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**A GUIDE FOR THE
DEVELOPMENT OF GUAM'S
SOCIAL WELFARE
POLICIES AND SERVICES**



BUREAU OF PLANNING
GOVERNMENT OF GUAM
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INTRODUCTION

In response to P.L. 12-200, as amended, which requires the preparation of elements of a comprehensive development plan, the Bureau of Planning contacted various government and private organizations to participate in the preparation of a welfare component for Guam. Following the inception of the Plan Development Committee, a major shift in the Federal Government's long standing approach to the delivery of welfare services and programs occurred. Although changes in federal welfare policies have not been finalized, they will significantly impact upon the Territory's approach in satisfying its residents' needs.

A significant portion of the proposed welfare component was completed by the Plan Development Committee prior to the announcement of new policy changes. After assessing the work that was completed, it was felt that this work would be useful in the light of new policy directions. Consequently, it was decided that the completed sections, supplemented with a discussion of the policy changes and their perceived impacts for Guam, should be produced.

This report is intended to serve the following purposes:

- 1) to assist policy-makers and support staff in assessing the impacts of the federal government's new policy direction; and
- 2) to guide administrators in formulating welfare programs that cater to the unique needs of Guam's residents.

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SOCIAL WELFARE

"Social Welfare" is used to mean those conditions which reflect the level of social well-being of the people. It denotes the full range of activities of formal and informal systems that seek to prevent, alleviate or contribute to the solution of social problems, thus improving the level of the people's well-being. Such activities should:

- a) be oriented toward involving people in the change process to the fullest extent possible;
- b) be multi-faceted and use a wide array of professionals, para-professionals and traditional helpers; and
- c) protect and promote the traditional value and concept of mutual assistance.

"Social welfare" is used to mean those conditions which reflect the level of social well-being of the people, but which do not fall within the scope of what is usually thought of as education, health or religion. No precise definition has been attempted nor is one deemed desirable, as all aspects of living conditions should be seen as inter-related and not compartmentalized.

The range of activities necessary to prevent, alleviate or contribute to the solution of social problems is broad. They are activities not ordinarily considered as education, health or religious. They may be services to or on behalf of individuals, families, small groups, institutions, villages or the larger community, the Territory itself. They may be governmental or voluntary and may be furnished by educational, health or community organizations. Examples include development of social policies, planning for social services, community self-development, individual and family counseling, delinquency prevention, social rehabilitation, housing for low income families, disaster and refugee relief, social research, social aspects of family planning, protection and care of children, labor welfare measures, social insurance, services to the aged and youth programs.

This definition emphasizes certain value orientations:

First, that social welfare activities be oriented toward involving people--whether it is at the individual, family, small group, village or community level--in the change process to the fullest extent possible.

Culturally, Guam ascribes to the principle that each person's needs must be met in a way which affirms the person's dignity and self-esteem. Traditionally, these needs were met through the informal system of the extended family. Under this system a social responsibility to be involved and to resolve problems collectively existed.

The appearance of public assistance programs reflects an increased emphasis on governmental responsibility rather than this sense of collective responsibility. There exists a tendency to leave decision-making to policymakers, or for policymakers to engage in exclusive decision-making.

Self-determination must be encouraged at all levels of social welfare activities in order to promote both independence and inter-dependence.

Second, that the range of social welfare activities is necessarily broad due to the range of social problems created by the impact of rapid social change. It is recognized that some facets of this impact require new and innovative solutions and the development of professional expertise. Consequently, professionals such as physicians, nurses, lawyers, educators, engineers and social workers are needed.

However, it is also recognized that traditional systems, such as the extended family, the Church, clan-leaders, village commissioners and suruhanus should continue to play a vital role and are an invaluable resource in the development of a social welfare system which affirms the unique characteristics of the island's culture. The selection of new and innovative solutions should be made with a

sound understanding of the foundation of helping which has developed through time and with a concern for strengthening those traditional values, beliefs and practices which are important to retain.

Third, that one of the traditional values and concepts that should be strengthened is that of mutual assistance.

The traditional Chamorro culture centered around strong family ties and mutual responsibilities. The facets of the familia concept were many--for example, what belonged to one family member, belonged to everyone. Resources, which included earnings, were put into a common pot which was controlled by the matriarch for the welfare of the entire family. This ensured that everyone's needs had equal consideration. This tradition also meant that, no matter what ills or problems might occur, the extended family would take care of its own. In fact, outside help was considered interference and often resented. If a family member was in trouble of any kind, the family would get him out of it and if a member became ill, each member did his part to care for him.

Like families, neighbors were important in a variety of ways. They served as a source of information and provided assistance when needed. The relationship was not so much a dependence, but one of assurance that in time of need someone would be there to help.

Although the familia concept of mutual assistance has undergone change since World War II, it continues to play a significant role in the lifestyle of Guam's residents. This traditional concept does not have to be limited to a person-to-person interaction, as in the case of one family member assisting another, it can also be applied to a person-to-institution interaction, as in the case of a person providing a community service in the return for public assistance.

HISTORICAL OVERVIEW OF THE DEVELOPMENT OF SOCIAL WELFARE SERVICES ON GUAM

Social Welfare, with regard to the administration of relief to the poor, was not established on Guam until early in the twentieth century. Like elsewhere, the maintenance of the physical and social well-being of Guam's people has shifted from the family to private organizations and finally to the public sector. In the early history of Guam, the people were able to maintain themselves in an independent manner and their needs were met in a simple, natural way. With the change in political ties, the consequences of World War II, the radical changes which have occurred in the island's social and economic structure since the war and the influx of immigrants from the East and West, the provision for the well-being of Guam's population has become complicated and more costly. Problems that had formally been dealt with by exchanging labor for material goods or by giving commodities to those considered needy must now be resolved through a bureaucratic system of financial aid.

SPANISH ERA

During the Spanish administration of Guam, the people of Guam lived off the land for food and used money as a status symbol. During this time, it was felt that anyone who would use money to purchase food was lazy.¹ Although the Spanish perceived the indigenous population as living in poverty, the people were satisfied with their subsistence form of living. Most Chamorro households were based upon a communal living arrangement and if there was a member in need, the family would meet the needs of that member. According to Thompson:

The products of the labor of the group was distributed according to the needs of its members. If someone were in want, he begged, according to ancient Chamorro custom, from a relative that could not refuse without losing face.²

AMERICAN OCCUPATION TO WORLD WAR II

In 1898, the administration of the island changed from the Spanish to the Americans and as a result, the island's economic structure radically changed. A wage-based economy was introduced and through a number of edicts, the local population was "encouraged" to seek employment.³ By 1911, nearly one-fourth of all able-bodied males were employed and by 1919, this increased to one-third of Guam's 3,000 able-bodied males working for wages. By 1917, the problem was no longer how to entice individuals from their farms into town to work for money, but rather how to lure wage earners back to their farms to supply the island with food.⁴

Another major change was the island's growing dependence upon imported food. It was reported that, "as early as 1905, the importation of food-stuffs had already begun and that, by 1911, four-fifths of the population lived in part or wholly on imported food."⁵ This dependence upon imported food continued to grow. In addition to more of the population leaving subsistence farming for wage employment, improvements in the island's health and sanitary conditions also contributed to the dependence upon imported food. The health of the local population was so drastically improved that it resulted in a rapid population growth. Between 1898 and 1941, the island's population increased from 9,000 to 25,000 people.⁶ While the island's population increased dramatically, the island's food production did not increase proportionately.

Among the many changes that occurred under the American rule was the establishment of private organizations that provided relief to the poor. In 1916, the first organization, the American Red Cross, which had funds to "furnish the necessary subsistence to native paupers," was established. The form of aid that the Red Cross provided consisted only of food rations. By the end of the 1920's, two more private organizations, the Charity Board and the St. Vincent de Paul Society, emerged to assist the needy and the Red Cross ceased performing this function.

Like the American Red Cross, both organizations gave assistance only in the form of commodities and neither used criteria to determine those who were needy or the level of assistance to be given. Little is known of the extent of the assistance given during the 1920's.⁷

Due to the Depression in the United States during the 1930's, Guam also experienced economic woes and as a result more individuals needed assistance. Between 1934 and 1937, an average of 12 persons per month received relief from the Charity Board, at an average total monthly cost of \$2.75, and between 1938 and 1940 the St. Vincent de Paul Society had an average caseload of 29 persons, at an average total monthly cost of \$96.00.⁸

During this time, it appears that the familia system continued to take care of members in need. According to a 1938 Governor's report:

The assistance rendered by the Society of St. Vincent de Paul is largely confined to distribution of food to those poor people who are being taken care of by other poor families with the object of lightening the burden of these generous persons, who, though in restricted financial conditions themselves, have willingly taken in others still more unfortunate.⁹

It also appears that assistance was received for only short periods of time. According to the 1938 report, "up to January, thirteen cases were receiving charity rations. In December the Charity Board reinvestigated all cases and reported no cases for charity rations."¹⁰

WORLD WAR II THROUGH 1950

With the advent of World War II, the island was quickly captured by the Japanese in 1941. During their occupation, all social service activities ceased and the entire population lived in poverty as the Japanese confiscated all property and made the people work for meager food rations. Although the island suffered little destruction by the Japanese during their occupation, it was completely

destroyed during the battle that ensued when the American armed forces recaptured the island in 1944. The destruction was so great that food, medical care and shelter had to be provided to most of the population. Following the reoccupation, families and close friends usually took in those more needy than themselves.

After the war, the American Red Cross and the St. Vincent de Paul Society reemerged to assist the needy. Although the Society retained its former method of assistance, the American Red Cross altered its operations. In addition to providing social services to people in their own homes, the Red Cross gave financial assistance in the form of temporary loans and grants. Although the Red Cross had only a limited budget for charitable assistance, it extended assistance to the needy because the Society was not adequately funded to solve the problems alone.¹¹

Following World War II, the island underwent extensive socio-cultural and economic changes. A major contributor to these changes was the decision to make Guam a major U.S. military base. In order to do so, the Naval Government condemned almost one-third of the island's land, most of which was prime agricultural land. In addition to forcing even more individuals to seek wage earning jobs, this decision also made the island almost totally dependent upon imported food. Another contributor was the significant influx of statesiders that brought with them their values which often contrasted from those of the local population. The high cost of living and low wages that existed among the local population prior to the war continued to exist after the war.¹² Because more of the population had to participate in a wage-based economy rather than in an agrarian economy, families were no longer financially able to care for indigent family members as they had prior to the war.

During January 1951, the Helping Hands of Guam was established and replaced the St. Vincent de Paul Society. It is unclear as to why there was a change from the Society to Helping Hands. Because it was culturally unacceptable to seek charity, the diverse activities which Helping Hands provided may have helped to reduce social stigmas and as a result more individuals sought assistance from this organization. In addition to providing food, clothing and housing to needy persons, it also helped in adjusting land cases, assisted in resettlement and offered temporary housing to civil service employees.¹³

From 1951 until August 1957, Helping Hands was the sole incorporated agency in Guam legally recognized to render assistance to needy persons. Many of its cases were referred to it by priests and village commissioners and most of its caseload was widows with minor children or families with a disabled breadwinner.¹⁴

As a result of the rising trend of indigence and the inability of Helping Hands to raise the necessary funds to continue providing services, the newly created Guam Legislature initiated the first governmental action to assist needy persons. The Legislature did not create a government welfare agency, but rather created a fund to be dispersed to legally recognized private organizations on a matching basis and as a result the Helping Hands received public funds to assist the needy from July 1953 through August 1957.¹⁵

In 1957, the care of indigents passed from the responsibility of private organizations to the Government of Guam when the Fourth Guam Legislature created a welfare unit within the Department of Finance. The Helping Hands of Guam's caseload was assumed by the unit and direct welfare assistance by the government was begun on September 1, 1957. Although the system of giving commodities to clients was continued, the government expanded its program to include other forms of social services and it hired social workers to provide the services.¹⁶

During 1957, the Fourth Guam Legislature also passed a Resolution requesting that the benefits of the Social Security Act of 1935 be extended to Guam. The level of indigence was increasing and if the Act was extended, the island would be responsible for only one-half ($\frac{1}{2}$) of the cost to provide relief to the poor. In 1958, certain provisions within the Act were extended to Guam and the Fifth Guam Legislature responded accordingly by authorizing the Government of Guam to participate in the federally subsidized programs. The Legislature also established a locally funded program, the General Assistance Program, for those indigents who did not qualify for the various federal categorical grant-in-aid programs. On June 30, 1959 Guam began to participate in the federally subsidized welfare programs. One of the major changes that the Social Security Act made in the delivery of services to Guam's welfare clients was the issuance of monthly checks rather than the giving of commodities. This was perceived as a positive change as it allowed clients to utilize the money as they saw would best benefit themselves.¹⁷

During the time when the Government of Guam totally subsidized and administered welfare programs there were in 1957, 63 cases, at a cost of \$37,152 and by 1959, the number of cases had increased to 111, at a cost of \$41,000. With the extension of federally subsidized welfare programs to Guam, the number of cases rose from 214 cases in 1960 costing \$97,943 to 507 cases in 1963 costing \$200,786.¹⁸ These increases can be attributed to several factors. First, the number of individuals unable to adjust to the changes in the economic structure (subsistence farming to wages) was increasing. Secondly, as families became solely dependent upon wages, they were no longer able to afford to take in and care for other indigent family members. Lastly, with the increase of welfare programs due to the extension of Social Security Act, not only was there more money available to assist indigents but also more categorical grant-in-aid programs under which an indigent could qualify for assistance.

1960 THROUGH 1970

During the 1960 and 1970 decades, social welfare services were increased in order to meet the diverse needs of Guam's population. Firstly, this increase was due in part to the wave of social consciousness that swept the continental U.S. during the 1960's and which continued through the 1970's. This social consciousness resulted in the creation and expansion of federal programs, many of which were also extended to Guam. Secondly, the increase was due in part to the acceptance of stateside ideologies and the island's desire to obtain the same standard of living and opportunities for its residents that U.S. citizens residing within the continental U.S. had. Thirdly, the increase was due in part to the economic conditions that prevailed (high cost of living, low wages and lack of employment opportunities). Lastly, the increase in services was due in part to the value conflicts which have resulted from the rapid social and economic changes that the island has experienced since World War II.

The economic conditions that have prevailed in Guam have greatly contributed to the island's growing number of individuals requiring assistance from sources outside of the extended family. But, because the extent to which services can be provided by the Government of Guam has been limited by the same economic conditions the Government of Guam has had to rely heavily upon federal funds to provide social welfare services to its residents. During the 1970's, private, non-profit social service organizations reemerged as a result of the Government of Guam's inability to meet all of its residents' needs.

The types of welfare programs that have been extended to Guam include those that are concerned with eliminating poverty or alleviating its effects. More specifically, these programs include those which provide cash support, those which provide income subsidies in the form of goods and services (such as housing, food, childcare services, legal services and medical services) and those which

are intended to eliminate the cause of poverty (such as rehabilitation programs and manpower training programs). Other programs include those which assist people to interact with their social environment in order that they may accomplish life tasks, alleviate distress and realize their aspirations. These programs involve counseling and include services such as child adoption and foster care services, child and adult protective services, services for families with a disabled member in the home and drug counseling.

CHRONOLOGY OF SOCIAL WELFARE PROGRAMS

1916 - 1981

- 1916 - American Red Cross was established and became the first private social service organization in Guam.
- Early 1920's - Charity Board emerged as a unit within the Naval Executive Department and provided food rations to persons determined to be needy.
- 1929 - St. Vincent de Paul Society was established by the Catholic Church. Like the Charity Board, assistance was given in the form of material goods.
- 1951 - Helping Hands of Guam was established by a group of local businessmen and citizens and it replaced the St. Vincent de Paul Society. Assistance was given in the form of food, clothing and shelter.
- 1953 - Public Law 2-51 created a Directorate of Welfare within the Department of Finance and established a fund to subsidize private welfare agencies at a 25:75 matching ratio.
- 1956 - Juvenile Correction Home was established.
- 1957 - Public Law 4-46 assigned the administration of Public Welfare Programs to the Directorate of Welfare ending the delegation of welfare operations to private organizations. With the advent of P.L. 4-46 a welfare unit was created within the Department of Finance and the first social workers were hired.
 - Helping Hands of Guam was disbanded as a result of P.L. 4-46.
 - Resolution 44 was passed requesting the Federal Government to extend the benefits of the Social Security Act of 1935 to Guam.
 - Public Law 4-53 assigned to the Department of Education the responsibility of vocational rehabilitation services for handicapped persons.
- 1958 - U.S. Public Law 85-840 amended the Social Security Act of 1935 making certain provisions applicable to Guam.
- 1959 - Public Law 5-15 created the Division of Public Welfare within the Department of Finance and authorized the Government of Guam to participate in programs under the Social Security Act.

- Public Law 5-15 also created a General Assistance Program to provide financial assistance to needy persons that did not qualify under any of the four categorical programs covered by the Social Security Act.
- Assistance Programs under the Social Security Act were implemented under the newly created Division of Public Welfare. Financial assistance became available to those qualifying under the following programs:

Old Age Assistance	(OAA)
Aid to the Blind	(AB)
Aid to the Totally & Permanently Disabled	(APTD)
Aid to Families with Dependent Children	(AFDC)

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|------|---|
| 1961 | - Division of Welfare was transferred from the Department of Finance to the Department of Medical Services. |
| | - Family & Child Welfare Service Program was implemented which included social services for the adoption of children, abused children and handicapped children kept at home. |
| | - Foster Care Program was established. |
| 1962 | - Guam Housing & Urban Renewal Authority (GHURA) was established under Public Laws 6-135 and 7-36. The public laws also made Government property available for the homeless (Typhoons Karen & Olive). |
| 1964 | - Department of Public Health & Social Services was created. |
| 1965 | - GHURA was reactivated and began its low-income housing program. |
| | - The Eighth Guam Legislature passed Resolution Numbers 227 and 228, requesting the construction of 250 low-rent housing units. |
| 1967 | - Work Experience Training Program was started, becoming the forerunner of the Work Incentive Program (WIN). |
| | - Legal Aid (Judicare) was established under the Department of Public Health and Social Services. Later it became the Office of Public Defender. |
| | - Office of Economic Opportunity (OEO) was established under Title V of the Economic Opportunity Act to help train and find employment for the needy. |
| 1968 | - Medicaid under Title XIX of the Social Security Act was approved for Guam. Prior to this time, indigents' hospital expenses were provided for by the Guam Memorial Hospital Abatement Program. |

- The USDA Food Commodity Distribution Program began on Guam.
- 1969 - Service to Older American Programs was implemented by the Department of Public Health and Social Services.
- 1970 - Day Care Services for WIN participants was implemented.
- Servicio Para Y Man Amko (SPIMA) was created by the Guam Association of Retired Persons (GARP) to serve the senior citizens of Guam.
- 1972 - Nutrition Program for Elderly (Title VII) was implemented.
- 1974 - Food Stamp Program replaced the Food Commodity Program.
- 1975 - Diocesan Refugee Office was established to spearhead the resettlement of the Indochinese refugees in Guam.
- Public Law 13-18 created the Department of Vocational Rehabilitation to provide services to handicapped persons.
- Section 8 Rental Subsidy Community Block Grant Program was implemented through the Housing and Community Development Act of 1974.
- 1978 - Public Law 14-110 created the Department of Youth Affairs and transferred the Juvenile Division of the Superior Court to the Department.
- 1979 - Catholic Social Services was established to provide individual and family counseling as well as drug rehabilitation services.
- 1981 - Guam Legal Service Corporation was established to provide civil legal services to low income and elderly residents.

INTRODUCTION TO GOALS, OBJECTIVES AND PROBLEMS

This section provides a general identification of the Territory's broad Social Welfare goals and objectives and a listing of overall and specific problems currently experienced by users and providers of welfare programs. It is intended that the goals and objectives be used as guidelines from which the evaluation of new federal policies can be conducted and be used in formulating local programs in response to the new federal initiatives. These local programs should be designed to resolve or alleviate the problems identified, keeping in mind the value orientations identified in the definition of social welfare.

GOALS AND OBJECTIVES

TO STRENGTHEN PUBLIC, PRIVATE AND TRADITIONAL COMMUNITY SUPPORTS AND RESOURCES TO INSURE RESIDENTS MAINTAIN A MINIMUM STANDARD OF LIVING, TO STRENGTHEN FAMILY LIFE, TO ENCOURAGE ECONOMIC SELF-SUFFICIENCY AND TO PREVENT INAPPROPRIATE INSTITUTIONALIZATION.

SUB-GOAL I

To insure that all social welfare resources are maximized to their fullest extent.

OBJECTIVES

1. To increase the knowledge of the general public, public officials, social welfare clients and social welfare providers of social welfare programs and traditional community supports.
2. To increase the coordination of social welfare resources among social welfare providers and traditional community supports.
3. To evaluate periodically the effectiveness of coordination efforts.
4. To evaluate periodically the effectiveness of social welfare programs.

SUB-GOAL II

To make social welfare support systems more accessible to the community.

OBJECTIVES

1. To increase the availability of public transportation.
2. To make community resources physically accessible to residents.
3. To improve existing information and referral systems.

SUB-GOAL III

To evaluate present and future programs, legislation and regulations for their applicability to Guam and take steps necessary to insure that they respond to residents' needs.

OBJECTIVES

1. To establish eligibility criteria based upon Guam's cost of living that are applicable to all social welfare programs and which are annually reviewed and revised accordingly.
2. To identify and evaluate those federal programs which are not extended to Guam and to seek the extension of those that are necessary to meet the needs of Guam's residents.
3. To require socio-cultural impact studies and statements prior to applying for or implementing social welfare programs.
4. To identify and actively seek the removal of or amendments to those regulations which conflict with the island's cultural values.
5. To identify and seek the removal of or amendments to those regulations that result in unnecessary costs.
6. To expand the availability of resources within the private and traditional social welfare systems.

SUB-GOAL IV

To develop and institute education awareness programs for social welfare program clients.

OBJECTIVES

1. To educate clients to more effectively interact with social welfare providers.
2. To increase and improve personal and interpersonal skills of clients in order to reduce their reliance upon public and private social welfare resources.
3. To support the development of client organizations.

SUB-GOAL V

To develop and institute educational and training programs which continually upgrade the abilities, knowledge and skills of all social welfare providers and other related human service workers.

OBJECTIVES

1. To increase communication among agencies about available in-service training programs in order that more social welfare providers may attend.
2. To increase the number of post-secondary and advanced education opportunities for social welfare providers.
3. To increase incentives for social welfare providers to attend post-secondary, graduate and post-graduate education courses.
4. To develop and provide in-service training to related human service workers (for example, teachers, nurses, physicians, clergy and police officers.)

SUB-GOAL VI

To improve and increase data collection abilities in order to develop client profiles; to identify, justify and evaluate programs; and to prepare socio-cultural impact studies.

OVERALL PROBLEMS AFFECTING THE DELIVERY OF
SOCIAL WELFARE SERVICES

PROBLEM: Many individuals who need assistance to meet their basic needs do not receive assistance.

- . Inadequate public information regarding the availability and purpose of programs to the general public.
- . Inadequate referrals to other community resources and follow-up.
- . Inadequate information network among social welfare providers and other human service providers regarding programs.
- . Individuals who need assistance and are turned down do not assert their rights and request a hearing.
- . No programs which provide temporary, immediate assistance to households and individuals experiencing personal crisis (fire, flooding, theft).
- . Individuals often do not have transportation to community resources.

PROBLEM: The basic minimum social welfare needs of Guam's population are not being met.

- . Lack of accurate data by which to determine service needs and to develop, justify and monitor programs.
- . Lack of awareness among government officials of social welfare problems.
- . Lack of local input on federal legislation, policies and regulations.
- . Lack of adequate personnel to administer programs.
- . Government funding and support are slow in keeping pace with changing needs of assistance programs and clients.
- . The standards used to determine eligibility and the amount of assistance are too low considering Guam's cost of living.

PROBLEM: Problem solving and coping capabilities of clients are not enhanced.

- . Ineffective case management.
- . Failure by professionals to establish linkages between their clients and other community resources.
- . Peer support and peer counseling is lacking.
- . Social welfare case workers do not have adequate skills or exposure to new techniques which will enable them to assist clients more effectively.
- . Family members are often not included as a part of a client's treatment model.

PROBLEM: Barriers exist which prohibit handicapped persons, senior citizens, battered children and battered adults from achieving and maintaining a living arrangement which best suits their needs.

- . Community-based short-term facilities are inadequate or unavailable.
- . Families are forced to institutionalize a disabled or elderly member due to inadequate options which would allow them to keep the individual at home.
- . Attendant care for the severely disabled and elderly homebound individual is lacking.
- . Support systems for family members, who care for disabled or elderly family members within their own home, are inadequate and are often lacking.

PROBLEM: Those individuals who have physical disabilities are often denied their right to the same opportunities, such as housing, mobility and gainful employment as those without physical disabilities.

- . Job placements for handicapped persons are difficult due to small business operations which require employees to be proficient in two or more job areas.
- . Some vocational rehabilitation clients are unable to work in the competitive job market.
- . Most buildings, including public buildings, homes and apartment buildings, on Guam are not accessible to handicapped persons.
- . Some individuals with certain medical disabilities, are discriminated against in hiring practices because of inaccurate public information regarding the nature of the disability.

PROBLEM: Barriers exist which prohibit public assistance recipients from achieving economic self-sufficiency.

- . Many recipients lack basic education skills or have inappropriate skills necessary to obtain employment.
- . Inadequate employment opportunities.
- . Nonimmigrant alien workers have reduced employment opportunities and have had an adverse impact upon working conditions and wages.
- . Limited public transportation prohibits individuals from seeking or maintaining suitable employment.
- . Inadequate child care options for working parent(s) with children.

PROBLEM: Constraints exist which prohibit the maximum use of limited resources.

- . Insufficient coordination among social welfare agencies and programs.
- . On-island and off-island training is often limited to the staff of the sponsoring agency.

PROBLEM: Changes in cultural values and the family structure have resulted in increased sociological and psychological stress among Guam's residents.

- . Breakdown of the familia support system due to changes in the economic and the traditional mutual support structures.
- . Adoption and adaptation of new cultural values.
- . An increasing number of Guam's juveniles are engaging in illegal and anti-social behavior.

SPECIFIC PROBLEMS WHICH ARE BEING ENCOUNTERED

- Federal tax incentives given to employers for hiring the handicapped have not been applied to Guam.
- Local companies with Government of Guam or federal contracts of \$2,500 or more are required to have affirmative action plans to hire the handicapped; however, most have not implemented Equal Employment Opportunity plans and the Government of Guam is not enforcing the regulation.
- Guam's handicapped population is not assertive and as a result, they do not express their service needs or assert their rights.
- Guam's social welfare programs are not providing an appropriate share of the total resources to children and youth.
- Effective delinquency and pre-delinquency prevention programs are needed.
- There is a lack of funds to provide services to youths. More federal programs need to be identified in order to increase services.
- The Department of Youth Affairs needs more specialized professionals in order to provide services to youths.
- Some high school dropouts and ex-youth offenders are unable to work in the competitive labor market due to learning disabilities and emotional handicaps and as a result they may create future social welfare problems
- Welfare rolls are increasing because many public assistance recipients lack the basic education or skills required to obtain suitable employment.
- Supplemental Security Income which is 100 percent federally funded and would provide higher monthly checks to residents over age 65 or who are blind or disabled, has not been extended to Guam.
- Second and third generation welfare clients are beginning to develop.
- Certain assets (for example land or burial savings accounts) are taken into consideration when determining a potential recipient's eligibility, without taking into consideration the cultural importance of the asset.

- Permanent resident aliens, before they enter Guam must produce a written affidavit that they will not become a public charge; yet, they often do become public charges.
- Putative parents often do not contribute to their children's financial and emotional support.
- There is a lack of public awareness of welfare programs. This is true of welfare recipients, the general public and government officials. Conventional out-reach and educational activities have been ineffective in reaching these groups.
- Programs are not evaluated for their cultural impacts before implementing them.
- Potential welfare recipients when applying for a service are often not informed of other services for which they may be eligible to receive.
- Most clients only come into contact with para-professionals, who often do not have the skills to deal with the additional problems that their clients may experience.
- Human service workers such as teachers and public health nurses often come into contact with potential social problems and may not have the skills to deal with the problem effectively or the knowledge to make appropriate referrals.
- Intake procedures are often inadequate because they are considered to be only a routine procedure, when actually the greatest skills and perception are needed in meeting for the first time persons disadvantaged culturally, economically, physically, or intellectually who do not understand what services are available or how to articulate their problems.
- Clients' immediate subsistence needs absorb so much time and energy that their caseworkers do not give enough attention to long range planning to prevent the reoccurrence of the same problems.

- Social welfare caseworkers often lack knowledge of all available community resources to make appropriate referrals or to engage their assistance.
- Some clients do not receive referral services, although thought to be receiving the additional services by their caseworkers, due to miscommunication or other contributing factors.
- A dearth of volunteer and peer counseling programs exist which caseworkers can utilize to assist their clients, yet these programs are underutilized because clients and potential volunteers are frightened by unfamiliar program concepts or their participation in the program is contrary to cultural values.
- Too often not all family members are involved in marital discord, child behavior and alcohol and drug abuse counseling sessions even though they should play an important role in the problem's treatment mode.

NEW FEDERAL INITIATIVES

While many of the policies governing the implementation of the Reagan Administration's federalism initiatives are being developed and are still forthcoming, the President's broad policy guidelines are basically in place. Basically, the President is proposing to return the responsibility for many of the nation's social welfare programs to the States and Territories and to consolidate the funding for many of these programs into block grants. The implementation of the President's initiatives is proposed to take place over a four-year period, beginning with Fiscal Year 1983.¹⁹

Beginning in Fiscal Year 1984, the President proposes to create a trust fund from which the States will fund programs. The level of funds contributed by the Federal Government to the trust fund will be decreased over a ten-year period as States develop their own sources of funding. In addition, it is proposed that the States will choose those programs which they desire to continue, restructure or terminate according to local needs.²⁰ Social welfare programs which have been identified to be returned to the States include:

Rehabilitation Services	Foster Care
Comprehensive Employment & Training Act (CETA)	Runaway Youth
Work Incentive Program (WIN)	Child Abuse
Low Income Home Energy	Social Security Block Grant
Child Nutrition	Legal Services
Child Welfare	Community Services Block Grant
Adoption Assistance	Prevention Block Grant
Maternal and Child Health	Community Development Block Grant
Family Planning	

Some of the proposed changes have taken place. During 1981, the Reagan Administration proposed and the Congress enacted some entitlement qualifications and made a number of other legislative changes to income security programs through the Omnibus Budget Reconciliation Act of 1981. Some of the changes include:

- . Reduction in the Food Stamp and other nutrition programs to reduce waste and fraud and to target this assistance to the most needy recipients.
- . Reforms in the AFDC program which eliminated families with substantial incomes, created new work opportunities for those recipients who should be self-supporting, corrected inequities that failed to focus assistance upon those in greatest need and streamlined administration.
- . Reductions in the eligibility ceiling for subsidized housing with the introduction of a requirement that 90 percent of all new tenants have incomes below the 50 percent level of the median income for their area and it increased the maximum amount that recipients can contribute toward their subsidized rent from 25 percent to 30 percent of the recipient's income.²¹

In addition, the Omnibus Budget Reconciliation Act of 1981 created block grants which consolidated several social welfare programs. The two social welfare block grants which were created and a brief overview of them, follow:

Social Service Block Grant: This grant consolidated several social welfare programs and gave the States wide discretion in determining the types of services to be offered and eligibility standards. This broad array of consolidated programs include day and foster care for children, child protective services, family planning, preparation and delivery of meals, transportation, counseling, legal services and

substitute day care for adults. In addition, the funds can be used for state and local administrative costs which includes planning and evaluation purposes, staff training and conferences or workshops. States were also given the flexibility of transferring up to 10 percent of any block grant allotment to other social service and health related block grants. The funds are to be distributed among the States and Territories on the basis of population.²²

Community Services Block Grant: Under this program, funds can be used to provide community-based services that could have a major impact on alleviating the causes of poverty. This block grant assists poor persons in areas such as employment and education.²³

In the President's Fiscal Year 1983 Budget to the U.S. Congress, the President proposed more substantial changes to the Federal Government's administration of social welfare programs. One proposal is the "swap" of Federal and State responsibility for the Medicaid Program and the Aid to Families with Dependent Children (AFDC) Program. Specifically, the President has proposed that the State assume total responsibility for the AFDC program in exchange for the Federal Government assuming total responsibility for nonoptional services provided under the Medicaid Program beginning October 1, 1983.

The President is proposing to eliminate the federal share in the costs of erroneous payments made by the States. More specifically, the Federal Government would refuse to reimburse States for erroneous benefit payments that exceed three percent in FY 1983, two percent in FY 1984, one percent in FY 1985 and beginning FY 1986, States would receive no reimbursement for erroneous payments.

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A number of other changes in the provision of social welfare programs are being proposed. The following are the proposed changes for those programs which were identified in the President's FY 1983 Budget proposal to the U.S. Congress:

Housing Assistance: Section 8, as it currently operates, enables eligible low income households to find their own rental housing and to receive rental subsidy payments, provided that the housing unit meets housing quality standards and does not rent for more than a fixed amount. The federal subsidy equals the difference between the tenant rent contribution and the actual rent charged by the landlord. Tenants cannot contribute more than 30 percent of their income toward the rent. The Reagan Administration is proposing the following changes:

- . To set the federal rental subsidy payment at a fixed amount, which can not increase over a proposed five year contract period.
- . To remove ceilings on the amount of rent which can be charged to units occupied by subsidized tenants.
- . To allow participating households to freely chose any rental unit -- provided the unit meets minimum quality standards and with the understanding that any rent charged above the fixed Section 8 rent subsidy level must be paid by the tenant.
- . To increase the annual rate increase to 20 percent rather than the present 10 percent.
- . To count food stamps as income for purposes of calculating rent subsidy beginning FY 1983.
- . To phase-in the authorized rent contribution, which was increased from 25 percent to 30 percent, at one percent of income per year, beginning in 1982, for current occupants and in the case of new participating households to automatically set their rent contribution to the authorized 30 percent of income level.²⁴

Food Stamps: Food stamps help lower income households maintain a nutritious diet. Monthly allotments of stamps based on income and household size are issued to help finance food purchases. These benefits are entirely federally financed while administrative costs are shared equally by the States and Federal Government. The Omnibus Budget Reconciliation Act of 1981 established:

- . A gross income eligibility limit at 130 percent of the national poverty level (elderly and disabled persons are exempted and can qualify if their net income is below the poverty line after allowable deductions are subtracted).
- . Tighter limits on income deductions which are used to establish benefit levels and revised income accounting procedures to assure use of actual income in determining current need rather than estimating future income to establish eligibility and benefit levels.

The President's Fiscal Year 1983 Budget specifically proposes to consolidate Guam's nutrition assistance to allow Guam to provide adequate nutrition for needy residents without the constraints of inappropriate federal regulatory and program requirements.²⁵ In addition to this proposal, the Reagan Administration is proposing the following nationwide reforms:

- . To reduce benefits by raising 35 percent of additional income rather than by 30 percent.
- . To count cash assistance for energy consumption as income.
- . To establish a \$10 minimum for food stamp benefits.
- . To remove special disregards for earnings so that all income is treated the same.
- . To establish combined funding for state administration of the food stamp and AFDC programs.
- . To phase-out by 1986 the federal sharing in the cost of erroneous payments made by States.²⁶

Child Nutrition: The Federal Government presently subsidizes meals for children in schools, child care centers and other institutional settings. In the Omnibus Budget Reconciliation Act of 1981, major changes in subsidized meal programs were made. Subsidies for non-needy students were reduced and grants for new food service equipment purchases were eliminated. The duplicative special milk program was removed from schools that participate in other federal meal subsidy programs.²⁷ Additional changes proposed for FY 1983 include:

- . Elimination of the special milk program which subsidizes milk consumption for non-needy students.
- . To convert entitlements to the States for child care and breakfast subsidies to state grants.
- . To consolidate the women, infant and children (WIC) nutrition program with the maternal and child health block grant.²⁸

Aid To Families with Dependent Children: This program helps State governments provide cash assistance to needy families. States determine AFDC eligibility and benefit levels within broad federal guidelines and administer their own programs. The Federal Government reimburses States, on an average, for slightly more than half of their expenses. Child support enforcement helps finance a share of the states administrative expenses for establishing paternity. Suggested reforms, include:

- . To strengthen requirements for work by able-bodied recipients as an eligibility condition.
- . To reduce allowances for shelter and utilities of AFDC families living in larger households to reflect economies in shared living expenses.
- . To provide new incentives for States to increase child support collections.

To phase-out federal payments to states for erroneous benefit payments costs over a four year period.²⁹

Comprehensive Employment and Training Act (CETA) of 1973: Originally intended to consolidate the myriad of categorical programs authorized by its predecessors into a block grant to local governments, CETA was continually amended so that the use of funds by local governments was restricted to several separate activities designed to provide specific serves to narrowly defined population groups. The authority for CETA appropriations expires at the end of Fiscal Year 1982. In order to restore the training and employment programs to their original purpose of improving long term employability by providing the disadvantaged with skills that are marketable in the private sector, the Reagan Administration had the public service jobs program phased out in 1981 and for FY 1983, the Reagan Administration is proposing legislation to replace the expiring CETA.³⁰ This proposal would:

- . Consolidate current training and employment categorical grant programs into a block grant to the States for training.
- . Continue the Job Corps residential training program, which serves the more educationally and economically disadvantaged youth.
- . Provide authority for Federal training programs for special target groups that have the most difficulty establishing or maintaining ties to the labor market.³¹

Work Incentive (WIN) Program: This program provides persons receiving AFDC with training, job counseling and labor market skills. The Reagan Administration is proposing to terminate this program at the end of Fiscal Year 1982 and, in its place, is proposing comprehensive social welfare

amendments that would require States to establish a community work experience program (CWEP). This program would provide able-bodied AFDC recipients with public sector work assignments and would require recipients to work enough hours to offset their welfare benefit calculated at the minimum wage rate.³²

The Omnibus Budget Reconciliation Act of 1981 authorized States to elect to participate in a three-year WIN demonstration program in lieu of their regular WIN program. Resources for continuing these demonstrations or other WIN-type activities in FY 1983 would be available under the block grant to states for social services.³³

Medicaid Program: Under the Medicaid Program, health care services are provided to Americans who are poor, disabled or aged. In addition to the Federal Government assuming the entire financial responsibility for the program's nonoptional services beginning in FY 1984, the Reagan Administration is proposing a number of other changes. These proposed reforms include:

- . Requiring beneficiary co-payments.
- . Reducing federal matching rates for optional health services (e.g., family planning, drugs, and intermediate care by three percent).
- . Allowing state flexibility to recover long-term care expenditures from beneficiary estates and relatives.
- . Reducing automatic extension of medicaid eligibility for AFDC cases dropped from the rolls, from four months to one month.
- . Phase-in elimination of federal matching for Medicaid payment errors.³⁴

Energy and Emergency Assistance: This program is a grant to States to aid their low income families meet rising energy costs. This aid can be in the form of direct cash assistance to needy households, direct payments to fuel vendors on behalf of the needy or payments to public housing building operators. The Reagan Administration is proposing to concentrate the program to only those states in most need of heating assistance during the winter months only.

The Reagan Administration is proposing to consolidate the low-income home energy assistance and the emergency assistance categorical programs into a flexible block grant to eliminate the duplicative administrative mechanisms required for two programs.³⁵

Child Welfare Block Grant: In order to support state services that are designed to strengthen and reunite families and place children promptly and permanently in adoptive homes when they cannot be reunited with their families, the Reagan Administration is proposing legislation to consolidate child welfare services, child welfare training, foster care and adoptive assistance into one child welfare block grant.³⁶

IMPACT OF MEDICAID AND AID TO FAMILIES WITH DEPENDENT CHILDREN "SWAP"

The proposed swap of the Medicaid and Aid to Families with Dependent Children programs will impact upon Guam's provision of these programs. A breakdown of the amount of funds and funding sources for these grant programs follows:

<u>Programs</u> <u>(includes administrative costs)</u>		<u>FY 1982</u> <u>(Millions)</u>	
	<u>Total</u>	<u>Federal</u>	<u>Local</u>
Public Assistance (includes AFDC)	\$4.4	\$3.3	\$1.1
Medicaid	2.8	1.4	1.4
Total	7.2	4.7	2.5

Source: Bureau of Budget and Management Research³⁷

Under the "swap" proposal, Guam would be expected to absorb the entire cost of the public assistance programs (\$4.4 million), while the federal government would absorb the cost for the medicaid program (\$2.3 million). The net effect is a shifting of the financial burden to the Government of Guam since it presently pays only \$2.5 million while the federal government approximately pays \$4.7 million.

IMPACT OF THE SOCIAL SERVICE BLOCK GRANT

The Omnibus Budget Reconciliation Act of 1981 authorizes until Fiscal Year 1986 an increase in funding over the Fiscal Year 1982 level of about 2.6 percent annually with the Fiscal Year 1986 level maintained every year thereafter. Actual funding will depend upon Congressional appropriations. The Territory's share would be proportionate to the Fiscal Year 1981 allocations and would be based on the ratio of Guam's population to that of the United States. Actual appropriation for Fiscal Year 1983 is estimated at 17 percent lower than Fiscal Year 1981 levels. However, because fund distributions are to be based on proportions of prior year allocations, the net result for Guam under this block grant is an increase because Guam has not utilized its full allocation in prior years due to the lack of local matching funds, which would no longer be required under President Reagan's proposal.³⁸

Inventory of Federal Welfare Programs In Which Guam Participates

Program Title	FY80 Actual Expenditures			FY81 Estimated Expenditures		
	Total	Federal	Local	Total	Federal	Local
CETA Title II ABC Training & Upgrading	1,378,544	1,378,544		1,347,899	1,347,899	
CETA Title II-D	1,467,195	1,467,195		1,703,102	1,703,102	
CETA Title IV YCCIP	167,143	167,143		162,612	162,612	
CETA Title IV Youth Employment & Training Program	428,511	428,511		443,367	443,367	
CETA, Title IV - Summer Youth Employment Program	650,151	650,151				
CETA, Title VI, Transitional & Public Service Employment	941,766	941,766		693,558	693,558	
CETA, Title VII, Private Sector Initiatives	274,681	274,681				
National School Lunch Program	1,846,530	1,339,560	506,970	2,038,620	2,038,620	
State Administrative Expenses for Child Nutrition	243,462	160,735	82,727	251,928	164,578	87,350

Inventory of Federal Welfare Programs In Which Guam Participates

Program Title	FY80 Actual Expenditures			FY81 Estimated Expenditures		
	Total	Federal	Local	Total	Federal	Local
School Breakfast Program	484,876	400,888	83,988	612,424	612,424	
Head Start	389,145	311,316	77,829	448,350	342,716	105,634
Work Incentive Program	318,966	288,683	30,283	285,486	256,938	28,548
Senior Community Service Employment Program	504,444	407,000	97,444	630,442	536,000	94,442
Job Corps	15,000	15,000		15,000	15,000	
Family Planning	112,643	85,000	27,643	112,643	85,000	27,643
Maternal & Child Health(A)	347,300	164,700	182,600	329,400	164,700	164,700
Maternal & Child Health(B)	169,000	169,000		169,000	169,000	
Public Assistance Maintenance Assistance	7,486,800	3,300,000	4,186,800	7,486,800	3,300,000	4,186,800
Food Stamps (Administration)	423,298	211,649	211,649	514,958	257,479	257,479
Child Abuse & Neglect Prevention & Treatment	55,290	55,290		41,767	41,767	

Inventory of Federal Welfare Programs in Which Guam Participates

Program Title	FY80 Actual Expenditures			FY81 Estimated Expenditures		
	Total	Federal	Local	Total	Federal	Local
WIN-Child Care Employment & Related Supportive Service	19,616	19,616		20,343	20,343	
Vocational Rehabilitation Services Title I	987,600	790,080	197,520	1,066,125	870,500	195,625
Development & Implementa- tion of Vocational Evaluation Services/ Innovation & Expansion	55,550	50,000	5,550	55,550	50,000	5,550
Integrated Staff Develop- ment Program; Rehabili- tation Training	18,500	16,650	1,850	19,200	17,280	1,920
Developmental Disabilities Services and Facilities Construction Program	150,000	135,000	15,000	150,000	135,000	15,000
Social Security Act Trust Funds	9,361	9,361		25,000	25,000	
Runaway Youth Project	55,158	49,642	5,516	55,158	49,642	5,516

Inventory of Federal Welfare Programs in Which Guam Participates

10/15/81

Program Title	FY80 Actual Expenditures			FY81 Estimated Expenditures		
	Total	Federal	Local	Total	Federal	Local
Drug Abuse Community Services Program	50,000	35,350	15,150	36,708	27,531	9,177
TOTAL	22,775,744	15,899,094	6,876,650	23,781,241*	17,331,849*	6,459,374

*Assumes that FY80 figures for Summer Youth Employment Program and Private Sector Initiatives Program are the same for FY81.

Source: Guam State Clearinghouse A-95 Procedural Guide and Federal Programs Inventory FY 1979-1981

APPENDIX

Individuals who have disabilities are often denied their rights to the same opportunities such as housing mobility, and gainful employment due to physical disabilities.

The extended family was the single economic unit prior to and during the 400 years of Spanish control. During this time, the physical and emotional needs of the aged and the disabled were provided for by the family and in return these groups assisted indirectly with the family's subsistence by providing care to the children and by assisting with the household chores. The elderly in particular played an important role in the enculturation process.

With the change of administration from Spain to the United States and the advent of WW II, the island has undergone tremendous changes. These changes have resulted in a shift from meeting the extended family's needs to meeting the nuclear family's needs. In addition, the roles of the aged and handicapped have been displaced. Inflationary factors and the adaptation of the western culture's standards have resulted in the impracticability of providing for the aged and handicapped needs and these populations are typically left to fend for themselves with outmoded or no skills. As a community, cooperative efforts between the employer and educator/trainer may provide these populations with the opportunities for training and employment. Unfortunately, barriers continue to exist which prevent the mainstreaming of these population groups.

Lack of public transportation hinders employment of handicapped persons along with access to support services.

A discussion of the impact of the lack of transportation upon the disabled population cannot be completed without including that portion of the 6,500 elderly who are frail or handicapped through failing health.

Data collected from the Department of Vocational Rehabilitation, the Division of Senior Citizens, Servicio Para I Manamko (SPIMA) and Catholic Social Services reveal that there is an excess of 800 people whose lives are influenced by the lack of transportation. These agencies report that 200 handicapped people need daily transportation to either the Life Skill Center or Brodie Memorial School, that about 600 elderly people require transportation services within their own village to go to the Senior Citizen Centers for recreation and that some of the 600 and about 150 homebound and/or handicapped elderly make a total of over 450 requests for transportation services monthly. Requests for transportation services are made for appointments with physicians, for therapy or for participating in the various programs of the Department of Public Health and Social Services, such as food stamps, public assistance and medicaid.

While at present, most of the handicapped people enrolled at Brodie Memorial School or the Life Skill Center are also transported for needed medical services and while SPIMA and Catholic Social Services accommodate as many of the transportation requests for medical appointments as possible, there are still people who cannot be served due to time and budget constraints. It must also be noted that a definite transportation service gap exists for banking, shopping for foodstuffs, payment at utility offices, religious services, social and recreational affairs and for other miscellaneous reasons. It has been estimated that over 100 handicapped and elderly people could be served each day in these areas for a total of approximately 2,000 trips per month.

The lack of transportation for these vital services is amply demonstrated by the results of a survey that was completed on the needs and wants of the elderly. This survey revealed that about 30 percent of these people do not own any form of transportation, 30 percent have never learned to drive and that 14 percent have a physical disability that precludes the safe operation of a motor vehicle. Of course,

the approximately 200 handicapped persons currently at Brodie Memorial School or the Life Skill Center, and those at home, are just about all prevented from obtaining a driver's license for the same reason.

It is generally held that distance is relative. However, distance becomes a problem when a handicapped or older person lacks the necessary transport to seek medical and other services. On Guam, since the health care facilities, business centers, banks, utility and other administrative offices are located in the central portion of the island and the heaviest population is in the northern section, access to needed facilities, shops or offices is a very real problem. While some able-bodied persons living in or near the central portion of the island could walk to these facilities in a few minutes, a disabled person cannot. Furthermore, handicapped and elderly frail people needing any of the above services and living in the extreme south or north of Guam may be required to travel from six to thirty miles to receive care, a trip that may take as long as sixty minutes.

An important factor that must be considered when looking at the problems of transportation of the handicapped is the diminished family support for those needing the transportation. While statistics show that there is a vast number of vehicles available on the island, most of these vehicles belong to single persons, mainly transient military personnel, while others are owned and operated by business establishments. In fact, many families on the island are one vehicle households and this one vehicle is the prime mode of transportation to and from the place of employment. If the employed member of the household is using the vehicle for transportation, those at home are at the mercy of friends or relatives for their transportation needs or they are required to take a taxi at exorbitant fees to go to or from a service area. Lack of available transportation has caused some, at least 14 percent of a sample population of 1980, to miss needed medical attention.

Besides the obvious facts of missed opportunities for medical and social services, there is no doubt that this lack of transportation has a deleterious effect on the emotional health of the physically handicapped and handicapped and frail elderly, as they are no longer able to participate in the mainstream of life.

These populations are also excluded from obtaining regular employment because of the absence of transportation. Financial and emotional needs provided through gainful employment are often not met because of transportation problems.

Some handicapped individuals are unable to work in the competitive labor market.

A survey of employer's attitudes regarding hiring handicapped individuals was conducted in 1968. Of 645 Employer Survey forms that were mailed out a total of 257 Employer Survey forms were returned. Of this, 257 of the 223 Employer Survey forms were completed and 34 employers did not complete the form.

The 223 Employer Survey forms represented a total employment of 11,200 persons.

The following were the results:

- 1) 95 employees are recognized by employers to be physically handicapped.
- 2) 32 employees are recognized by employers to be mentally handicapped.
- 3) 158 employers reported that they would hire a physically handicapped person, if the applicant was qualified.
- 4) 37 employers reported they would hire the mentally handicapped if the applicant was qualified.
- 5) 13 employers stated that there are personnel in their office prejudiced against hiring the handicapped.
- 6) 55 employers are concerned that hiring the handicapped would raise insurance premiums (Workmen's Compensation).

The above results should be interpreted with several qualifications in mind.

- There is evidence that attitudinal barriers remain today. Section 503 of the Rehabilitation Act of 1973 mandates employers receiving a grant of \$2500 and above to institute affirmative action in hiring handicapped persons. The Guam Department of Labor, the Agency given the oversight responsibilities, has no present guidelines to ensure compliance of this mandate which was reaffirmed through Executive Order 76-9.
- None of the handicapped persons hired for Fiscal Year 1980 were due to Affirmative Action.
- The Advocacy Office has reported nine complaints filed by handicapped individuals for being refused employment.
- Only one company has taken advantage of an attractive tax credit incentive to hire handicapped individuals despite outreach efforts by the Department of Labor and the Department of Vocational Rehabilitation.

Training needs are contingent upon whether the clients possess the necessary skills to engage in gainful occupation. The different skill level categories of handicapped persons are as follows:

- 1) Presence of necessary skills. No training is needed.
- 2) Presence of skill but handicapping condition prevents the person from obtaining or retaining employment.
- 3) Presence of some skills but they are not adequate to obtain employment.
- 4) No skills at all.

Group number one (1) require job finding skills, at the most. The second group requires retraining. Group numbers three (3) and four (4) require training in job seeking skills.

Training institutions, such as the University of Guam, Guam Community College, International Business College and Western Pacific Business College are available

on Guam. The Guam Community College can best meet the needs of the handicapped adults over 21 years of age with no limitations due to types of disability.

Short-term training programs to meet identified jobs needs are training programs that perhaps GCC can provide. One out of nine handicapped individuals served by Special Education has been reported to be in a vocational program. About 800 students will graduate without marketable skills if this trend continues.

Training programs at the Guam Rehabilitation and Workshop Center are on-the-job only. Limited staff time is spent on production efforts which is necessary for the generation of revenues for sheltered workshop salaries. Unless structured on-the-job training is instituted with complementary classroom training, sheltered employees and Department of Vocational Rehabilitation clients who are being trained there will have difficulty securing jobs in the competitive labor market.

The Department of Vocational Rehabilitation utilizes the aforementioned program and facilities in the preparation of clients for employment. They work also with the Work Incentive Program and the Agency for Human Resources. Since the majority of the Department of Vocational Rehabilitation's clients do not have high school diplomas, on-the-job training plays an important part in skills preparation.

An impediment to fully utilizing on-the-job training is the lack of written provisions required by the local Fair Labor Act which provides exemptions to the minimum wage law for handicapped clients undergoing on-the-job training. As a result an employer will not only train handicapped clients but will have to pay them the minimum wage rate. Needless to say, this is not an attractive proposition to employers.

Most Buildings, including public buildings, homes and apartments on Guam are not accessible to handicapped persons.

Section 504 of the Rehabilitation Act of 1973 specifies that all local government programs and agencies receiving federal funds in the amount of \$2500 and greater should be accessible to handicapped persons. To comply with this law, the Government

of Guam instituted a requirement for all new projects to be accessible to handicapped persons. The Government of Guam policy, however, did not address the compliance issue for pre-existing buildings due to nonavailability of funds. Less than twenty percent of all federally funded programs are in full compliance. This precludes employment of wheelchair bound clients and their accessibility to services.

The community as a whole is not accessible. Businesses and services are spread out within a radius of five (5) miles. Such infrastructure as sidewalks are not available. Unlike many localities in the continental U.S., there is no local law requiring accessibility.

Because of the aforementioned, rental units are not accessible except for five units at Guma Tranquilidad.

Lack of accurate data by which to determine service needs and to develop, justify and monitor programs.

Guam is at times precluded from participating in federally supported social welfare programs as the Territory lacks the necessary data to justify the island's participation. Likewise, due to the lack of data to justify programs, support at the local level is minimized. The lack of accurate data also hinders the island's ability to develop social welfare programs which best meet residents' needs and it hinders the Territory's ability to assess the effectiveness of its programs. The difficulty in assessing the social welfare needs of Guam's residents due to the lack of accurate and timely data has been brought about as a result of several factors.

The means by which statistics are collected is one factor which has contributed significantly to the lack of data. Most data is generated through manual tabulations rather than through computerized programs. As a result, only limited types of data can be generated and indepth client profiles are almost impossible to prepare.

Another factor affecting the quality and quantity of statistical data is the limited manpower with which to compile and analyze it. With few exceptions, most of the island's social welfare agencies do not possess statistical units and so they must depend upon their service providers. As most service providers carry large caseloads, the gathering, tabulating and assessment of program statistics are often given low priority by them. In addition, the timeliness of the data is affected as it is often several months old by the time it is compiled. The last factor which has had an impact upon the availability of data is the lack of communication between agencies and programs. Often times, social welfare program personnel are unaware of statistical information that is available from other programs and agencies which they can utilize to develop or justify their programs. At the same time, agencies and programs with the potential data needed to support another agency's program do not do so because the agency/program is unaware that the data is required elsewhere.

Lack of local input into federal legislation, policies and regulations.

At times, the social welfare needs of Guam's residents are not met as a result of stipulations in federal laws, policies and regulations which either preclude or limit residents' participation in federally assisted welfare programs. This has in part resulted from the lack of local input into them. Numerous factors have played a part in minimizing the impact of the island's input.

One contributing factor is the great geographic distance which exist between Guam and Washington, D.C. as it hinders the island's ability to communicate effectively and in a timely manner. Frequently, copies of proposed changes to existing regulations or newly proposed regulations are received from the Federal Government too late for agencies to adequately respond to them. Also, because of the distance, there is an excessive amount of time and/or expense involved in clarifying points of concern. Lastly, due to the vast geographical difference, Washington, D.C. is 18 hours behind Guam. This difference in time zones further hinders communication.

Guam's political status as an unincorporated territory is another contributing factor which affects its ability to provide input. As a result, most all social welfare legislation have special provisions for Guam which exempt or limit residents' participation. This has occurred due to Guam's lack of political clout in Congress as Guam has a representative only in the House of Representatives, and that representative only has one-half vote in Committee.

The last factor which contributes to federal legislation, policies and regulations not reflecting Guam's needs is that frequently, local officials are less than responsive to request for information or input by off-island sources. Part of this problem is due to a shortage of staff to assign the task to. As most public assistance agencies do not have program policy development staff to prepare responses this additional responsibility is generally assigned to program supervisors who do not have the time to prepare thorough comments and so the comments are not prepared or they are cursory.

Lack of Adequate Personnel

The basic social welfare needs of Guam's population are not being met as a result of inadequate personnel. Due to the inadequate number of trained personnel, social caseworkers are expected to carry large caseloads which affect their ability to respond to their clients' needs appropriately and to refer their clients to additional services which they may be eligible to receive. It also contributes to increased error rates in eligibility determinations and impacts upon potential recipients' abilities to be certified in a timely manner because long waiting periods often occur, except in those instances when severe hardship is involved. The lack of personnel often requires service providers to also perform a number of administrative functions.

Numerous factors contribute to the insufficient numbers of qualified individuals to provide social welfare services. Two of the major causes are: (a) inadequate levels of funding from the federal and territorial governments; and (b) limited numbers of qualified individuals to assume positions. Inadequate funding is a major contributor as it limits the number of positions which can exist. Also it affects the Territory's ability to pay salaries which will attract and retain qualified individuals. If federal programs are returned to the States as presently proposed, the ensuing lower level of federal funds to Guam will further hamper the Territory's ability to fund and maintain the numbers of personnel required. The limited number of qualified individuals plays an important role as these individuals are expected to assume large caseloads or take on supervisory responsibilities to a point where they stop providing direct services. As a result, the agencies have had to resort to using paraprofessionals who have only on-the-job training and no advance training. While the University of Guam's undergraduate Social Work program is contributing to the elimination of this problem, there still continues to be a need for more professional social workers.

FOOTNOTES

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38

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