the settlement was negotiated with the active participation of the prisoner representatives, who met as a group several times with counsel via conference phone calls, and who ultimately decided as a group to ratify the agreement. Under this settlement, prisoner representatives will retain their hard-won seat at the table to regularly meet with California prison officials to review the progress of the settlement, discuss programming and step-down program improvements, and monitor prison conditions. Plaintiffs' counsel will receive regular documentation of all administrative-SHU and step-down placements, progress, and SHU-eligible rule violations. Along with Magistrate Judge Vadas, plaintiffs' counsel will monitor all aspects of the settlement implementation. Magistrate Judge Vadas will be empowered to review and remedy any individual or systemic violations of the agreement. In addition, the settlement continues the ability of the prisoner representatives from around the state to confer as a group in a conference call with counsel to discuss the implementation and monitoring of the agreement. The settlement also requires re-training of California correctional staff, and prohibits any retaliation for prisoners' past and future involvement in the litigation or settlement monitoring.

The monitoring process under the settlement will be in effect for 24 months, with the opportunity to seek additional 12-month extensions upon a showing of continuing constitutional violations.