

2017 Developmental Disabilities Tri-Agency Disabilities Summit Proceedings

May 30, 2017



May 30, 2017
Westin Resort Guam

Summit Proceedings

Compiled and edited by:
Center for Excellence in Developmental Disabilities Education, Research & Service
(Guam CEDDERS)
University of Guam
Mangilao, Guam

2017

Developmental Disabilities Tri-Agency
Disability Summit
Proceedings

Voices that Lead the Future of Individuals with
Disabilities, Families, and Advocates

Guam Developmental Disabilities Council
Guam Legal Services Corporation – Disability Law Center
University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service
May 30, 2017

Table of Contents

Summit Invitation 6

Background 7

Planning Process..... 9

Ten Areas of Emphasis 11

Acronym Guide 13

Summit Input Sessions..... 14

 Session 1: What is Working?..... 15

 Session 2: What is NOT Working? 23

 Sessions 3: Priority Ranking 32

 Session 4: Brainstorm Strategies 33

 Session 5: Draft Strategies – Activities 1 & 2 33

 Session 6: Report Out..... 33

Top Five (5) Priority Areas, Strategies & Activities..... 34

 Priority 1 34

 Priority 2..... 40

 Priority 3..... 47

 Priority 4..... 52

 Priority 5..... 55

Appendix A 58

Appendix B 59

References..... 68

Guam Developmental Disabilities Tri-Agency Summit Invitation

Buenas and Hafa Adai!

Welcome to the 2017 Developmental Disabilities Tri-Agency Summit. This summit provides the opportunity to identify issues and explore solutions in the many ways we can advance the rights and transform programs and services to individuals with disabilities in our community. It is our hope that this summit will help us gather input and plan for strategies aimed at improving and encouraging systems change so that individuals with disabilities are able to exercise their right to make choices, contribute to society, and live independently.

Under the Developmental Disabilities Assistance and the Bill of Rights Act of 2000 (DD Act), each state and territory has a "Tri-Agency." The Tri-Agency on Guam is overseen by the Administration for Community Living's (ACL) Administration for Intellectual and Developmental Disabilities (AIDD) and includes our three member organizations:

1. Guam Developmental Disabilities Council (GDDC) which works to address identified needs by conducting advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion;
2. Protection and Advocacy (P&A) Program with Guam Legal Services Corporation – Disability Law Center (GLSC-DLC) which protects and promotes the personal and civil rights of individuals with developmental disabilities; and the
3. University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service (UOG CEDDERS) which represents a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

We are committed to working to bring the latest knowledge and resources to those who can put it to the best use, including self-advocates, families, service providers, and policymakers.

Your advice and recommendations collected today will be shared with others who will use the information in planning work that addresses the most pressing needs identified in the disability community. Thank you for joining us in this endeavor.

Senseramente,



Rosanne Ada
Executive Director
Guam Developmental
Disabilities Council



Harold Parker
Executive Director
Guam Legal Services Corporation -
Disability Law Center



Heidi San Nicolas, Ph.D.
Director
Guam CEDDERS

Background



Between 1992 to 2017, twenty-five years of forums, agendas, updates, conferences, and Summits were held to gather information on the level of services and supports provided to Guam's individuals with disabilities and their families. The First Territorial Forum on Disabilities was held in March 1992 with a two-fold focus: (1) To gather data for a national review on Guam's population and its services for persons with disabilities; and (2) To document the need for a University Affiliated Program (UAP) on Guam. Held at the Pacific Star Hotel, the First Territorial Forum was co-sponsored by the Governor's Commission on Disabilities led by Benito Servino and by the Guam Developmental Disabilities Council (GDDC) led by Frances Limtiaco Standing Soldier, MPH. Data collection was later compiled by Bonnie Brandt, M.A., through a contract with the newly established Guam University Affiliated Program on Developmental Disabilities (Guam UAP) under the University of Guam. The proceedings released the following issues:

1. Availability of, and access to, comprehensive affordable health and support services
2. Appropriate and affordable housing
3. Access to community living
4. Adequate transportation
5. Need for qualified personnel
6. Need to expand availability of day care services for children with disabilities
7. Availability of equal employment opportunities
8. Attitudes towards individuals with disabilities
9. Full implementation of the Americans with Disabilities Act on the island
10. Need for a centralized database on individuals with disabilities; and
11. Expansion of integrated recreational opportunities for individuals with developmental disabilities.

Three years later in 1995, under a contract with GDDC, Guam UAP, now referred to as Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS) expanded on the 1992 issues and published a Territorial Agenda and Policy Recommendations for Developmental Disabilities with the following:

1. Service and service coordination
2. Health
3. Individual and family supports
4. Housing residential options and community living
5. Employment
6. Transportation, and
7. Education

In a 1997 Forum, Heidi Farra San Nicolas, Ph.D. and Steve Spencer, Ed.D. of Guam CEDDERS, updated the 1995 Territorial Agenda and Policy Recommendations for Developmental Disabilities. New information was published in *Ginen I Man Inutit-Siha: The Voices of Individuals with Disabilities. 1996-1997 Update of the Territorial Agenda and Policy Recommendations for Developmental Disabilities. Prioritized Areas of Emphasis in that Forum presented the following:*

1. Service and service coordination
2. Health, Individual, and Family Supports

3. Employment
4. Housing, Residential Options, and Community Living

Six years later on February 6 and 7, 2003, GDDC, Guam Legal Services Corporation – Disability Law Center (GLSC-DLC), and Guam CEDDERS collaborated to host an island-wide summit. Results were published in the *Island Summit on Disabilities Proceedings. The Voices of Individuals with Disabilities, Their Families and Advocates.* (Nieves P. Flores, Ed.D., Editor). Two hundred fifty self-advocates, families, advocates, and service providers named the following priority areas from “Ten Areas of Emphasis” in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act):

1. Health
2. Quality Assurance
3. Transportation
4. Education & Early Intervention

Eleven years later on May 27, 2014, thirty-nine self-advocates reviewed priorities of the Guam Territorial Agenda on Disabilities. In a tri-fold publication, *Updates from Advocates on Guam's Disability Agenda*, the top three priorities included:

1. Employment
2. Housing and Transportation (Both areas tied for second priority.)
3. Quality Assurance

On April 29, 2017, sixty-eight parents, guardians, and service providers attended an Island-wide Parents Empowering Parents (PEP) Conference naming the following top four priority areas:

1. Education & Early Intervention
2. Community Supports
3. Employment
4. Health

Most recently on May 30, 2017, GDDC, GLSC-DLC, and Guam CEDDERS held a Tri-Agency Disability Summit to hear updates voiced by an invitation-only majority representing 60% of self-advocates and their families and 40% representing service providers. Sixty-seven participants determined the top five priority areas:

1. Employment
2. Education & Early Intervention
3. Health
4. Transportation
5. Housing

Details are covered in this 2017 Developmental Disabilities Tri-Agency Disabilities Summit Proceedings. Areas covered include the outcomes, process, input sessions and an appendix with extended information on the Areas of Emphasis from the DD Act.

This 2017 Developmental Disabilities Tri-Agency Disabilities Summit Proceedings will be disseminated to stakeholders and community leaders including organizations such as Parents Empowering Parents, Autism Community Together, Down Syndrome Association of Guam, Self-Advocates in Action and others; as well as the Guam Legislature, the Governor's Office, and Agency heads. Further, this document will be used to guide future “report cards” and the work of the Developmental Disabilities Tri-Agency.

Planning Process



Tri-Agency Disability Summit Ad Hoc Planning Committee members included: First Row (L-R): Eufemia Local, Parent; Joyce F. Tejeras, Guam CEDDERS Advisory Council Member. Second Row (L-R): Marie Libria, Guam Developmental Disabilities Council (GDDC); Mary Kidd, Guam CEDDERS Consultant; Carol Cabiles, Guam Legal Services Corporation - Disability Law Center (GLSC-DLC). Third Row (L-R): Leone Rohr, Guam CEDDERS Advisory Council Chairperson; Terrie Fejarang, Guam CEDDERS Associate Director.

From April 18, 2017 to May 24, 2017, the Developmental Disabilities Tri-Agency Ad Hoc Planning Committee developed the Summit framework and process agenda. The following was the implementation of their work.

1. The Summit was a one-day, eight-hour plenary event in an accessible venue. That period was determined reasonable for participants to take time away from duties and provide input in a collaborative assembly.
2. Up to 100 stakeholders comprised of 30% self-advocates, 30% family members, and 40% service providers were invited.
3. Accommodations such as ASL interpreters, braille and large print materials were provided.
4. The agenda included six workgroup sessions that evaluated Areas of Emphasis in the DD Act; prioritized areas of need; and proposed strategies to improve services and support.
5. Tri-Agency representatives provided logistical support, assisted self-advocates and recorded session input. Prior to the Summit, Tri-Agency representatives attended an orientation of the workgroup process.
6. The committee determined table layout with heterogeneous grouping. Each table had at least one self-advocate, two or more parents/family members, and two or more service providers. Upon registration, participants were greeted with numbered folders directing them to assigned tables. Sixty-seven participants were seated in groups of five to seven at eleven tables. (Appendix A)
7. Summit committee members:
 - a. Introduced the purpose, outcomes, and history of forums, the 2003 Summit, the 2014 Agenda, and the April 2017 Conference.
 - b. Provided a background of the DD Act and Ten Areas of Emphasis.
 - c. Introduced the agenda and workgroup session process.
 - d. Served as recorder, facilitator, or general participant at assigned table.

8. Table participants were given time to select their facilitator. The roles of facilitator, recorder, and participant were introduced. Ground rules were posted on each table.
 - a. Each facilitator gave directions for each workgroup session and facilitated the process as scheduled.
 - b. Each participant followed directions and engaged in discussion before contributing final verbal or written input for the recorder.
 - c. Each recorder charted input and then keyed it in to a laptop.
9. At the final workgroup session, table representatives reported their top priority Areas of Emphasis and proposed strategies.
10. The committee presented unofficial tally results of the general plenary session's top priority Areas of Emphasis.
11. A Summit evaluation followed.
12. Summit proceedings were compiled for dissemination to stakeholders.

Summit Focus

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) focuses on developmental disabilities to mean:

- a **severe, chronic disability** of an individual that is attributed (related) to a
- **physical or mental** (now called intellectual) **impairment or combination** of mental (intellectual) and physical impairments;
- is manifested **before** the individual reaches **age 22**;
- is likely to **continue indefinitely**;
- results in **substantial functional limitations in 3 or more major life activities** (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency); and
- reflects the individual's need for a combination or sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance
 - » that are of **lifelong or extended duration** and
 - » are **individually planned and coordinated**.

Consistent with the DD Act, the focus of the Summit is therefore to engage stakeholders in facilitated sessions to gather priorities for addressing the needs of Guam's individuals with developmental disabilities. In particular, the Summit provides an opportunity for individuals with developmental disabilities and their families to contribute to prioritizing the design of critical accessible community services, individualized supports and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs.

Summit Outcomes

As a result of the one-day engagement, stakeholders will have:

- Updated the needs of individuals with developmental disabilities in the Ten Areas of Emphasis found in the DD Act;
- Identified the top five Areas of Emphasis priority needs; and
- Identified activities for improving supports and services to address the priority needs.

Summit Agenda

8:00am	Registration	9:45am	Session 1: What IS Working?
8:30am	Introduction Mary Kidd, Guam CEDDERS	10:30am	Break
9:00am	History Carol Cabiles, Guam Legal Services Corporation Disability Law Center Marie Libria Guam Developmental Disabilities Council	10:45am	Session 2: What is NOT Working?
9:30am	Workgroup Process Leone Rohr Parents Empowering Parents of Disabilities Inc. Chairperson, Guam CEDDERS Advisory Council	11:30am	Session 3: Priority Ranking
		12:00pm	Session 4: Working Lunch, Brainstorm Strategies
		1:00pm	Session 5: Draft Strategies
		2:30pm	Break
		2:45pm	Session 6: Top Two Priority Areas – Reporting
		3:30pm	Top Five Priority Areas -Tallying
		4:00pm	Evaluation & Summit Concludes

Ten Areas of Emphasis



Ten Areas of Emphasis

Threaded within the Tri-Agency charge of Guam Developmental Disabilities Council, Guam Legal Services Corporation-Disability Law Center, and University of Guam CEDDERS, the DD Act's Ten Areas of Emphasis provide the areas of supports and services that affect the major life activities of individuals with developmental disabilities. Each agency is required to address one or more Areas of Emphasis for improving the quality of life of individuals with developmental disabilities.

1. **Assistive Technology Activities** – refer to any service that directly assists an individual with a disability in selecting, obtaining, and using an assistive technology device. (Assistive Technology Act of 1998 as amended).
2. **Child Care-Related Activities** – refer to activities that result in families of individuals with disabilities being able to use child care services, before-school, after-school, and out-of-school in their communities.
3. **Community Supports Activities** – refer to services and supports where individuals with disabilities receive protection and assistance to help make their own decisions, be independent, productive, and included in all areas of community life.
4. **Education & Early Intervention Activities** – activities that result in individuals with disabilities, birth to 21, being able to get the most of their education potential, benefit from lifelong educational activities, and be included in all areas of student life.
5. **Employment-Related Activities** – activities that result in individuals with disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community.
6. **Health-Related Activities** – activities that result in individuals with disabilities having access to and use of coordinated health, dental, mental health (now called intellectual), and other human and social services, including prevention activities in their communities.
7. **Housing-Related Activities** – activities that result in individuals with disabilities having access to and use of housing and housing supports and services in their communities, including help related to renting, owning, or modifying an apartment or home.
8. **Quality Assurance Activities** – monitoring services, supports, and assistance to ensure that the individuals with developmental disabilities: (a) will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and (b) will not be subject to inappropriate use of restraints or seclusion. It includes training in leadership, self-advocacy, and self-determination for individuals with developmental disabilities, their families, and their guardians to ensure services, supports and assistance.
9. **Recreation-Related Activities** – activities that result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities in their communities.
10. **Transportation-Related Activities** – activities that result in individuals with developmental disabilities having access to and use of transportation.



Acronym Guide

ABLE Act – Achieving a Better Life Experience Act (2013)

ACT – Autism Community Together

ADA – Americans with Disabilities Act

ADHD – Attention Deficit/Hyperactivity Disorder

AHRD – Agency for Human Resources Development

AJC – American Job Center

APS – Adult Protective Services (Division of Senior Citizens, DPHSS)

ASQ3 – Ages & Stages Questionnaires
(standardized developmental screening)

AT – Assistive Technology

CAP – Client Assistance Program

CBE – Community Based Education

CBI – Community Based Instruction

CCDF – Child Care Development Fund (DPHSS)

CHP – Community Habilitation Program (CSS)

CIL – Center for Independent Living

CPI – Crisis Prevention Intervention

CPS – Child Protective Services (Bureau of Social Services
Administration, DPHSS)

CSS – Catholic Social Services

CWD – Child with Disability

DD – Developmental Disability

DDC or GDDC – Guam Developmental Disabilities Council

DOL – Department of Labor

DEED – Department of Education Extended Day
(After-school program, GDOE)

DHH or HH – Deaf and Hard of Hearing

DISID – Department of Integrated Services for Individuals
with Disabilities

DOE or GDOE – Guam Department of Education

DPHSS – Department of Public Health & Social Services

DPR – Department of Parks and Recreation

DSAG – Down Syndrome Association of Guam

DSS – Division of Support Services (DISID)

DVR – Division of Vocational Rehabilitation (DISID)

DYA – Department of Youth Affairs

EMT – Emergency Medical Technician

FAPE – Free Appropriate Public Education

GAPSD – Guam Advisory Panel for Students with Disabilities (GDOE)

GBHWC – Guam Behavioral Health & Wellness Center

GCC – Guam Community College

Guam CEDDERS – University of Guam Center for Excellence in
Developmental Disabilities Education, Research, & Service

GCSAFV – Guam Coalition Against Sexual Assault & Family Violence

GEIS – Guam Early Intervention System

GHC – Guam Homeless Coalition

GHC – Guam Housing Corporation

GHURA – Guam Housing and Urban Renewal Authority

GIAA – A.B. Won Pat International Airport Authority, Guam

GIFTS – Guam Identifies Families Terrific Strengths, Inc.

GLSC-DLC – Guam Legal Services Corporation – Disability Law Center

GMH or GMHA – Guam Memorial Hospital Authority

GMT – Guam Medical Transport

GPD – Guam Police Department

GPLS – Guam Public Library System

GPPT – Guam's Positive Parents Together

GRTA – Guam Regional Transit Authority

GSAT – Guam System for Assistive Technology

Guam UAP – Guam University Affiliated Program on
Developmental Disabilities

HMHB – Healthy Mothers, Healthy Babies (Fair, DPHSS)

HS – High School

HSP – Health Services of the Pacific

ICC or Guam ICC – Guam Interagency Coordinating Council

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

IFG – I'Famagu'on-ta (GBHWC Child-Adolescent Services)

IFSP – Individualized Family Services Plan

IHP – International Health Providers, LLC

IPE – Individualized Plan for Employment (DISID)

IR – Intake/Referral

IWD – Individual with Disability

IWDD – Individual with Developmental Disability

JOBS – Job Opportunities and Basic Skills Program

LAGG – Lupus Awareness Group of Guam

MIP – Medically Indigent Program (DPHSS)

MT – Medical Transport (HSP)

NGO – Non-Governmental Organization

NPO – Non-Profit Organization

OASIS – Oasis Empowerment Center

OOA – Office of Accommodations (GCC)

OPG – Office of the Public Guardian

OT – Occupational Therapist

PARI – Pacific Ability Resources, Inc.

PEP – Parents Empowering Parents of Children with Disabilities, Inc.

PT – Physical Therapist

PTO – Parent Teacher Organization

SBDC – Small Business Development Corporation

SiñA – Self-Advocates in Action

SLT – Speech & Language Therapist

SOGU – Special Olympics Guam

SpEd or SPED – Special Education (GDOE)

SPIMA – Servicio Para I Man'Amko (Government of Guam
Association of Retired Persons, Inc., 1969)

SNU – Skilled Nursing Unit

SSI – Supplemental Security Income (Social Security)

ST – Speech Therapist

SVCS – Services

SW – Social Worker

TTY – Teletypewriter or Teleprinter

UA – United Airlines

UAP – University Affiliated Program

UOG – University of Guam

VARO – Victim Advocates Reaching Out

WIC – Women, Infants, & Children Program (DPHSS)

YFY – Youth for Youth Conference

Summit Input Sessions



Session 1: What is Working?

Share what you think Is Working in each Area of Emphasis.

Summary:

The input received for “What is Working?” in each of the Ten Areas of Emphasis has been organized by categories related to the Tri-agency services and supports. The highest ranked category for each Area of Emphasis included:

1. **Assistive Technology Activities:** Community Services – Training & Technical Assistance
2. **Child Care-Related Activities:** Community Services – Training & Technical Assistance
3. **Community Supports Activities:** Community Services – Training & Technical Assistance
4. **Education & Early Education Activities:** Community Services – Training & Technical Assistance
5. **Employment-Related Activities:** Community Services – Training & Technical Assistance
6. **Health-Related Activities:** Integration/Inclusion
7. **Housing-Related Activities:** Community Services – Training & Technical Assistance
8. **Quality Assurance Activities:** Advocacy – Legal & Human Rights
9. **Recreation-Related Activities:** Integration/Inclusion
10. **Transportation-Related Activities:** Community Services – Training & Technical Assistance

The following statements in each Area of Emphasis present how participants voiced their input of services and supports:

1. Assistive Technology Activities

The top three categories identified as “working” for Assistive Technology Activities include the following: **1.1 Community Services – Training & Technical Assistance; 1.2 Integration / Inclusion;** and **1.3 Research & Dissemination.** Other categories in descending order of frequency are presented.

1.1 Community Services: Training & Technical Assistance

- 1.1.1 Training: GSAT offers a lot of training with parents and consumers; Families can get information, training and trial period with equipment; Two individuals trained in helping students use AT.
- 1.1.2 Technical Assistance:
 - 1.1.2.1 Guam CEDDERS / GSAT: Having GSAT available to provide equipment to families; GSAT provides devices to families; GSAT loaned wheelchair to Karidat program (CSS) for client; Loaning iPad – GSAT/SpEd (process was long); CEDDERS organization – having organized place and having trained personnel to answer questions and provide assistance on assistive technology (AT) devices; Guam CEDDERS;

GSAT; GSAT provides AT devices and loans; Available tools at GSAT; GSAT – what equipment is available; explain cost, loan equipment.

- 1.1.2.2 GDOE: Hearing aids – SpEd loaned to student (which shouldn't be; not sure if it has changed); DVR should loan or buy the hearing aids; GDOE providing AT, finding out what the need is. I was provided AT (laptop). IEP modified equipment; Need for iPads in school; Computers/ cell phones/hearing aids/wheelchairs for school purposes.
- 1.1.2.3 DVR: Victor reader/recorder/laptop and braille notes – DVR; Cell phone and computer
- 1.1.2.4 Shriners: Shriners Clinic; Leg brace & walker – Shriners.
- 1.1.2.5 General: Son has laptop to better communicate his thoughts and ideas; still using today, although he needs a new laptop. Wheelchairs working, parent/patients, agencies see what's working; Cell phones, TTY, video relay – talk to other deaf/HH; DVR should loan or buy the hearing aids.

1.2 Integration/Inclusion

- 1.2.1 GDOE: IEP, AT, assessments; Usage of assistive technology in school; Longevity of the program/dependable/location; IPAD-SPED
- 1.2.2 GIAA: Works at GIAA with United Airlines (UA) with wheelchair service. Will take you to Elevator 2 to boarding gate and back. UA assists in entire boarding process.
- 1.2.3 Gov't. of Guam Office of Technology: Provides technical support to become ADA compliant. Fed Regs has points to make website compliant.
- 1.2.4 GRTA: GRTA has accessible website; Public transportation
- 1.2.5 Guam Election (Commission) – iVote Electronic

1.3 Research

- 1.3.1 AT Conferences, updates every year; GSAT Conference; GSAT services/conferences/loan programs; Guam System for Assistive Technology and Advisory Council and GDOE

1.4 Dissemination: Public Awareness & Related Activities

- 1.4.1 Awareness in AT availability; GSAT awareness with yearly conferences and fairs; Outreach/awareness

1.5 Individualized Supports: Promoting Self-Determination

- 1.5.1 GSAT Loan Program; GSAT can help you purchase; Akudi Loan Program offers low interest and are helpful; Loan programs with Guam System for Assistive Technology; GSAT – purchase equipment via loans

1.6 Other

- 1.6.1 Never had experience to get anything from GSAT

2. Child Care-Related Activities

The top three categories identified as “working” for Child Care-Related Activities include the following: **2.1 Community Services – Training & Technical Assistance; 2.2 Advocacy – Legal & Human Rights; and 2.3 Integration/Inclusion.** Other categories in descending order of frequency are presented.

2.1 Community Services: Training & Technical Assistance

- 2.1.1 Training: Trained staff; More support and training; Training for child care workers have improved; Disaster training; Training for providers; More accessible facilities and training provided; Training services available to childcare staff; Child care staff go to trainings on IWD; Open to training and education. Caregivers must be certified in the child care centers.
- 2.1.2 Technical Assistance: Daycares that provide SVCS; Variety of programs available for childcare services; Offering more after-school care/activities; After school programs; After school programs – one 24-hour child care facility + drop ins; After school federally subsidized programs; After school care; DEED (Department of Education Extended Day) after-school program; Public assistance available, i.e. Block Grant; CCDF in DPHSS that fund child care for clients with and without DD with eligibility; Collaboration with DOE Early Intervention/SPED/Preschool/Occupational Therapists/Clinics; Collaborate with providers to conduct ASQ3 Developmental Screening from birth to age 5.

2.2 Advocacy: Legal & Human Rights

- 2.2.1 Some child care facilities accept children with disabilities. Child care centers and In-home providers have to follow mandates for ADA compliance; Strict requirements for child care; Personal home in-home providers need to follow safety guidelines; Sanitary rules to be followed; and Child care centers must be licensed; Quality assurance for child care; Higher standards for centers; More centers are ADA compliant; More day cares are certified/regulated.

2.3 Integration/Inclusion:

- 2.3.1 Accessibility for services; staff knowledge in disabilities to modify activities. People willing to work with people with DD issues. Family supports / extended families.

2.4 Dissemination: Public Awareness & Related Activities

- 2.4.1 Awareness increased for disabilities

2.5 Other

- 2.5.1 Community Habilitation Program (Catholic Social Services)
- 2.5.2 Transition program with high school students under GBHWC (Guam Behavioral Health & Wellness Center).
- 2.5.3 Youth inpatient facilities to monitor/care for children; DVR/DSS (DISID) – I/R, assessment, training, co-sponsor of GSAT conference.

3. Community Supports Activities

The top three categories identified as “working” for Community Supports Activities include the following: **3.1 Community Services – Training & Technical Assistance; 3.2 Integration/Inclusion; and 3.3 Dissemination – Public Awareness & Related Activities.** Other categories in descending order of frequency are presented.

3.1 Community Services: Training & Technical Assistance

3.1.1 Technical Assistance:

- 3.1.1.1 Catholic Social Services Program – Community Habilitation Program (CHP) is working; CSS Community Habilitation Program (relates to IWD; where they go for activities during the day; located in Ordot next to church); Community Habilitation Program for Adults; Senior Programs
- 3.1.1.2 DISID (program at least established); DVR: Employment assistance, assistance for hard of hearing
- 3.1.1.3 DPHSS – Medicaid/MIP, Medicare, Food Stamp
- 3.1.1.4 Guam Behavioral Health and Wellness Center (GBHWC); I Famagu'on-ta
- 3.1.1.5 GHURA – housing for IWD
- 3.1.1.6 Guam Regional Transit Authority – provides community transportation; Paratransit
- 3.1.1.7 Guam Special Education; Bus that takes CWD; Principal helped get bussing for CWD; GAPSD – Guam Advisory Panel for Students with Disabilities
- 3.1.1.8 GSAT: provide loans, loan assistive technology for daily living

3.1.2 Training:

- 3.1.2.1 CSS takes in clients for training & employment
- 3.1.2.2 Community-increased support for education on DD issues; Increase

in training from non-governmental organizations (NGO)

- 3.1.2.3 DD Council – provides funds for training & advocacies
- 3.1.2.4 Guam CEDDERS - Training, policy development, education, research
- 3.1.2.5 Guam Community College - GCC forums on disabilities; Training provided; More first-responder trainings

3.2 Integration/Inclusion

- 3.2.1 Agencies providing home visits and outreach e.g. CSS; CSS CHP, PEP summer camps; HSP, DPHSS, and GBHWC
- 3.2.2 Catholic Social Services has inclusion activities; Community Habilitation Program
- 3.2.3 Community-based organization – CSS, PEP; Autism Community Together; Guma' Mami; Down Syndrome Association of Guam; More non-profit organizations equals an increase in community supports; Salvation Army; Red Cross
- 3.2.4 Governor's Office – Community Outreach Office & First Lady's Office – Rigalu Foundation; Mayors' Office/Council, Mayors' support
- 3.2.5 Local offices/businesses such as Hospital, Public Health, Mayors' Office, Social Services, GPD, take in clients for training & employment
- 3.2.6 Newborn screening – GMH partnership, GEIS
- 3.2.7 Number of community activities that don't exclude them; NGOs such as Guma' Mami, VA groups; Guam Special Olympics; Hemophiliac Camp; Autism Paddle Boarding; Agana Swimming Pool lessons

3.3 Dissemination: Public Awareness & Related Activities

- 3.3.1 Agencies providing healthcare fairs – ACT, DOE, GLSC-DLC
- 3.3.2 Art fair that lets people see artwork from IWD
- 3.3.3 Educational awareness – what's out there or where to go for help?
- 3.3.4 Head Start Fairs
- 3.3.5 Information given for school/doctors

3.4 Advocacy: Legal & Human Rights

- 3.4.1 Advocacy Programs (GSLC-DLC); GLSC-DLC services; GLSC helped in working with DOE on rights; help with legal aspects when IWD can't make their own decisions; Guam Legal Services
- 3.4.2 APS/CPS (Adult Protective Services/Child Protective Services – DPHSS)
- 3.4.3 Legislature: Create laws & policies; Gov't. Guam law – front of line for IWD
- 3.4.4 Public Guardian for individual with disability without family member to advocate; Public Defender provides monitoring

3.5 Individualized Supports: Promoting Self-Determination

- 3.5.1 Parents Empowering Parents (of Children with Disabilities, Inc. – PEP); P.E.P.: Parents Empowering Parents
- 3.5.2 Self-Advocates in Action (SiñA); SiñA teaches self-advocacy
- 3.5.3 Transition services; Flame Tree Program under DVR (DISID); Community-based organization - DISID

3.6 Research

- 3.6.1 Guam CEDDERS: Training, policy development, education, research

4. Education and Early Intervention Activities

The top three categories identified as “working” for Education and Early Intervention Activities include the following: **4.1 Community Services – Training & Technical Assistance;** **4.2 Integration/Inclusion;** and **4.3 Individualized Supports – Promoting Self-Determination.** Other categories in descending order of frequency are presented.

4.1 Community Services: Training & Technical Assistance

4.1.1 Training

- 4.1.1.1 GDOE SpEd – training with DVR; what they are able to do; or what work-related field they can go into; Teacher training program at UOG; NGOs with advocacy and training – outreach and awareness to recognize developmental delays; NGOs (ex. HunterSpeaks) take action to train professionals.

4.1.2 Technical Assistance:

- 4.1.2.1 DPHSS: Kariñu (4x); Kariñu – Early Childhood Program – Socio/Emotional; Public Health (PH) programs involved (ex. Project Kariñu, Project Bisita, and home visiting programs); Block Grants
- 4.1.2.2 GDOE: DOE Child Find; Provide services at the sitter's home for speech (GEIS); Check hearing (GEIS); GEIS has good referral process for services; GEIS; GEIS/Preschool programs; Existing educational and early intervention programs; Guam Early Intervention System helps before children reach school age; Developmental screenings; Guam Early Intervention System – Developmental. More collaboration from birth to 5 years old with community programs. SPED: Preschool Program, Autism Program; Preschool–Autism program for preschool; Support for interpreting services for the Deaf program from elementary to high

school; Free education the disability; GDOE/SpEd; Monitoring behaviors in school; School counselors working with psychologists; Guam Special Education (SpEd); DOE-SPED (2x); DOE Summer Programs; GAPSD

- 4.1.2.3 Head Start (3x); Head Start Program
- 4.1.2.4 GCC – Project AIM (Student Support Services Program)
- 4.1.2.5 Guam CEDDERS; Guam System for Assistive Technology (GSAT)
- 4.1.2.6 ICC involves programs and parents of children with disabilities that run the meeting.
- 4.1.2.7 IDEA: IEPs with DOE SPED; IEP during Elementary years; IEP Plans; Workers were able to help my son (Mom-Cassandra). They conducted test & assessment. He is still in the system. He is enrolled for both class & job training. This is provided for both child & parent = IEP. They reach out to parents, but parents must also reach out. They must go out in a natural setting, go to children centers. Good service provider support for children.
- 4.1.2.8 UOG has a disability counselor

4.2 Integration/Inclusion:

- 4.2.1 Accommodations given to students with disabilities increased.
- 4.2.2 DVR on Pre-employment transition services. Partnership between DVR and GCC and OOA (Office of Accommodations, GCC)
- 4.2.3 Guam CEDDERS: Leader for intervention – Guam EHDI, Launch; Speech Pathology program with CEDDERS; IFG/CEDDERS
- 4.2.4 GCC – working with students and with DOE SPED program and transition
- 4.2.5 Hospital – early detection program
- 4.2.6 Pediatricians; Specialists

4.3 Individualized Supports: Promoting Self-Determination

- 4.3.1 Parents Empowering Parents (PEP)
- 4.3.2 Family Supports
- 4.3.3 Special Olympics

4.4 Dissemination: Public Awareness & Related Activities

- 4.4.1 Awareness is there; well promoted with commercials
- 4.4.2 Educational materials during outreach

4.5 Pre-Service Training:

- 4.5.1 Speech Pathology program with CEDDERS

5. Employment-Related Activities

The top three categories identified as “working” for Employment-Related Activities include the following: **5.1 Community Services – Training & Technical Assistance**; **5.2 Integration/Inclusion**; and **5.3 Advocacy – Legal & Human Rights**. Other categories in descending order of frequency are presented. A comment may appear more than once if the same statement applies to more than one category.

5.1 Community Services: Training & Technical Assistance

5.1.1 Training

- 5.1.1.1 CSS provides Skills Training for students; Job coaches and social workers support.
- 5.1.1.2 DPHSS JOBS (Job Opportunities & Basic Skills) Program provides childcare and job training in education, and also linking to other resources for job training to become independent and self-sufficient.
- 5.1.1.3 DVR assists consumers w/ job coach and getting a job, and also provides training that they need for a job they want to do. DVR is helping my son for employment, job training and classes to prepare for employment (Mom-Cassandra). VR/ Job training. DVR – placement in job training; goes into high schools and does orientation on programs available; Flame Tree (DVR)
- 5.1.1.4 Schools – Training programs that accept IWD

5.1.2 Technical Assistance

- 5.1.2.1 DISID/DVR: Division of Vocational Rehabilitation (DVR) helps with employment; DVR (outreach & orientation); You can also get referred to DVR, depends on the counselor; some counselors are good and push papers through, others not so much; DISID-IWD has job offer; DVR services; DISID/DVR; Division of Vocational Rehabilitation
- 5.1.2.2 DOL/AJC/iCan: American Job Center (4x); DOL-American Job Center; DOL/One Stop helps individuals w/ disabilities find jobs; DOL; Department of Labor (2x); AHRD/ Dept. of Labor. iCan Resources: iCan (5x); Daughter now under iCan; Heard about it through word of mouth, not referred; did not deal with DISID.

5.2 Integration/Inclusion

- 5.2.1 CSS works with DVR to provide jobs for clients with DVR and iCan Resources.
- 5.2.2 Guam Economic Development Authority
- 5.2.3 HS counselor got daughter into AHRD summer program; she worked for two years in that program.

- 5.2.4 Passport to Careers in School; Service Learning (CBE/CBI)
- 5.2.5 Empathetic employer; Some private companies do employ IWD 5% of total staff; Businesses like hotels hire IWD – Nikko, Hyatt; Disability employment

5.3 Advocacy: Legal & Human Rights

- 5.3.1 Aware of 1:1 program
- 5.3.2 2% Law (GovGuam); Few employers hire IWD; Government law – at least 10% of employees have to be IWD.
- 5.3.3 Provide self-employment; Self-Advocacy
- 5.3.4 Section 501; Section 503

5.4 Individualized Supports – Promoting Self-Determination

- 5.4.1 Able Industries; Akudi Loan Program (GSAT, Guam CEDDERS); Client Assistance Program (CAP); Cottage Home Industries; PARI; OASIS Empowerment Center
- 5.4.2 DVR is helping my son for employment, job training and classes to prepare for employment (Mom-Cassandra). I was employed through DVR (Candice-Self-Advocate). On the job training.
- 5.4.3 Grants for self-employment; Self-employment

5.5 Dissemination: Public Awareness & Related Activities

- 5.5.1 Job Fairs

6. Health-Related Activities

The top three categories identified as “working” for Health-Related Activities include the following: **6.1 Integration/Inclusion**; **6.2 Community Services – Training & Technical Assistance**; and **6.3 Dissemination – Public Awareness & Related Activities**. Other categories in descending order of frequency are presented.

6.1 Integration/Inclusion:

- 6.1.1 American Medical Center; Guam Memorial Hospital Association; International Health Partners (IHP); Guam Cancer Care; Take Care; Guam Memorial Hospital/SNU (Skilled Nursing Unit); St. Dominics; Alee Shelter; Salvation Army
- 6.1.2 DPHSS – Public Health offers specialist clinic and services like Shriners; Shriners Clinic; Shriners; Head Start Coordination with Dental Floor – DPHSS
- 6.1.3 Early screening for newborns – e.g. GEHDI, vision and hearing tests; GEIS; GDOE – Outreach for dental, vision, hearing, etc.
- 6.1.4 EMT – no problems with service
- 6.1.5 Introduction to Able Bill by Sen. Rodriguez.
- 6.1.6 Medical providers are patient and communicate well with IWD and their families; More trained caregivers and businesses catered to helping

people with disabilities; Mobile caregivers; Home services available – Care taking; cleaning services; Respite Care; Lions Club (2x); Service providers in group homes; Home services; Medical Transport

- 6.1.7 Mobile Health Clinics; Sen. Rodriguez mobile health unit; Free immunizations, Free fluoride varnishings/scoliosis check; Mobile Clinic; Senator Rodriguez
- 6.1.8 More private doctors catering to Individuals with Disabilities (IWD), families and children: Dr. Lee Meadows, Pediatric Doctor who works with children with disabilities; understands about AD/HD, etc; Recommends book entitled “Driven to Distraction;” Dr. Que; Trying to build Autism Center; Dr. Yasuhiro is open to work with her son (Mom-Evelyn) – IWDD
- 6.1.9 UOG – Psychology department works with counseling services for IWD

6.2 Community Services: Training & Technical Assistance

- 6.2.1 Training: DPHSS - PH (Public Health) working with families – health education; Guam Coalition Against Sexual Assault & Family Violence (GCSAFV); Victim Advocates Reaching Out (VARO); training for preventive measures
- 6.2.2 Technical Assistance:
 - 6.2.2.1 DPHSS – Medicaid covers special needs services; Children with special health care needs program – follow children and refer them to needed services; Helps guide them through DPHSS to get health and social services; Clients and family members/guardians that have private health insurance and Tri-Care, Medicare, work with GBHWC, and also covers dental; Access to healthcare through insurance (Medicaid); Medicaid – IWD qualify; Access outreach; Medicare / Medicaid /MIP programs; Medicare; Medicaid – easy getting meds; MIP
 - 6.2.2.2 Public Health offers specialist clinic and services like Shriners; Shriners Clinic; Genetics Clinic; DPHSS – Bisita, Kariñu
 - 6.2.2.3 DPHSS – Public Health: Access to services; more satellites – Central, North, South – more access; DPHSS (access to 3 centers on Guam); Southern Clinic – DPHSS
 - 6.2.2.4 DPHSS – outreaches/WIC; Immunization (2x); Dental outreaches; dental services; DPHSS benefits (free check-up on medical/mental health)
 - 6.2.2.5 GBHWC – Work with GBHWC; Guam Behavioral Health and Wellness Center (2x); GBHWC services; I Famagu'on-ta (2x); Wrap-around Systems of Care with Behavioral Health is working.
 - 6.2.2.6 Red Cross: financial assistance for medical

6.3 Dissemination: Public Awareness & Related Activities

- 6.3.1 DPHSS – Division of Environmental Health – Educational outreaches; Public Health Outreaches/Fairs
- 6.3.2 DPHSS – Maternal Child Health - HMHB Fair (Healthy Mothers, Healthy Babies Fair)
- 6.3.3 DPHSS - Non-communicable disease consortium – Breastfeeding Awareness Fair
- 6.3.4 GBHWC Ad – Re: Who needs help
- 6.3.5 Health Fairs (2x)

6.4 Individualized Supports: Promoting Self-determination

- 6.4.1 1st Autism Summit
- 6.4.2 Dr. Que; Trying to build Autism Center
- 6.4.3 Family support
- 6.4.4 HunterSpeaks Organization

7. Housing-Related Activities

The top three categories identified as “working” for Housing-Related Activities include the following: **7.1 Community Services – Training & Technical Assistance; 7.2 Individualized Supports – Promoting Self-Determination; and 7.3 Integration/Inclusion.** Other categories in descending order of frequency are presented.

7.1 Community Services: Training & Technical Assistance

- 7.1.1 Technical Assistance:
 - 7.1.1.1 CSS - CSS has a program for assistance with housing; Housing also provided through CSS; Provides access to group homes for individuals with disabilities – CSS; Karidat Programs (Catholic Social Services); Guma’ San Jose (3x); Aleo Shelter (2x); CSS Residential facilities.
 - 7.1.1.2 GBHWC – Provides access to group homes for individuals with disabilities; GBHWC – Residential facilities; GBHWC facilities.
 - 7.1.1.3 GHURA - GHURA has a program for adults with disabilities; assistance with housing; Section 8 under GHURA for people with disabilities; they can rent and have priority on the waiting list; Guam Housing and Urban Renewal Authority (GHURA) – 2x; Section 8; GHURA has Section 8 vouchers for sheltered housing; GHURA (2x); Programs under GHURA for IWD – help pay for home improvement to make home accessible. GHURA outreach for IWD – Guma’Trankilidat.
 - 7.1.1.4 Guma’ Mami – housing for adults with disabilities; Provides access to group

homes for individuals with disabilities – Guma’ Mami; Guma’ Mami (Maite) serves 12 adults; Guma’ Mami (2x)

7.2 Individualized Supports: Promoting Self-Determination

- 7.2.1 CSS – Liheng – Sagan Ayudan Maisa
- 7.2.2 Department of Integrated Services for Individuals with Disabilities/DVR: helps with financial to modify home; DISID/DSS Assistance; ADA standards.
- 7.2.3 GHC – Guam Housing Corporation /Corp. (2x); Guam Housing Corp – help financially
- 7.2.4 GHURA willing to assist and be supportive; Family support; Ability to rent for family.
- 7.2.5 Independent Living provides support to allow individuals to stay by themselves.

7.3 Integration/Inclusion

- 7.3.1 Erica’s House
- 7.3.2 Family supports
- 7.3.3 Guam Homeless Coalition
- 7.3.4 Red Cross
- 7.3.5 Salvation Army (2x)
- 7.3.6 Sanctuary (2x)
- 7.3.7 Skilled Nursing Unit (SNU)
- 7.3.8 St. Dominic’s

8. Quality Assurance Activities

The top three categories identified as “working” for Quality Assurance Activities include the following: **8.1 Advocacy – Legal & Human Rights; 8.2 Community Services – Training & Technical Assistance; and 8.3 Individualized Supports – Promoting Self-Determination.** Other categories in descending order of frequency are presented.

8.1 Advocacy: Legal & Human Rights

- 8.1.1 CSS: Monitoring and prevention against abuse/neglect
- 8.1.2 DISID: ADA Trainings/monitoring of accessible parking
- 8.1.3 DPHSS: Adult Protective Services (2x); DSC-APS; APS, CPS = Monitoring and prevention against abuse/neglect; CPS/APS; Child Protective Services (2x); DPHSS – CPS; Bureau of Social Services Administration, Child Protective Services
- 8.1.4 Familial involvement through monitoring to ensure quality assurance; Monitor Sites; Parent Organizations and advocates
- 8.1.5 Family Court
- 8.1.6 GDOE: DOE has compliance officials; IDEA
- 8.1.7 Guam Legal Services Corporation – Disability Law Center; Guam Legal Services (2x); GLSC-DLC = Monitoring and prevention against abuse/neglect; GSLC-DLC; GLS; CSS is monitored by

GLSC-DLC; Senior Citizen Ombudsmen, Mental Health

- 8.1.8 OPG: Public Guardian (OPG); OPG = Monitoring and prevention against abuse/neglect; Office of the Legal Guardian; OPG (Office of Public Guardian)
- 8.1.9 Victim Advocates Reaching Out

8.2 Community Services: Training & Technical Assistance

- 8.2.1 Training
 - 8.2.1.1 DISID – ADA Trainings/monitoring of accessible parking
- 8.2.2 Technical Assistance
 - 8.2.2.1 Evaluations of Federal Grants; State Plan hearings; Executive/Legislative Reports
 - 8.2.2.2 Guam Behavioral Health and Wellness Center; GBHWC-IFG; GBHWC
 - 8.2.2.3 GCSAFV (Guam Coalition Against Sexual Assault & Family Violence)
 - 8.2.2.4 GDOE: DOE-SpEd; Guam Advisory Panel for Students with Disabilities (GAPSD); Forum for students with disabilities - SPED
 - 8.2.2.5 Guam Developmental Disabilities Council; Federal Partners
 - 8.2.2.6 GHURA – Homeless Coalition
 - 8.2.2.7 Most programs have advisory council, but are more focused on programs. It's best if a 3rd party is available to address Quality Assurance to avoid COI

8.3 Individualized Supports: Promoting Self-Determination

- 8.3.1 Autism Community Together
- 8.3.2 Client Assistance Program (CAP)
- 8.3.3 Guam Special Olympics
- 8.3.4 NGOs started; Increase in self-advocacy; More in the public eye
- 8.3.5 Parents Empowering Parents
- 8.3.6 Self-Advocates in Action (SiñA) (2x)

9. Recreation-Related Activities

The top three categories identified as “working” for Recreation-Related Activities include the following: **9.1 Integration/Inclusion**; **9.2 Community Services**; and **9.3 Individualized Supports – Promoting Self-Determination**. Other categories in descending order of frequency are presented.

9.1 Integration/Inclusion

- 9.1.1 ACT events; ACT
- 9.1.2 Big Brother/Big Sister
- 9.1.3 Down Syndrome Association; Down Syndrome
- 9.1.4 E-Soccer (3x); Community has soccer league for CWD; Soccer Association

- 9.1.5 Guam Youth Football Association
- 9.1.6 Hotel – Swimming lessons for IWD
- 9.1.7 Lion's Club
- 9.1.8 Lupus (Lupus Awareness Group of Guam or LAGG)
- 9.1.9 NGOs – 5K; Family Fun Day and hiking events; Summer Camp (3x)
- 9.1.10 Non-profit event groups; Non-profits provide leisure & social activities
- 9.1.11 PEP – PEP activities; PEP Sib Shops are activities offered for children with disabilities; PEP Summer Camp; Summer camp/PEP
- 9.1.12 Private organizations – summer camp; Private organizations – surfing; Private organizations – services
- 9.1.13 Special Olympics (6x); Special Olympics annual events; Special Olympics (Swimming, Track & Field, Bowling)
- 9.1.14 Sports program for all children are more inclusive & integrated; Sports with modified equipment
- 9.1.15 Well-known Chuck E. Cheese's early opening on Sundays for children with sensory problems

9.2 Community Services: Training & Technical Assistance

- 9.2.1 Technical Assistance:
 - 9.2.1.1 CSS – Adult Day Care; Karidat; Alee Shelter – Children's Carnival
 - 9.2.1.2 CEDDERS
 - 9.2.1.3 DPHSS: Project Kariñu – Reach Out and Read / Power of Play; Power of Play Outreach
 - 9.2.1.4 DPR – work on accessible facilities; Increased access for parks and communication service projects; Guam Parks & Rec
 - 9.2.1.5 DYA Resource Centers
 - 9.2.1.6 GBHWC - GBHWC swimming program; iCARE programs (GBHWC); IFG workshops
 - 9.2.1.7 GCC ASL group
 - 9.2.1.8 GDDC/DISID Bowling Event; DVR; Guam Developmental Disabilities Council (GDDC); GDDC
 - 9.2.1.9 GDOE: Guam Early Intervention System; Passport to Services; Head Start; SPED Leisure Ed (2x); Public School Sports
 - 9.2.1.10 Guam Public Library System (GPLS)
 - 9.2.1.11 Island-wide Science Fair
 - 9.2.1.12 Outings for residents in group homes
 - 9.2.1.13 UOG

9.3 Individualized Supports: Promoting Self-Determination

- 9.3.1 GIFTS
- 9.3.2 GPPT

- 9.3.3 Guma' Mami Creative Art Exhibit
- 9.3.4 Siña
- 9.3.5 Support Groups
- 9.3.6 YFY Conferences (Youth for Youth)

9.4 Dissemination: Public Awareness & Related Activities

- 9.4.1 Health/educational fairs

9.5 Other:

- 9.5.1 In the hotels, they have a hearing kit – a flasher for the door, light hooked up for phone so you know when it rings.

10. Transportation-Related

The top three categories identified as “working” for Transportation-Related Activities include the following: **10.1 Community Services – Training & Technical Assistance**; **10.2 Integration/Inclusion**; and **10.3 Advocacy – Legal & Human Rights**. Other categories in descending order of frequency are presented. A comment may appear more than once if the same statement applies to more than one category.

10.1 Community Services: Training & Technical Assistance

- 10.1.1 Training
 - 10.1.1.1 GRTA - Teach the bus drivers to communicate in other ways with the regular transit
 - 10.1.1.2 OASIS provides training
- 10.1.2 Technical Assistance
 - 10.1.2.1 CSS provides buses; Senior citizens transportation; CSS group home; CSS clients Point to Point transportation seems to be working; SPIMA
 - 10.1.2.2 GDOE SpEd: SPED provides buses; Pick up and drop off by SPED buses at childcare center; DOE SpEd Bus; DOE bus services; SpEd.
 - 10.1.2.3 GRTA: Guam Regional Transit Authority (GRTA); provides fixed and paratransit services; Some improvement; GRTA (new vehicles); GRTA – new buses/vans; Senior

citizen transportation; GRTA Kloppenberg Co. – seniors' transportation service for medical appointments and adult daycare services; GRTA services; Schedule time with GRTA; Fees are reasonable and affordable; Lower fee for IWD if they have their disability card; Contract awarded – not struggling between two businesses; Have paratransit vans for IWD; Para transit is doable.

- 10.1.2.4 Fukuda: Other transportation – Fukuda Ent. – expensive though; Fukuda Enterprises; Fukuda (private)

- 10.1.2.5 GMT services; Guam Transportation to dialysis

10.2 Integration/Inclusion

- 10.2.1 Bus pass/gas cards (BISITA - gas cards, Kariñu – BOTH)
- 10.2.2 Family Support; Families/Friends
- 10.2.3 Guam Cancer Care
- 10.2.4 GFD transports to appointments
- 10.2.5 GHURA
- 10.2.6 IFG services
- 10.2.7 Medical Access Transport
- 10.2.8 More businesses are opening up like Uber to offer transportation, but for a fee.
- 10.2.9 Transportation plan w/ CEDDERS – included number of vehicles and cost of services.

10.3 Advocacy: Legal & Human Rights

- 10.3.1 Sometimes bus breaks down (school bus). Recommend for the buses to have color-coded lights. When the bus suddenly stops, we don't know what is going on. Some of the bus drivers have had training on sign language for communication because we don't have interpreters on the bus (DOE).

10.4 Other

- 10.4.1 Do we have special buses for Special Olympics? Heard of buses picking up for practice and day of event.



Session 2: What is NOT Working?

Share what you think Is NOT Working in each Area of Emphasis.

Summary:

Summit participants were then tasked to go back and review the Ten Areas of Emphasis in the DD Act. This time their direction was to identify key services or supports that are not working for individuals with developmental disabilities and their families. The following categories received the highest ratings in each Area of Emphasis:

1. **Assistive Technology Activities:** Community Services – Training & Technical Assistance
2. **Child Care-Related Activities:** Community Services – Training & Technical Assistance
3. **Community Support Activities:** Community Services – Training & Technical Assistance
4. **Education & Early Intervention Activities:** Community Services – Training & Technical Assistance
5. **Employment-Related Activities:** Community Services – Training & Technical Assistance
6. **Health-Related Activities:** Community Services – Training & Technical Assistance
7. **Housing-Related Activities:** Community Services – Training & Technical Assistance
8. **Quality Assurance Activities:** Advocacy – Legal & Human Rights
9. **Recreation-Related Activities:** Integration/Inclusion
10. **Transportation-Related Activities:** Community Services – Training & Technical Assistance

Further, in each Area of Emphasis other categories in descending order of frequency are included. A comment or item may appear more than once if it applies or is relevant to another category.

1. Assistive Technology Activities

The top three categories identified as “not working” for Assistive Technology Activities include the following: **1.1 Community Services – Training & Technical Assistance; 1.2 Dissemination – Public Awareness & Related Activities; and 1.3 Individualized Supports – Promoting Self-Determination.**

1.1 Community Services: Training & Technical Assistance

1.1.1 Training:

- 1.1.1.1 DISID-DVR: Not enough trained personnel for AT device usage. Lack of certified Voc. Rehab AT specialists.
- 1.1.1.2 GDOE: DOE has lack of training for teacher & lack of certain software programs; Equipment training; Training on AT devices to students, parents, and professionals for implementation in the classroom.

1.1.1.3 GSAT: Some miscommunication; Staff should know basic signs. No AT specialist at GSAT; Lack of expertise; No certified AT specialist at GSAT; Proper guidance on how to attain/access/obtain AT; Need to teach proper paperwork.

1.1.1.4 General: Lack of trained specialists; More of the right training (i.e. Braille, ASL classes); No certified technical person to repair durable medical equipment.

1.1.2 Technical Assistance:

1.1.2.1 DISID-DVR: Difficulty in receiving AT devices written in the Individualized Plan for Employment (IPE). Identification, evaluation, acquired and delivered AT devices through DVR services and their IPE; DVR – Some people received the wrong equipment from what is needed; Equipment not sized properly – gave a wheelchair that couldn't fit on the bus.

1.1.2.2 DPHSS: Medicaid has limited coverage + standard equipment; Need to expand Medicaid to meet needs of IWD; Not getting proper AT to meet IWD needs. Medicare – they give you a wheelchair only for your house; Limits on when durable equipment is acceptable; Tires/frames need to be considered for where wheelchair will be used on Guam's unique environmental conditions.

1.1.2.3 GDOE: Department of Education is not keeping up with the needs of students with identified needs; DOE is not keeping inventory; Broken distribution process within DOE; Non-delivery of AT devices in schools per IEP (non-timely manner); Individualized Education Program – why not standard of care? Limited use (e.g. “only school use”); Shortage of equipment (i.e. tablets for alternative testing in lieu of worksheets); Transfer of equipment from school to school; DOE – not enough equipment or personnel to cover needs of students.

1.1.2.4 GSAT: At GSAT, can't purchase devices on the spot if you need it; only loan it; Only available if you can afford it; Limited funding; Limited resources; 30-day loans; IWD can't afford, too expensive; GSAT has limited hours.

1.1.2.5 General Maintenance: Replacement of broken equipment (laptops); Maintenance; Maintenance of devices;

Lack of local vendors; Lack of available resources; Limited by what is available and delivered to Guam; Unreasonable restrictions.

1.2 Dissemination: Public Awareness & Related Activities

- 1.2.1 AT Conferences: Conferences need more outreach to community.
- 1.2.2 GSAT Program: Only knew about GSAT when joined SiñA organization; Thought school would have notified parent of GSAT; Don't know what GSAT offers or provides; Don't know location; Getting word out about; No advertisement, maps, or signs; Not enough public awareness about available AT; Parents need to know what is out there; More awareness/promotion (marketing) GSAT; Never had experience to get anything from GSAT.
- 1.2.3 SBDC: More awareness/promotion (marketing).

1.3 Individualized Supports – Promoting Self-Determination

- 1.3.1 DISID-DVR: Budget & availability
- 1.3.2 Funding to get assistive technology (AT) devices; Funding: Availability/access
- 1.3.3 Procurement process (GovGuam)

1.4 Advocacy – Legal and Human Rights

- 1.4.1 Non-compliance of 508

1.5 Research:

- 1.5.1 AT Conferences: Same people attending conferences; Conferences need more outreach to community; Conferences need more inclusion and diversity.

2. Child Care-Related Activities

The top three categories identified as “not working” for Child Care-Related Activities include the following: **2.1 Community Services – Training & Technical Assistance**; **2.2 Integration/Inclusion**; and **2.3 Advocacy – Legal & Human Rights**.

2.1 Community Services: Training & Technical Assistance

- 2.1.1 Training for children with disabilities: Lack of training for staff specific to disabilities; Staff doesn't have training specific to special needs; language, physical, resulting in high turnover; Basic knowledge regarding disability; Need more training in area of IWD; No training program for child care workers working with CWD.
- 2.1.2 Training in child care: Needs more training; Lack of training; Lack of proper training e.g. CPR, seizure, 1:1 aide; safety; More people need to be certified in CPR; Lack of training for child care staff; Workers insufficiently trained; Not trained; Need to send staff to UOG for training, but also provide better benefits.

- 2.1.3 Training for parents: Lack of parenting skills training.

- 2.1.4 Technical Assistance – Regular Day care services: Daycares that provide SVCS; Variety of programs available for childcare services; Lack of DD services for children; Delays in payment with block grants to child care centers. Eligibility delays on determination criteria.

- 2.1.5 Technical Assistance – Extended child care services: Lack of before-school care; Need more full day programs; Not enough After-Hours Child Care support system; Lack of child care available in evenings for CWD.

2.2 Integration/Inclusion

- 2.2.1 Some centers do not welcome children with special needs; People not used to dealing with special needs children; Staff is not experienced in caring for children with developmental disabilities; Not enough hands-on experience in working with children with disabilities. Basic knowledge regarding disability. Lack of DD services for children.

- 2.2.2 Hard time contacting / looking for service providers; Communication is hard for DHH; Ads should have closed captions; Unaware of the services they provide.

- 2.2.3 Should properly implement service plan. SpEd needs to ensure proper training for 1:1 aides and hire qualified people.

2.3 Advocacy: Legal & Human Rights

- 2.3.1 Lack of standards at daycares; Lack of monitoring at daycares; Regulation of daycare cost; lack of renovation

- 2.3.2 Not ADA compliant; Non ADA-compliant childcare centers (e.g. parking, ramps, bathroom, etc.); Lack of awareness in ADA compliance; Lack of compliance accountability.

2.4 Dissemination: Public Awareness & Related Activities

- 2.4.1 Basic knowledge regarding disability; Communication is hard for DHH; Ads should have closed captions; Unaware of the services they provide.

- 2.4.2 Lack of awareness in ADA compliance.

2.5 Pre-Service Training

- 2.5.1 Caregivers must be certified in the child care centers.

- 2.5.2 SpEd needs to ensure proper training for 1:1 aides and hire qualified people.

2.6 Other

- 2.6.1 High cost; Lack of affordable child care services
- 2.6.2 High turnover in staff in childcare centers; They move for higher pay, example from childcare to public health.

- 2.6.3 Lack of volunteers.
- 2.6.4 Service accessible program to schools to get what they need.
- 2.6.5 Transportation to daycare from school.

3. Community Supports Activities

The top three categories identified as “not working” for Community Supports Activities include the following: **3.1 Community Services – Training & Technical Assistance; 3.2 Integration/Inclusion; and 3.3 Individualized Supports – Promoting Self-Determination.**

3.1 Community Services: Training & Technical Assistance

- 3.1.1 Training:
 - 3.1.1.1 Lack of sensitivity training for professionals and first responders. Lack of communication training and poor response time with families; Lack of training.
 - 3.1.1.2 Lack of training / community awareness. Community needs to be aware of what to do with IWD based on their disability.
 - 3.1.1.3 DOE – more emphasis needs to be placed on independence; not enough training for CWD in this area.
 - 3.1.1.4 DVR in DISID: Not placing people in employment; need more certified individuals for vocational counselors.
- 3.1.2 Technical Assistance:
 - 3.1.2.1 Need more programs like CHP (believe we get referrals from DISID). Need a lot of support; limited CHP – only one program; we need more; focus on clients, IWD; life skills, arts and crafts, and goals; limited space.
 - 3.1.2.2 Lack of programs (2x); Lack of data for other services to be provided for students who are graduating and have significant disabilities that prevent them from being employed or continue to a higher institution of learning. [Need] more counselors, wrap session (i.e. GDOE, NGO-All).
 - 3.1.2.3 Agencies don’t have the proper supports for IWD. Lack of coordination for linking IWD to resources. Mayors’ offices don’t know where resources are.
 - 3.1.2.4 Not family-friendly; Waiting time for services to be provided. Reasonable accommodation provided ahead of time (i.e. 72 hours in advance) an inconvenience.

3.2 Integration/Inclusion:

- 3.2.1 Integration & Inclusion: Regular kids bully children with special needs. Staff don’t care and have attitude, “If you don’t like the system – have your child stay at home.” No communication supports to work with parents. Change of attitude; Need more education in schools for peers on CWD on social etiquette. Need more staff to monitor CWD; More personal care staff.
- 3.2.2 More community support services (all around); Lack of support groups.
- 3.2.3 Government bureaucracy; Planning sustainability of Fed grants; Sustainability of non-profit family support groups.
- 3.2.4 Agencies don’t have the proper supports for IWD. Lack of coordination for linking IWD to resources. Mayors’ offices don’t know where resources are.
- 3.2.5 More transportation.

3.3 Individualized Supports: Promoting Self-Determination

- 3.3.1 DOE – more emphasis needs to be placed on independence; not enough training for CWD in this area.
- 3.3.2 Need to implement more for IWD to become independent. Need more self-advocacy. Not to depend on the community services and programs. IWD rely on paratransit – but they can use fixed route. They can walk and are able to ride the fixed route, using it as convenience.
- 3.3.3 Need a lot of support; Limited CHP – only one program; We need more; Focus on clients, IWD; Life skills, arts and crafts, and goals; Limited space.
- 3.3.4 Lack of center for independent living. Lack of comprehensive support for families.

3.4 Dissemination: Public Awareness & Related Activities

- 3.4.1 Lack of awareness of available services to the public. Lack of knowledge of community resources. Need expansion on community information of what’s available. Awareness of different available programs; Need brochures.
- 3.4.2 Lack of communication; Public awareness of what supports are available.
- 3.4.3 Community needs to be aware of what to do with IWD based on their disability. Need more education to the public/exposure.

3.5 Advocacy: Legal & Human Rights

- 3.5.1 Education of the rights and responsibilities of individuals with disabilities (IWDs).
- 3.5.2 Lack of comprehensive support for families; Quality of service; Monitoring services of group homes.

3.6 Research:

- 3.6.1 Lack of data for other services to be provided for students who are graduating and have significant disabilities that prevent them from being employed or continue to a higher institution of learning.
- 3.6.2 Lack of follow-up/follow-through on needs assessment/surveys/data collection (e.g. homeless count).

3.7 Pre-Service Training

- 3.7.1 DVR in DISID: Not placing people in employment; need more certified individuals for vocational counselors.

4. Education and Early Intervention Activities

The top three categories identified as “not working” for Education and Early Intervention Activities include the following: **4.1 Community Services – Training & Technical Assistance; 4.2 Individualized Supports – Promoting Self-Determination; and 4.3 Integration/Inclusion.**

4.1 Community Services: Training & Technical Assistance

- 4.1.1 Training:
 - 4.1.1.1 Lack of trained personnel in the school setting; Lack of training for teachers in both General Education and Special Education. UOG needs to offer more classes for special needs students. Teachers complain that they are “forced” to accept children with disabilities into their classroom. UOG needs to have required classes for CWD.
 - 4.1.1.2 Not enough training for educators and providers esp. in DOE; Speech and OT lacking; The DOE staff and teachers need more training for focusing on independence for the children; set up more goals; IEPs/one to one trainings; Training for behavioral is missing. No specialist for children with behavioral difficulties.
 - 4.1.1.3 Teachers need to have trainings on accessible materials. Supports need to be available.
 - 4.1.1.4 Lack of training in CPI (Crisis Prevention)
 - 4.1.1.5 More certification for one to one aides.
- 4.1.2 Technical Assistance:
 - 4.1.2.1 Lack of knowledge of services available at birth. There are still children and family members that need services and are not aware that there are services. Community still needs more awareness and screening like Check Me Out Fair. Bring back screening outreach programs. Early

Intervention – need more EI programs to accommodate number of IWD. Age eligibility needs to be reassessed between intervention and preschool. Early identification is a problem; students not getting identified and referred early enough to the child study program.

- 4.1.2.2 Need more staff for CWD; Need to make better use of resources dedicated for CWD; More one to one aides; Access; Full integration to normal classrooms; Need better use of 1:1 [aides]; Difficulty in getting quality 1:1 [aides]; Poor benefits and no sick leave for one to one aides causing high turnover; Better system for one to one aides.
- 4.1.2.3 Lack of summer programs to eliminate regression.
- 4.1.2.4 Lack of adequate funding and resources; Not enough funding for up-to-date equipment.
- 4.1.2.5 Policies that require kids to get out of school by 16 years old.

4.2 Individualized Supports: Promoting Self-Determination

- 4.2.1 The DOE staff and teachers need more training for focusing on independence for the children; set up more goals.
- 4.2.2 Transition between programs; No open house for parents before school starts; No tour for the school. Improved transition services; Need to make parents informed about services.
- 4.2.3 Lack of life coaches in GDOE; What happens after HS? Need more internship/ transition plan and awareness; IWD need more information on services; GBHWC – has transition. Not many people know about transition opportunities; Not prepared when they leave high school; Ends after high school.
- 4.2.4 Eligibility process timing; Data from schools; Re: IWD that cannot retain employment or continue education; Lack of programs for individuals with significant disabilities; Post-secondary opportunities.

4.3 Integration/Inclusion

- 4.3.1 Integration makes teachers angry. Needs better collaboration/partnership and listen to family more. Breakdown in communication for transition students. More sympathy is given to children who are on wheelchairs, physically disabled, mentally disabled, smaller children than to children who have behavioral disability. More collaboration with community programs from birth to 5 years old.
- 4.3.2 Stigma and fears; Lack of cultural sensitivity.

- 4.3.3 Early identification is a problem; students not getting identified and referred early enough to the child study program. MOU between DVR and DOE needs to be implemented.

4.4 Advocacy: Legal & Human Rights

- 4.4.1 Lack of acceptance by DOE for afterschool programs. Lack of attention by teachers – leave children by themselves. School's attitude "there are too many students".
- 4.4.2 A lot of teachers don't follow IEP. Not given adequate service like occupational therapy.

4.5 Dissemination: Public Awareness & Related Activities

- 4.5.1 Greater awareness about available services. Improved transition services; Need to make parents informed about services. Lack of knowledge of services available at birth. There are still children and family members that need services and are not aware that there are services. Community still needs more awareness and screening like Check Me Out Fair.
- 4.5.2 Lack of communication between school and parents. Friend has two children and she didn't know about Special Olympics until she met another parent of a child with disabilities; the two children are in SPED at DOE. DOE is famous for holding information; they don't tell parents; not very informative; it's added extra work for the staff and teachers. DOE needs a whole system overhaul.

4.6 Pre-Service Training:

- 4.6.1 Recruitment of qualified professionals; Attractive salaries for retention; Lack of correct/adequate staffing and heavy workload causing burn-out of employees.
- 4.6.2 Difficulty in getting quality 1:1 [aides]; More certification for one to one aides.

5. Employment-Related Activities

The top three categories identified as "not working" for Employment-Related Activities include the following: **5.1 Community Services – Training & Technical Assistance; 5.2 Advocacy – Legal & Human Rights; and 5.3 Integration / Inclusion.**

5.1 Community Services: Training & Technical Assistance

- 5.1.1 Training
 - 5.1.1.1 Stigma about employing individuals with developmental disabilities; Educate about strengths of individuals with developmental disabilities and what they can bring into the workforce.
 - 5.1.1.2 More training opportunities; Gov't. Guam Program Process; Training for those other

than entry-level positions; more coaches, more training for the job position.

- 5.1.1.3 Private companies don't really announce employment and don't have training. Need more education of employers and peer groups; Modifying the job requirements for IWD.

- 5.1.1.4 Lack of trained professionals; Lack of training for IWD.

5.1.2 Technical Assistance

- 5.1.2.1 DVR is not working (3x); DVR process; DVR: Need an experienced employment specialist; Lack of staff/ understaffed; Lack of job coaches; Need more employment and job coaches; Lack of on the job support; Lack of trained professionals.

- 5.1.2.2 DVR doesn't advocate properly for IWD who is looking for a job; some IWDs getting menial tasks; Job assigned needs to be equal to ability of IWD; Need more variety of employment opportunities, not just dishwashing or bush cutting; DVR not providing proper equipment and resources needed to do a job.

- 5.1.2.3 Timely delivery of services; Services very slow; DVR is not working; DVR Process; It took DVR a year and a half to see my son (Mom-Cassandra); DVR can't make time for clients; Lost employment placement (Self-advocate, Candice).

- 5.1.2.4 Transition services not working by DOE; DVR and DOE SpEd need to work together /transition service; Need vocational opportunities.

- 5.1.2.5 DVR needs to prioritize; Same people getting services. What about the others? Limited, need to prioritize; especially those without a voice.

5.2 Advocacy: Legal & Human Rights

- 5.2.1 Need less discrimination; NO discrimination; Sensitivity training.

- 5.2.2 Stronger enforcement of P.L. 24-16; Mandating employment in all Gov't. Guam agencies 2% requirement; Not applying 2% law in Gov't. Guam; Gov't Guam not following the % law for Hiring for IWDs; Full implementation and enforcement of 2% requirement; Enforcement of 2%; Not enough employers willing to employ IWD; Agencies need to be fair; 2 percent hiring for IWD law. Who is enforcing?

- 5.2.3 Some companies break the law which is the ADA law. Some companies don't know how to handle IWD; afraid of how to deal with them. It's hard to find a job because sometimes you fill out an application and they'll say they'll call you back but they don't have interpreter services; don't know

how to get hold of an interpreter so the company doesn't call them back.

- 5.2.4 Not getting paid for all hours worked; pay needs to be explained better in contract with DVR. Most IWD only getting minimum wage; Job assigned needs to be equal to ability of IWD; some IWDs getting menial tasks.
- 5.2.5 DVR doesn't advocate properly for IWD who is looking for a job; some IWDs getting menial tasks; Job assigned needs to be equal to ability of IWD; Need more variety of employment opportunities, not just dishwashing or bush cutting; DVR not providing proper equipment and resources needed to do a job.

5.3 Integration/Inclusion

- 5.3.1 Private companies don't really announce employment and don't have training. Companies will consider for hire, but they really just "play along".
- 5.3.2 Lack of opportunities; Lack of federal opportunities; Lack of federal contractors; Lack of hiring people with disabilities.
- 5.3.3 Agencies need to be fair; 2 percent hiring for IWD; Limited employers.

5.4 Dissemination: Public Awareness & Related Activities

- 5.4.1 Lack of DVR outreach and awareness; Awareness of services for individuals with developmental disabilities.

6. Health-Related Activities

The top three categories identified as "not working" for Health-Related Activities include the following: **6.1 Community Services – Training & Technical Assistance**; **6.2 Advocacy – Legal & Human Rights**; and **6.3 Dissemination: Public Awareness & Related Activities**; tied with **6.4 Pre-Service Training**.

6.1 Community Services: Training & Technical Assistance

- 6.1.1 Training
 - 6.1.1.1 Lack of professional services and community awareness; Lack of specialized doctors; Lack of specialists: OT, ST, PT; Limited services – wait-lists.
- 6.1.2 Technical Assistance
 - 6.1.2.1 Accessibility to At-Risk communities (need more than one mobile outreach clinic)
 - 6.1.2.2 Insurance coverage; contract issues between insurance company and service provider; Lack of insurance coverage; IWD have trouble getting insurance; Existing conditions not covered; High cost of insurance; More funding; Affordable health insurance.

- 6.1.2.3 Medication is expensive; Medicare – you still have to pay; IWD have trouble getting insurance; Medicaid has limit on number of patients seen per month.

- 6.1.2.4 OPG payment process

6.2 Advocacy: Legal & Human Rights

- 6.2.1 Lack of specialized doctors; Lack of specialists on island; Expensive off-island care; Lack of specialists: OT, ST, PT.
- 6.2.2 IWD have trouble getting insurance; Existing conditions not covered.
- 6.2.3 Need dental for Medicaid; Certain prescriptions not covered under Medicaid; Vision and hearing exams are not covered; Medicaid has a limit on number of patients seen per month.

6.3 Dissemination: Public Awareness & Related Activities

- 6.3.1 Greater awareness about services from agencies – local and federal; Lack of professional services and community awareness; Lack of information for clients of what is available such as PEP, ACT, etc.
- 6.3.2 Lack of awareness of the importance of physical/mental health; More prevention/education for dental care; Healthy eating awareness for parents and childcare providers.

6.4 Pre-Service Training

- 6.4.1 Lack of specialized doctors; Lack of specialists; Lack of specialists on island; Expensive off-island care; Lack of specialists: OT, ST, PT; Lack of therapist i.e. PT, OT, and SLT; More healthcare professionals (Physical/Speech Therapist); Full medical/dental/mental care.
- 6.4.2 Lack of counseling at GBHWC and DISID + charging for services.

7. Housing-Related Activities

The top three categories identified as "not working" for Housing-Related Activities include the following: **7.1 Community Services – Training & Technical Assistance**; **7.2 Advocacy – Legal & Human Rights** tied with **Dissemination – Public Awareness and Related Activities**; and **7.3 Individualized Supports**.

7.1 Community Services: Training & Technical Assistance

- 7.1.1 Training:
 - 7.1.1.1 Need adequate housing and trained staff.
 - 7.1.1.2 Lack of social service; Need proper guidance of SW/Caseworker to meet the needs of IWD.
- 7.1.2 Technical Assistance:
 - 7.1.2.1 GHURA needs to prioritize needs for IWD; Need to meet ADA requirements for IWD needs; Need housing catering

to those with developmental disabilities; Lack of housing options for IWD; Awareness of available housing for those with developmental disabilities; Not ADA compliant; Non-compliance of ADA standards in some bldgs.; Houses should be ADA compliant; Is it that you know or what you do not know? Lack of accessibility housing; Expand independent and group homes for adults with disabilities; Expand for seniors with disabilities.

- 7.1.2.2 Funding assistance in making homes ADA compliant; Timeline to respond; Limited understanding and knowledge of services available; Program/organization that modifies homes for persons with disabilities, i.e. aging; GHURA – not all IWD qualify for the program to modify their houses.
- 7.1.2.3 Many unsafe and unsanitary homes; Lack of inspectors.
- 7.1.2.4 Lacking housing; Housing is frozen; Even though you apply, it's frozen for years; Lack of facilities; Lack of funding; Long wait-list; Wait list is too long; Qualification based on income. Availability to housing programs; Not enough women's shelter.
- 7.1.2.5 Not enough land; They should permit for IWD to get land for the landless.
- 7.1.2.6 Lack of financial support for caregivers.

7.2 Advocacy – Legal & Human Rights

- 7.2.1 Non-compliance of ADA standards in some bldgs.; Need to meet ADA requirements for IWD needs; Houses should be ADA compliant; Is it that you know or what you do not know? Lack of accessibility housing; Need housing catering to those with developmental disabilities Expand independent and group homes for adults with disabilities; Many unsafe and unsanitary homes; Lack of inspectors.
- 7.2.2 Lack of access to homeless populations; Homeless population on the rise; Lack of shelters for the homeless; Shelters – problem with IWD who are homeless – they have to leave during the day time.

7.3 Dissemination – Public Awareness & Related Activities

- 7.3.1 Awareness of available housing for those with developmental disabilities; Not a lot of awareness about housing assistance.
- 7.3.2 Funding assistance in making homes ADA compliant; Timeline to respond; Limited understanding and knowledge of services available.

7.4 Individualized Supports – Promoting Self-Determination

- 7.4.1 No assisted living; More assistive living homes with personal assistance; Need for long term affordable housing with appropriate supports (i.e. employment, transportation, personal care attendants); More independent homes.

8. Quality Assurance Activities

The top two categories identified as “not working” for Quality Assurance Activities include the following: **8.1 Advocacy – Legal & Human Rights**; and **8.2 Community Services – Training & Technical Assistance**.

8.1 Advocacy: Legal & Human Rights

- 8.1.1 No awareness of rights for IWD; Not very good; “Safe hold” overused; No proper implementing of service plans; No time to go out – lack of manpower; Lack of accountability of personnel working with IWD.
- 8.1.2 Lack of knowledge of monitoring in neglect or abuse of IWD; Not enough trained individuals for monitoring quality of care and compliance; More monitoring/surveillance; Overwhelming for agencies to monitor mandates;
- 8.1.3 Lack of advocates for Least Restrictive Environment (LRE); Lacking in general; insufficient data; Poor service quality.
- 8.1.4 No enforcement; Need accreditation standards to Guam.

8.2 Community Services: Training & Technical Assistance

- 8.2.1 Training:
 - 8.2.1.1 Not enough training or experience; Not enough trained individuals for monitoring quality of care and compliance; DVR/DISID is not working – (inefficient, untrained personnel, and slow to respond); Lack of accountability of personnel working with IWD; DD services should be accredited.
- 8.2.2 Technical Assistance
 - 8.2.2.1 Understaffed; Workload is too high; Lacking in general; Poor service quality; No proper implementing of service plans; No time to go out – lack of manpower; Not very good; No consistent leadership; Lack of case management.
 - 8.2.2.2 Lack of funding (2x)

9. Recreation-Related Activities

The top three categories identified as “not working” for Recreation-Related Activities include the following: **9.1 Integration/Inclusion**; **9.2 Community Services – Training & Technical Assistance**; and **9.3 Advocacy – Legal & Human Rights**.

9.1 Integration/Inclusion

- 9.1.1 IWD at school not allowed to participate w/ non-disabled peers. They can only observe on the side; Not much recreation for IWD; Not enough per year; More options for those with developmental disabilities.
- 9.1.2 More options for adults with developmental disabilities.
- 9.1.3 Lack of facilities and activities; Lack of programs, training, funding, professionals/service providers, transportation; Lack of activities in community; Not enough recreational opportunities; More services needed.
- 9.1.4 Lack of integrated sports activities; Participation in all sports; Not enough sports activities/ recreation in the South; Lack of swim lessons/training.
- 9.1.5 Can't get to recreation because of transportation issues.

9.2 Community Services: Training & Technical Assistance

- 9.2.1 Training
 - 9.2.1.1 Lack of trained recreation staff; Lack of programs, training, funding, professionals/ service providers, transportation; People are afraid – they don't know how to handle behavior of students with behavioral/aggressive issues; Lack of training: DPW/Dept. of Parks & Recs – need more training to be more inclusive; Lack of swim lessons/ training.
- 9.2.2 Technical Assistance
 - 9.2.2.1 Lack of programs, training, funding, professionals/service providers, transportation; Lack of facilities and activities; Lack of activities in the community.

9.2.2.2 Poorly maintained play areas; Lack of quality, safe, and appropriate playgrounds.

9.2.2.3 Lack of funding

9.3 Advocacy – Legal & Human Rights

- 9.3.1 IWD at school not allowed to participate w/ non-disabled peers. They can only observe on the side; Not much recreation for IWD; Not enough per year; More options for those with developmental disabilities; Lack of integrated sports activities; Lack of training: DPW/Dept. of Parks & Recs – need more training to be more inclusive.
- 9.3.2 Lack of accessible facilities (e.g. parks, private entities); Accessible gyms and playgrounds; ADA accessibility; Facilities are not sensitive to individuals with sensory disabilities; Hearing kit is only available at Hilton Hotel

10. Transportation-Related

The top three categories identified as “not working” for Transportation-Related Activities include the following: **10.1 Community Services – Training & Technical Assistance; 10.2 Advocacy – Legal & Human Rights; and 10.3 Integration/ Inclusion.**

10.1 Community Services: Training & Technical Assistance

- 10.1.1 Training:
 - 10.1.1.1 Train drivers in how to treat people with disabilities; Lack of training of bus drivers; Better trained staff including drivers; They don't answer their phone; More reliable, professional services.
 - 10.1.1.2 Training for individuals with disabilities to use the transit.



10.1.2 Technical Assistance:

- 10.1.2.1 Busses breaking down; Busses break down; Lack of maintenance; Maintenance of buses; Air conditioning is down; No logical way on how busses operate; They should have color-coded lights for the buses or emergency brake lights forewarning us on public transportation or school buses; No seatbelts.
- 10.1.2.2 Lack of reliable busses; Not enough busses; Limited vehicles and limited drivers at GRTA; Need to prioritize the most needed services for clients; More busses; Lack of bus drivers.
- 10.1.2.3 Lack of routes and frequent runs; More routes; More routes, services, funding; Limited routes for fixed routes; More routes and signage; Need to reassess routing to improve services; More service hours (including Sundays and holidays).
- 10.1.2.4 Buses should be on time; always late; GRTA does not work; Long wait; over two hours or more; Inconsistent schedule; Time of travel; Lack of accommodations for pick-up and drop-off; Times for pick-up and drop-off are not reliable; Late buses/early departure; Online schedule is outdated; Need to organize schedule; Takes people too long to get where they are going; No reliable mass transit.
- 10.1.2.5 Limited service hours; Need to call 48 hours in advance; Lack of organization within the transportation system.

10.1.2.6 Lack of bus shelters (2x); Need more shelters; Need signs, no signs designating stops; Lack of signage; Needs room for improvement (i.e. waiting areas, shelters).

10.1.2.7 Price; Bus fares going up; Assistive technology to purchase a bus pass; Inconvenience of paying, accessibility to purchase (available: ITC, bus).

10.2 Advocacy – Legal & Human Rights

- 10.2.1 Train drivers in how to treat people with disabilities.
- 10.2.2 Lack of accommodations for pick-up and drop-off; Buses should be on time; always late; Times for pick-up and drop-off are not reliable; Late buses/early departure.
- 10.2.3 They should have color-coded lights for the buses or emergency brake lights forewarning us on public transportation or school buses; No seatbelts.
- 10.2.4 Inconvenience of paying, accessibility to purchase (available: ITC, bus).
- 10.2.5 Lack of bus shelters (2x); Lack of signage.
- 10.2.6 Busses breaking down; Air-conditioning is down; Lack of maintenance.

10.3 Integration/Inclusion

- 10.3.1 Coordination of GRTA with major businesses and private entities.
- 10.3.2 Inaccessible tourist shuttles; High fee structure; Too expensive.



Session 3: Priority Ranking

Choose the Top Five (5) Areas Not Working.

Summary:

Priority 1: Employment

Priority 2: Education & Early Intervention

Priority 3: Health

Priority 4: Transportation

Priority 5: Housing

The following At-a-Glance Table displays how each of the heterogeneous groups rated the Areas of Emphasis based on priority of need.

Top Five (5) Priorities

Table	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
1	Employment	Education/Early Intervention	Health	Housing	Transportation
2	Employment	Transportation	Housing	Education/Early Intervention	Health
3	Community Supports	Health	Employment	Education/Early Intervention	Housing
4	Employment	Community Supports	Education/Early Intervention	Transportation	Quality Assurance
5	Health	Employment	Transportation	Housing	Child Care
6	Education/Early Intervention	Health	Employment	Housing	Community Supports
7	Education/Early Intervention	Health	Employment	Transportation	Housing
8	Transportation	Education/Early Intervention	Employment	Housing	Child Care
9	Employment	Transportation	Education/Early Intervention	Health	Housing
10	Employment	Health	Transportation	Housing	Quality Assurance
11	Education/Early Intervention	Transportation	Employment	Housing	Assistive Technology



Session 4: Brainstorm Strategies

Session 5: Draft Strategies – Activities 1 & 2

Session 6: Report Out Priority Areas & Strategies

Choose the Top Five (5) Areas Not Working. Think of ideas to improve each area.

In Session 4, participants spent their lunch hour brainstorming strategies for the top five priority areas. In Session 5, activities were drafted for each of the strategies with suggested details while recorders charted the information. Instructions: What is the first step? How would you do this? (Additional thoughts: Who, Where, When). In Session 6, representatives reported their group's top two priority areas.

Priority 1: Area of Emphasis

Activity 1: Describe the strategy

Activity 2: Describe the strategy

Priority 2: Area of Emphasis

Activity 1: Describe the strategy

Activity 2: Describe the strategy

As the groups offered ideas and discussed steps for each strategy, the Summit Committee circulated unobtrusively to record the Top Five Priority Areas from each group to prepare a graph showing the overall selections from the Summit. In Session 6, each group selected their reporter to announce the Top Five Priority Areas in their group, but presented strategies for only the Top Two Priority Areas in order to meet the allotted time provided in Session 6. The following pages present the Top Five (5) Priority Areas, Strategies, and Activities.



What	How
1. Health: 1. Awareness 2. Recruiting & retaining health professionals: PT, SLP, OT, RN, Behavioral therapist, etc.	1. Outreach & community fairs - Coordinators of transition - developing MOU w/ Gov/Gum & Private, non-private NGO. 2. DOE & UDOG/GCC partnering in relationships for college students to become professionals. - Have available programs on island.
2. Employment: 1. Implementing the 21 living law 2. Ensuring each student (IWD) receives an appropriate transition from HS. 3. DVR/DSID needs to have thorough assessment in helping persons w/ IWD find a job that fits their capabilities.	1. Awareness on the law - DOA/Gov/Gum to monitor 2. Ensure staff is qualified to provide transition services to IWD. 3. Having services monitored by admin.
3. Transportation: 1. Funding to improve services: adding more vehicles, routes, shelters 2. Transition training for IWD to use fixed route vs. paratransit	1. Increase fairs - Budget from long's future 2. Educating and informing IWD on how to utilize fixed routes.

Priority 1

Priority # 1	Table 1: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Awareness, training, hiring, supervising, how to manage IWD workers. 2. Should have a check off list of routine tasks of what is expected of employee so IWD can be independent. 3. More companies should employ IWD (more than 5%). <ol style="list-style-type: none"> A. They should have plans on how to communicate with IWD worker; interpreters for meetings. B. Communication strategies.
Strategy 1	Activity 1: Department of Labor introduction training for employers for employing people with disabilities.
Strategy 2	Activity 2: <ol style="list-style-type: none"> 1. Job fair with potential employers workshop on how to apply and do resumes. 2. Employer's orientation on work expectations.
Strategy 3	Activity 3: DVR to re-evaluate assistance with employment. Follow-up is needed.
Report Out	<p>Our first priority is employment.</p> <ol style="list-style-type: none"> 1. We had a lot of concerns about employment. We need a more hands-on approach. Most of the people had a hard time with applications and interviews, but now we need a more hands-on approach. For example: "Let me show you what I can do and how I can get a job." 2. Also, someone mentioned previously about a carnival. I like that idea of having a carnival because it is more interactive. If we had workshops and people who are able to help you during job fairs and expectations, that would be great. We also talked about DVR being a part of that.

Priority # 1	Table 2: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Hire an experienced employment specialist. 2. Train VR counselors. 3. Enforce 2% requirement. 4. More awareness, outreach, and collaboration within businesses/agencies.
Strategy 1	Activity 1: More awareness, outreach, education, and collaboration within businesses / agencies. <ul style="list-style-type: none"> • Who: DVR, American Job Center, SiñA, ACT, and other non-profit organizations. • Where: Job Fairs, National Disability Employment Awareness Month (NDEAM), outreach activities / conferences, appreciation, go to the business / agency. • When - October (NDEAM).
Strategy 2	Activity 2: <p>Hire a qualified employment specialist.</p> <ul style="list-style-type: none"> • Who: DVR
Report Out	Our first priority is employment. (Reference made to above charted information.)

Priority # 1	Table 3: Community Supports
Brainstorming	<ol style="list-style-type: none"> 1. Bring awareness through media to have a consistent section on print or radio. 2. Involve business people to be on boards and come to meetings and conferences to facilitate buy-in. 3. Community-based 1-step Center (Information, training, trade learning, skill building, and on-the-job (OTJ) training). 4. More advocacy with Government of Guam agencies. 5. Education and awareness of needs of Individuals with Disabilities (IWDs).
Strategy 1	Bring consistent awareness through print, radio, television, and social media to convey: (1) needs, (2) available services, (3) acceptance, and (4) "how you can help message to the community."
Strategy 2	Involve and invite private and government entities to participate in trainings, conferences, and meetings, and to serve on boards relative to individuals with disabilities' needs and services.
Report Out	We would like to expand more on our priorities, but because time is short and all of the tables briefly mentioned it, we will just go through them. Our first priority is community supports. (Reference made to above charted information).

Priority # 1	Table 4: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Training. 2. More on the job support. 3. Increase employers. 4. Establish partnership between DVR & NGO. 5. Out source DVR SVCS. 6. Improve customer service.
Strategy 1	Engage with DVR for services, go through the process.
Strategy 2	Service provider training for difficult disabilities.
Report Out	<p>Our first priority is employment, but I was asked to talk about community support first.</p> <ol style="list-style-type: none"> 1. How does one require community supports? How do we get them? I feel we can get them from DOE. Data is provided for students exiting school that are deemed to retain careers or are able to go to college. However, there is absolutely no data required for students who exit school who are able to do that. We need to have that data and it needs to be provided to DISID and Department of Labor who provides these services for the community. 2. Financial assistance was thrown out there because it is needed. As we know in order for us to provide family economic support, we need to work. However, if you have a family member with a significant disability, you are posed with a problem. Additionally, if you are able to work and carry out a job so you can provide that care for your family member with a disability, you cannot because there is no community support. We do not have a financial resource to pay for water, power, or whatever you need to get back. That is a struggle everyday. So where can we get financial assistance? 3. One recommended through the mayor and another recommended through property taxes. I know we can get money from sin tax and property taxes. It has been done in the U.S. before. And yes, there are property taxes that have to be paid, but where does it go? It goes to individuals or members with disabilities. On Guam, we do not have that. Where are the families that meet the urgent health care? They aren't here. It's unheard of. Everyone is working, but sometimes families don't have that luxury because we have a family member with a significant disability. It is not because we are not able to work.

Priority # 1	Table 5: Health
Brainstorming	<ol style="list-style-type: none"> 1. Need more awareness. 2. Must have some type of incentive – funding. 3. There is a lack of therapist, or they don't stay due to salary, too low. 4. Need proper coordination of each program. 5. More coordination between Gov. Guam agencies, e.g. DISID and GBHWC. 6. Need to hire more therapists.
Strategy 1	<ul style="list-style-type: none"> • What: Awareness & Recruiting, Coordination and transition, developing MOU with Government of Guam and private, non-private NGO. (NGO = non-government organization.)
Strategy 2	<ul style="list-style-type: none"> • What: Recruiting and retaining health professionals: PT, SLT, OT, RN, Behavioral therapist, etc. (PT = Physical Therapist; SLT = Speech & Language Therapist; OT = Occupational Therapist; RN = Registered Nurse). • How: DOE and UOG/GCC partnering in internship for college students to become professionals. Have available programs on island.
Report Out	<p>Our first priority is health.</p> <ol style="list-style-type: none"> 1. There needs to be more awareness for programs for support and assistance, and how we can achieve that is through outreach and community fairs, as well as coordination and transition and developing MOU's with Gov Guam and non private NGO's. Our sub priority is recruiting and retaining health professionals such as physical therapists, occupational therapists specifically in our schools (DOE). How we should do that? 2. We can look to have UOG and GCC partner with DOE. I am not too sure if it's happening, but we can look at college students. Maybe we can give credits for students shadowing teachers. We can have UOG and GCC students shadow the professionals in the school so they can have in-class job training and thus use it to help coverage in schools.

Priority # 1	Table 6: Education & Early Intervention
Brainstorming	NO ADDITIONAL INDIVIDUAL MEMBER SUBMISSION
Strategy 1	<p>Activity 1:</p> <ol style="list-style-type: none"> A. Parent's view, Families & Friends, Community. B. All teachers/agencies to be consistent in Trainings in Knowledge at home, child care center, school. C. Have assemblies starting with middle school in awareness of special needs children.
Strategy 2	<p>Activity 2:</p> <ol style="list-style-type: none"> A. Individual Education/classes for everyone involved with the child; Some slip through the cracks. B. How to handle negative behavior. C. Programs for life skills, home, etc.
Report Out	<p>Our first priority is education and early intervention.</p> <ol style="list-style-type: none"> 1. The community and agency get trained for handling kids with special needs. They need to be trained to calm them down to a level where they can handle them. My son was thrown in the hallway. Everyone needs to attain sensitive training. Even if they don't want it, it is a needed thing. 2. We have lots of fairs, but we need a fair to involve the entire community, like a carnival. Something fun where the community can come; can be useful in helping us meet our needs. I am hearing raising a tax on this, but what if we cannot do that? These fairs are useful outlets. The money can be put into an account that will be put into the account that helps people with disability. Whenever the fair comes along, we can have the entire community involved so we do not have to get the government involved. Events like this and Special Olympics highlight what these humans can achieve instead of being put down because of their disability.

Priority # 1	Table 7: Education & Early Intervention
Brainstorming	Outreach to family homes/community centers/villages.
Strategy 1	Activity 1: <ul style="list-style-type: none"> Establish coalition on education and early intervention (e.g. homeless coalition, GAPSD, etc.) to share information and promote outreach.
Strategy 2	No data provided
Report Out	<p>Our first was education and early intervention.</p> <p>We thought of this as the main priority because we need to be able to educate our people before we can continue doing what we are doing. We need to be change advocates, so we need to start somewhere. We need to take all organizations and have a coalition to mobilize and do something that will take us out beyond the mall and go into villages. We need to infiltrate villages and work from there. We can catch the individuals who don't have rides to get to the mall. Everyone is doing a lot of good work—table 9 mentioned a lot of non-profit. Non- profits are wonderful, but the government has to be responsible for people. We believe that we need to collaborate and work together.</p>

Priority # 1	Table 8: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Operation services and routes. 2. Expansion of services to include Sundays and holidays. 3. More shelters. 4. More signage. 5. Up-to-date scheduling. 6. Expand on ticket locations, online purchases. 7. Add more frequent pick-ups. 8. Awareness, "bus-a-thon". 9. Collaboration amongst transportation providers.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Need more funding. B. Operation services and routes. C. More locations to purchase tickets – mayor's office. D. Expand services, 7 days (Sundays & holidays); Not enough pick-ups. E. Signage (sponsored). F. Shelters (sponsored). G. Bus-a-thon, awareness, yearly. <ul style="list-style-type: none"> Who? Mayor's Council of Guam, Multiple Agencies, Legislature contractors, drivers, private entities, major businesses. When? 3 years, 2020, on Earth day.
Strategy 2	No data provided
Report Out	<p>Our first priority is transportation.</p> <ol style="list-style-type: none"> 1. We need more funding. If you have money, pass it on. 2. We need more locations to purchase tickets like the mayor's office. 3. We need to expand services on Sundays and holidays, and also add more frequent pickups. Bus-a-thon awareness, also, should be yearly. Who can do it? Well, the mayor's office of Guam can do it, as well as multiple agencies, contractors, drivers, and private entities.

Priority # 1	Table 9: Employment
Brainstorming	<ol style="list-style-type: none"> 1. If you are doing the same job and have the same experience, you should be getting paid the same wage as the non-disabled. 2. Broader range of types of employment for persons with a disability. 3. More education of business people so they recognize the strengths of IWD. 4. More support and services for IWD. 5. Better case management. <ul style="list-style-type: none"> • Need to monitor and enforce 2% law; needs to be revised to ensure that the 2% includes people with developmental disabilities and not acquired disabilities after 22.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Ask manager from businesses you frequent if they hire individuals with disabilities. B. Non-profit organization to train parents on transition process, become involved with DVR, and coach parents along the way.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. One of the core functions is to assist individuals with disabilities with the employment process.
Report Out	<p>The first thing on our list is employment.</p> <ol style="list-style-type: none"> 1. In all the years we have been here, there has been little progress. We really need to think outside the box and what can we do outside looking at the agencies themselves. We need to start involving the non-profit organizations. It needs to start from the beginning. We need to prepare that family for employment after high school. So the first thought is perhaps a non-profit that works with parents to provide training for students and parents in regards to transition processes and what parents can do to increase a better transition after high school. A lot of responsibility belongs to the family members themselves. We need to help identify what they can do and encourage them to live more independently. 2. We also need to provide education to both parents and students. We should have a parent organization that will train them and guide them in the process. What will happen when they enter school? Who will help guide them through that system, telling them step-by-step the options and what will happen during the process? Agencies will not knock on their door. In regards to that, parents need to be taught the process of registration and what you need to do to help the process further along. So there needs to be the part of the parent that is continually following up and the information that makes the job suitable. 3. After receiving the employment plan, you need to know how to follow up. Who do you turn to when you need assistance? In regards to that, you are looking at an activity plan. 4. We need the establishment for the Center of Independent Living (CIL). The core function of CIL is to help people with disabilities work outside the government. They are looking to work with employers and looking to individuals at a one to one basis. The application has to be filled between the 30th of June to establish one for Guam. Most of the boards do not have enough members to qualify members.

Priority # 1	Table 10: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Require certified vocational counselors for DVR. 2. Employment liability. 3. Outreach programs to employers on hiring those w/disabilities.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Upgrade DVR counselor. B. Job description. C. Certification (agency pay training). D. Competency. E. Pay rate.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. Create employer pool for DVR and DOL. B. Provide tax incentive for employees. C. Stronger enforcement P.L. 24-16 for 2% hiring. D. Volunteer advocates.
Report Out	<p>Our first priority is employment.</p> <ol style="list-style-type: none"> A. What can we do that is doable? What can we do internally that can assist our consumers in getting job placements? We wanted to give our leaders the opportunity to consider upgrading their job descriptions. By upgrading descriptions, they are given a higher pay. They can sharpen their skills and the duties their consumer needs. Improving the competencies and structuring the DVR counselors so that they have the skills and the competency and the financial situation to accommodate is important. B. Secondly, along with skilled counselors and employed assistances, we need employers. We want to see an employee pull, and provide tax exemption strategies and support, like liability issues and how to train and how to work with people with disabilities. We want to create more volunteers and advocates and build a network to draw employers together and tie them in with consumers and get consumers and families to employers. We need a whole system of communication that employers need.

Priority # 1	Table 11: Education & Early Intervention
Brainstorming	Hands on training and team building to facilitate a working relationship and promote communication within the educational team.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Workshops- hands on training / team building of Educational team to facilitate working relationship.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. Advocate for change in policy to support training / core competency requirements.
Report Out	<p>Our first priority is Education & Early Intervention.</p> <p>(Reference made to above charted information).</p>

Priority 2

Priority # 2	Table 1: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. Hire more people. 2. Provide more training.
Strategy 1	Activity 1: Need experts (UOG CEDDERS, DISID) to provide annual training for IWD services.
Strategy 2	Activity 2: One Stop Center for disability services / issues; Provide caseworker to assist individuals.
Strategy 3	Activity 3: After hours tutoring for children with disabilities.
Strategy 4	Activity 4: Champion for Education.
Report Out	Our second priority is education. <ol style="list-style-type: none"> 1. We need a major overhaul in our education system. 2. We need a one-stop type of center for people with disabilities. We can ask for services to bring up issues and how we can find solutions to solve that problem. 3. We wanted to establish an after school tutoring for children with disabilities because parents sometimes don't understand and they don't know what we are trying to convey in terms of homework. But we need experts who we can talk to and say this is what we are faced with at home. How can you help? For me, I had to do geometry, but my parents could not understand. Thus, I want to go to a place where they can help me, as in be champions for education.



Priority # 2	Table 2: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Fully funded for buses, bus stops, and operations. 2. Bus scheduling must be consistent. 3. Increase routes. 4. Expand hours of operation and frequency. 5. Offer subsidies.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. GRTA fully funded for buses, drivers, improved bus stops, shelters, additional routes, expanded hours of operation and frequency. B. Who: Legislature.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. Offer subsidies / bus passes. B. Who: Collaboration with DVR, GBHWC, DPHSS, non-profits, AJC/DOL.
Report Out	Our second priority is Transportation. (Reference made to above charted information).

Priority # 2	Table 3: Health
Brainstorming	<ol style="list-style-type: none"> 1. Changes to insurance Government [to] address the gaps of insurance coverage. 2. Public establishment guidelines for awareness and acceptance. 3. Universal design in construction and engineering. 4. Tax incentives for medical professionals / specialists. 5. Competitive wages.
Strategy 1	<ul style="list-style-type: none"> • Tax and competitive wage incentives for recruitment and retention of medical professionals and specialists.
Strategy 2	<ul style="list-style-type: none"> • Facilitate the discussion between insurance companies, Government of Guam, lawmakers, and individuals with disabilities and their families to address solid action steps to address the gaps in disability care coverage.
Report Out	<ul style="list-style-type: none"> • We would like to expand more on our priorities, but because time is short and all of the tables briefly mentioned it, we will just go through them. Our second priority is health related activities. (Reference made to above charted information).



Priority # 2	Table 4: Community Supports
Brainstorming	<ol style="list-style-type: none"> 1. Increase funding. 2. Increase service providers & centers. 3. Establish more programs to fill gaps in services. 4. Training for SWs (social workers) to be more family friendly. 5. Increase in qualified personnel to help individuals with disabilities communicate needs.
Strategy 1	<ol style="list-style-type: none"> A. Get data from education from SPED-DOE. B. Students financial situation at home. C. Plans for students who are graduating; Work or continue education; Unable to work or continue education. D. Staff. E. Be more transparent. F. Family involvement. G. Trained. H. Training Agreement with Community Service Providers, Daycare Centers, Training Centers. I. Support from DOL, DISID, & Legislature. J. Increased access to healthcare. K. Exceptions to policy for IWD when it comes to safety in public housing. L. Emergency Funding for families w/ IWD. M. Go to Mayor for help. N. Use property tax. O. Provide services in a timely manner. P. Collaboration w/ the different agencies.
Strategy 2	No data provided
Report Out	<ol style="list-style-type: none"> A. For community supports, we need more supporters. The support we have needs to be augmented, expanded, and improved. The government provides money and budgets, but that is not enough because it affects the people's serving agencies. It affects the agencies and goes down to the families. There is not enough funding. But sometimes what is adequate is not what the families deem to be adequate because the funding is there, but I'm talking about community supports. These homes available are supposed to be a home away from home. Not because they want to, but because they have no support. They need to collaborate together because even if they have financial needs, the health care insurance is not provided because the government's method of payment is not there so individuals with disability are not having healthcare. There is no reason they should not have that care. B. Also, services should be provided in a timely manner because methods of payment are not there so then services are not there in a timely manner. C. Last of all, when community supports is out there, one would think that people who are working in community supports leans on them. So I think, we wonder where background is supposed to be for social work. It involves families. You need to listen to what they have to say because they only want what is best for their family member. Family support has been exhausted. D. Also I think if you are going to provide services and safety versus participation, the safety should overrule and be a priority. You should have the family member be involved because we are still on earth, so we should still be involved and the walls will talk.

Priority # 2	Table 5: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Get private businesses involved. 2. In high schools there should be internship opportunities. 3. Reinforcing what the programs need to do to transition; i.e. Is the SpEd program really implementing the program? Where do they go after graduation? 4. Hiring the right people for the program and providing daily reports with goals. 5. Making sure qualified people are being hired to care for individuals with disabilities. Staff needs to go through a test and training to qualify for the position.
Strategy 1	<ol style="list-style-type: none"> A. What: Funding to improve services. Adding more vehicles, routes, and shelters. B. How: Increase fairs, increase budget from legislature.
Strategy 2	<ol style="list-style-type: none"> A. What: Transition training for IWD to use fixed route versus Para transit. B. How: Educating and informing IWD on how to utilize fixed routes.
Report Out	<p>Our second priority is employment.</p> <ol style="list-style-type: none"> 1. Implementing a 2% hiring law is important, but how? Awareness of the law as well as DOL to monitor the actual 2% by the staffing patterns. 2. Ensuring each student receives an appropriate transition from high school is also important. 3. Lastly, ensuring staff in high schools is qualified to provide transition services are important. How do we do that? <ol style="list-style-type: none"> a. DVR and DISID coming together to have thorough assessment in helping people with disability fit their capabilities. We could also have services monitored through administration.

Priority # 2	Table 6: Health
Brainstorming	No additional individual member submission.
Strategy 1	<p>Activity 1:</p> <p>More specialized doctors; Eliminate the process of referral processes.</p>
Strategy 2	<p>Activity 2:</p> <p>Health insurance companies need to be aware and cover special needs therapy/off-island devices.</p>
Report Out	<p>Our second priority is health.</p> <ol style="list-style-type: none"> 1. Fairs will help fund it and help certain people throughout the years. Even if they are limited numbers, tax will help, but that again is another outlet. 2. The second is to have small fundraisers throughout the year that will go to special needs programs. Everyone can be involved. They have the free will to come along. <ol style="list-style-type: none"> a. They can have pamphlets. b. A part of these funds should go to training. Even if you are not a teacher, you are made aware that this person has needs. Even if they are inside or out of school, they can have knowledge. I have learned through a lot of my friends. They have no training with how to deal with these individuals. These children should be everybody's children, and anyone who is in denial is because their child does not have that. Let us ease you into it. c. What I'm getting at is that the funds for special needs program are important, and that we need to have the community involved. d. I had a hard time picking the three because all of them are important. You cannot pick one—black or white. I cannot go one-way or the other. Everyone has to be concerned. At least at these fairs they have the training and the funds from carnivals. At least their awareness is there. You don't see those ads. If you need to have sensitivity training to calm down a child, it can go through the media and be passed down.

Priority # 2	Table 7: Health
Brainstorming	<ol style="list-style-type: none"> 1. Identify funding options. 2. Maximize mobile clinics.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Increase revenue by certain taxes and fees [on] services across the board (e.g. business licenses, IDs, car registration, etc.). B. Passage of the ABLE (Achieving a Better Life Experience) Act of 2013, 113th Congress – a tax free savings account for individuals with disability.
Strategy 2	No data provided
Report Out	<p>Our second priority is health.</p> <ol style="list-style-type: none"> 1. Taxes are important. We know for a fact that business licenses only cost \$25 a year. You don't pay anything above \$25 (minimal charge) for business license. Raise the price of business licenses or the driver's license. 2. Another thing is to pass the ABLE Act. It establishes a tax safe haven. If you are a recipient of SSI, it does not affect anything. It is going to create a way similar to cafeteria plan. HAS also is very similar. We need to increase revenue through taxes.

Priority # 2	Table 8: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. Transition between program. 2. Better systems and benefit for one to one aides. 3. Intensive training for one to one aides.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Better System for one to one (aides). B. Trainings. C. Healthcare Benefits. D. Incentives. E. Transition between programs before the beginning of the new school year. F. Preparation for kinder: Open house for tours; Meet and greet staff. G. Who? GDOE, GEIS, Early Intervention, Legislature, PTO, SPED, UOG, GCC.
Strategy 2	No data provided
Report Out	<p>Our second priority is education and early intervention.</p> <ol style="list-style-type: none"> 1. We need to provide training incentives and healthcare benefits, and also have transactions between programs before each school year. 2. Also, we should have preparation for kinder and open tours. Who can do that? Well, there is GDOE, GEIS, PTO, SPED, UOG, and GCC.

Priority # 2	Table 9: Transportation
Brainstorming	<ol style="list-style-type: none"> Needs to be reliable. Needs to be affordable. Needs to be accessible for pick-up and drop-off. Safety is an issue.
Strategy 1	Activity 1: <ul style="list-style-type: none"> Private business (could be owned by IWD) with a small accessible bus/van that would pick up several riders in a specific area and drop them off to another specific area.
Strategy 2	Activity 2: <ul style="list-style-type: none"> Monthly pass system available for IWD financed by non-profit organizations. Revenue for this could come from fundraisers or advertising on busses or cabs.
Report Out	<p>Our second priority is transportation.</p> <ol style="list-style-type: none"> Again, it is thinking outside the box. We are thinking there are a number of things that could happen. People with disabilities need to know how to set up businesses. One business can be private transportation services. It can be operated a lot more effectively than the ones today. There would be an organized manner as to how services are offered and how it can serve people on a daily basis. One reason people with disabilities cannot hold a job is because of unreliable transportation. The second is the funding for individuals with disabilities to use transport. We see virtually little funds, when we are talking about a ticket costing a certain amount of money. What can we do for our individuals with disabilities? On Guam, there are lots of people and organizations that are good at fundraising. Perhaps, there can be organizations that can fundraise bus tickets for individuals with disabilities. They need a bus pass to use transport.

Priority # 2	Table 10: Health
Brainstorming	Tax laws to fund health care access with people with disabilities; cigarettes and tobacco.
Strategy 1	Activity 1: <p>Raise tobacco and alcohol tax to pass NYC for healthcare needs of people w/disabilities and medically indigent.</p>
Strategy 2	No data provided.
Report Out	<p>Our second priority is healthcare.</p> <ol style="list-style-type: none"> As a healthcare professional from GMH, our biggest problem is money. We have the passionate professionals, competent professionals, and the facility. We want to introduce tax increases for tobacco and alcohol. Not only to increase it, but also to meet NY levels. Consider the sin tax of alcohol and tobacco. This was reiterated that the biggest change factor has been access and price. If you bring these destroyers of life, and make it inaccessible, these diseases that they engender will take care of themselves. The tax revenue from the alcohol and tobacco will be addressed to tell them. We want all three priorities to be accredited—house care, health care, transportation. They need to be certified so that they are meeting national standards that have a proven success record of taking care of people with disabilities.

Priority # 2	Table 11: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Better scheduling. 2. Encourage those who may be able to drive to get license and a car. 3. Subsidized driving class fees.
Strategy 1	Activity 1: A. Sensitivity training as a prerequisite to active duty as a driver.
Strategy 2	Activity 2: A. More organized schedule; Ex: Divide north and south routes. B. Advocate for able people to get driver's license and car. C. Ex: Subsidies like Habitat for Humanity.
Report Out	And the second area is Transportation. <ol style="list-style-type: none"> 1. Some of the members of the table expressed that examples of the bus drivers are not very sensitive to disabled needs. We would like to activate training. 2. The second activity goes along with bus services and transits. We wish we would have more organized schedules. Divide the drivers to be responsible for north and south. 3. We wish to advocate for disabled people to get their licenses and cars. One program we thought of was something like Habitat for Humanity.



Priority 3

Priority # 3	Table 1: Health
Brainstorming	<ol style="list-style-type: none"> 1. Expand insurance, dental. 2. Provide more services, more benefits. 3. More providers for Medicaid and MIP. Everybody should be covered by Medicaid or MIP. 4. Provide interpreters in the clinic for all spoken languages.
Strategy 1	Activity 1: Have two lines in clinic for disabled clients.
Strategy 2	Activity 2: Have a help desk in clinic setting.
Strategy 3	Activity 3: Find a medical / dental provider for IWD.
Report Out	Our third priority is health. <ol style="list-style-type: none"> 1. Under health, we talked about how there was a line for people with disabilities. If we can have a separate line that would be great because sometimes we want to be more discrete. 2. A certain place or an information place where people with disability can get the information would also be helpful. 3. Lastly, we want to increase medical and dental coverage and have it covered from all healthcare providers. A lot of people with disability don't have insurance.

Priority # 3	Table 2: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Increase awareness to the disabled community. 2. Provide assistive housing. 3. Amend laws related to housing for people with disabilities.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Increase awareness of housing program to the disabled community. <ul style="list-style-type: none"> • Who: GHURA, Guam Housing Corporation. • How: Radio, television, and other social media; ADA accessible website, outreach fairs, conferences, non-profit general membership meetings invites.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. Provide assistive housing. <ul style="list-style-type: none"> • Who: GHURA, Guam Housing, Legislature. • How: law, public-private partnership, gather input of stakeholders.
Strategy 3	Activity 3: Find a medical / dental provider for IWD.
Report Out	Our last priority (of 3) is housing. <ol style="list-style-type: none"> 1. We will expand more on housing because not many people honed in on this topic. The reason we picked housing is because most people with disability need housing. The fastest way to get housing is to be aware. We picked GHURA and non-profit organizations to provide housing for those with disability. All they have to do is fill out the form and these people will contact you and give you a number of days to be contacted. The reason we chose housing is because a lot of disabled people cannot get housing. They do not know they can (get) it. And the action we recommend for you to be aware of (is) housing. 2. You always have to contact GHURA and Guam housing and (the) Legislature. You need to combine federal and local government to give housing that people with disabilities need.

Priority # 3	Table 3: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Independent Living Skills training beginning in elementary school to high school. 2. Skills Training / Vocational Focus in schools. 3. Enforce current laws regarding persons with disabilities in the work-force and monitoring. 4. Trades training options from high school. 5. Community-based 1-step Center. 6. (Information, training, trade learning, skill building, and OJT –on-the-job training). 7. Early educational / vocational specific tracks beginning from middle school. 8. Skills specific duties and training.
Strategy 1	Activity 1: <ul style="list-style-type: none"> • DOE implement after school and during summer programs that teach Independent Living Skills, Basic Life Skills, money management, and campus beautification projects beginning in elementary schools.
Strategy 2	Activity 2: <ul style="list-style-type: none"> • DVR enforce current transition employment and employment training laws for individuals with disabilities within government agencies.
Report Out	We would like to expand more on our priorities, but because time is short and all of the tables briefly mentioned it, we will just go through them. Our third priority is employment activities.

Priority # 3	Table 4: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. More MOU's. 2. More collaboration between agencies. 3. More certified professionals.
Strategy 1	No data provided
Strategy 2	No data provided
Report Out	Not provided

Priority # 3	Table 5: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. More Gov. Guam funding. 2. Federal funding. 3. Public private partnerships i.e. Veterans Association; DOL (Department of Labor). 4. Training for individuals with disabilities that are able to utilize fixed routes to encourage them to use it as another option.
Strategy 1	No data provided
Strategy 2	No data provided
Report Out	<p>Our third priority is transportation.</p> <ol style="list-style-type: none"> 1. We need funding to improve services. Adding more vehicles and more routes. We just need more funding. 2. How are we going to get that? We have the budget from legislature, and also increasing the number of fares. We have not increased it since the 1980s. 3. Also, the transition training for individuals with disabilities to use fixed route versus paratransit. Trying to educate and inform people with disabilities to use fixed route because paratransit is overwhelming. So that, also, is another option.

Priority # 3	Table 6: Employment
Brainstorming	No additional member submission
Strategy 1	Activity 1: <ul style="list-style-type: none"> No Discrimination
Strategy 2	Activity 2: <ul style="list-style-type: none"> Occupational Trainings (2 or more)
Report Out	Not provided

Priority # 3	Table 7: Employment
Brainstorming	<ol style="list-style-type: none"> Increase self-employment opportunities. Provide budget allocation to implement 2% law. Increase employment services.
Strategy 1	Activity 1: <ol style="list-style-type: none"> Mandate budget allocation to implement 2% law. DISID workshops / trainings on 2% law to all government agencies.
Strategy 2	No data provided
Report Out	<p>Our third priority is employment. We agree that we need employment for people with disabilities.</p> <ol style="list-style-type: none"> We want to propose a mandate that every government agency fulfills a 2% hiring law within their government budget. I am going to talk to Senator Rodriguez about that. We might not be able to hit it this budget season, but maybe next budget season. Guam has the highest at 2%. The U.S. only has 1%. Our goal is to get further than there. We can allow DISID in working with stakeholders to provide continuous workshops and training so that we can get people educated to hire individuals who will allow businesses to flourish.

Priority # 3	Table 8: Employment
Brainstorming	<ol style="list-style-type: none"> Revisiting the application process with the Division of Vocational Rehabilitation (DVR) and Government of Guam. More job coaches. More career and technical educational programs. Training for job skills for applicants to include more than just one entry-level position.
Strategy 1	Activity 1: <ol style="list-style-type: none"> More job skills for applicants. More job coaches. More career / technical educational programs. Revisit the application process for DVR and Government of Guam. Training for other than entry level positions. Counselor give independence to individuals applying. Who? Legislation, DVR/DISID, GCC Trade Academy (School of Trades & Professional Services), Funding.
Strategy 2	No data provided
Report Out	<p>Our third priority is employment.</p> <ol style="list-style-type: none"> We need more job skills for applications, job coaches, and career technical programs. We also need to revisit the application process, and allow training other than entry-level professions. Who can do that? Well, there is legislation, DVR, DISID, GCC, and more funding.

Priority # 3	Table 9: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. Improve teacher and staff education. 2. Implement MOU between DVR and DOE.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Non-profit organization (or IWD or their family members) to conduct disability training at all schools for all teachers and staff. B. Need a Guam Board of Education policy and days set aside for training. C. NPO would need to train the trainers.
Strategy 2	Activity 2: <ol style="list-style-type: none"> A. Direct families of CWD to support groups. B. Families don't need to make the initial call to the group; the providers will have a consent form from the families giving permission for the referral to the support group and the support group to call. (Individual making the call to the family will need to be trained).
Report Out	<p>Our third priority is education and early intervention.</p> <ol style="list-style-type: none"> 1. Again, part of the problem of education is that they are not trained in disability. Most of the school staff does not have training. A non-profit organization can train individuals with disabilities or family members to conduct disability training for every person there. It can be done quite easily. There is so much general information online. 2. We would use information to develop how to approach disability education. In order for that to happen, there would need to be government influence like the Guam Board of Education policy. We need to have some mandate that says it has to happen. Again, there has to be days set aside so training can occur. Two things that involve government. 3. The second activity is directing families of children with disabilities. You simply don't know what to do or say so it is going to have to happen by providing someone who tells the parent that his or her child has a disability. We can connect you to somebody who will assist you. If you like this, you give consent to non-profit, call the parent, and help support that parent from the very beginning. Many of support organizations are not seeing parents in the beginning. Support has to start in the beginning. Many families cannot even function in the beginning. Some have children with disability in high school. It has to start at grass root levels.

Priority # 3	Table 10: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Funding. 2. Increase service hours (weekends / holidays, extend to 10pm). 3. More vehicles. 4. More qualified trainers for examining to drive for people with disabilities.
Strategy 1	Activity 1: Increase service hours and routes to include weekends, evenings, and holidays.
Strategy 2	Activity 2: Enforce P.L. 30-5 (An act relative to re-establishing the Guam Regional Transit Authority).
Report Out	<p>Our third area of concern is transportation.</p> <ol style="list-style-type: none"> 1. This is something near and dear to Evelyn Duenas' heart. Basically, it is to increase the services, areas and routes. It is not happening to the consumers. They want to be able to get out and do their things on the weekends and evenings. Evelyn is insisting that it needs to be expanded and consumer friendly. 2. We want all three priorities to be accredited—house care, health care, transportation. They need to be certified so that they are meeting national standards that have a proven success record of taking care of people with disabilities.

Priority # 3	Table 11: Employment
Brainstorming	<ol style="list-style-type: none"> 1. Self-advocacy. 2. More initiatives for employers to hire people with disabilities.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Training for self-advocacy. B. Identify barriers to timely employment. C. Utilize CAP/GLS.
Strategy 2	Activity 2: Need more employers who are willing to employ persons with disabilities, and give incentives (need to address sustainability).
Report Out	Third—Employment. <ol style="list-style-type: none"> 1. We wish to train disabled people for self-advocacy so they can train for CAP and GLS. 2. Also, we need more employers to employ disabled people. We wish to promote the importance. We want to address sustainability.



Priority 4

Priority # 4	Table 1: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Need more housing for seniors and adults with disabilities. 2. Smart House – house set up for individuals with disabilities or not, already accessible.
Strategy 1	Activity 1: Provide a Smart House ready to move in.
Strategy 2	Activity 2: Provide more group homes.
Strategy 3	Activity 3: Have GHURA provide the “Summer Town” for IWD to encourage more independence.

Priority # 4	Table 2: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. Update teachers and public about changes in laws / policies for developmental disabilities. 2. More access to trained speech therapist, OT (occupational therapist), physical therapist, etc. 3. More certified teachers.
Strategy 1	Activity 1: A. More access to trained speech therapist, OT, PT, etc. B. Who: GDOE C. How: Adequate funding - to hire / training; competitive salary
Strategy 2	Activity 2: A. More certified teachers with training in working with students with disabilities in every classroom. B. Who: GDOE

Priority # 4	Table 3: Education & Early Intervention
Brainstorming	<ol style="list-style-type: none"> 1. Early educational / vocational specific tracks beginning from middle school. 2. Implement rich educational / recreational summer programs to prevent summer loss and improve retention and skill sets. 3. Creative approaches to learning. 4. Identify and address weaknesses by using better assessment tools. 5. Skills specific duties and training.
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 4	Table 4: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Increase funding. 2. Provide aide in buses. 3. Government subsidy for individuals with disabilities to ride the bus for free when it's related to medical transportation.
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 4	Table 5: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Service providers need to do a thorough assessment to fit the needs of individuals with disabilities including daily activities, i.e. Dialysis patients. 2. Locations close to family support. 3. Need more affordable housing options for individuals with disabilities that fit their needs. 4. Need to have independent living program on island.
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 4	Table 6: Housing
Brainstorming	No additional individual member submission.
Strategy 1	Activity 1: <ul style="list-style-type: none"> • Start working on paper work when child is in sophomore year.
Strategy 2	Activity 2: <ul style="list-style-type: none"> • Build more facilities to house; apply for more funding.

Priority # 4	Table 7: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. Provide funding. 2. Promote transportation industry. 3. Provide incentives to use transportation. 4. Improve overall maintenance.
Strategy 1	Activity 1: Additional fees on registrations / purchase of new cars similar to the “street light fund.” <ul style="list-style-type: none"> • For example, create a fee for the “Guam Transportation fund” (e.g. \$10 for registrations, \$100 on purchases of a new car).
Strategy 2	No data provided

Priority # 4	Table 8: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Better screening of individuals. 2. Open soup kitchens island wide. 3. Build assisted living communities. 4. Identify Government of Guam areas not in use to use as shelters. 5. Open more transitional homes.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. More soup kitchens island wide (i.e. Kamalen Karidat). B. Better Screening. C. Identify Government of Guam areas not in use to be used as shelters. D. Assisted living communities on Guam. E. Who: Government of Guam, Non-Government Organizations, Legislature, Mayors’ Council.
Strategy 2	No data provided

Priority # 4	Table 9: Health
Brainstorming	<ol style="list-style-type: none"> 1. Affordable medication. 2. Increase the number of clients served per day under Medicaid.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. More grassroots input as to what needs are. B. NPO and support groups could invite insurance companies, Governor's office, Committee on Health, and key government agencies to make needs known.
Strategy 2	No data provided
Priority # 4	Table 10: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Structured group homes. 2. Reduced waiting list for people with disabilities (expedite wait-list).
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Create more group and assistive living homes. B. Homes needed for off / on-island consumers.
Strategy 2	Activity 2: Re-address priority placement of DD consumers.
Report Out	We want all three priorities to be accredited—house care, health care, transportation. They need to be certified so that they are meeting national standards that have a proven success record of taking care of people with disabilities.
Priority # 4	Table 11: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Prioritize people with disabilities. 2. Wrap around supportive services.
Strategy 1	Activity 1: Prioritize people with disabilities.
Strategy 2	Activity 2: Supportive services to allow sustainability for IWD to live in the level of housing that they desire to include employment, personal care and transportation.



Priority 5

Priority # 5	Table 1: Transportation
Brainstorming	<ol style="list-style-type: none"> 1. New routes. 2. More buses. 3. Establish bus stops that are accessible.
Strategy 1	Activity 1: A. Do a "Day and Life" (DISID's "A Day in the Life" event): all disabilities go on the transit and see how it feels to have all persons with disabilities on ride. Evaluate what works and what did not.
Strategy 2	Activity 2: A. Have an Uber for disabled.
Strategy 3	Activity 3: A. Bus pass for disabled.

Priority # 5	Table 2: Health
Brainstorming	<ol style="list-style-type: none"> 1. Educate people with disabilities how to care for themselves (preventive education). 2. More free health services and outreach. 3. Access to physical fitness programs. 4. More awareness of different health programs and how to navigate them.
Strategy 1	Activity 1: Provide more preventive education/access to preventive education (physical fitness programs).
Strategy 2	Activity 2: A. More awareness and outreach of different health programs and support on how to navigate them. A. Who: GDOE (Health Ed. classes), DPHSS, GBHWC, clinics and hospitals.

Priority # 5	Table 3: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Better system for identification to provide appropriate housing for individuals with disabilities. 2. Qualified group homes run by contracted providers. 3. Expedited services and monitoring to cut down on wait-list. 4. Tax cuts to build ADA compliant homes.
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 5	Table 4: Quality Assurance
Brainstorming	<ol style="list-style-type: none"> 1. Increase public assistance benefits. 2. Stricter guidelines for group homes. 3. More transparency for families. 4. Exceptions in policy when it involves well-being of individuals with disabilities (ex. Locking doors in GHURA housing).
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 5	Table 5: Child Care
Brainstorming	<ol style="list-style-type: none"> 1. Need to provide more training especially with disabilities. 2. Aides need to be qualified and trained for their position. Need to be trained in basic skills, CPR, First Aid. 3. Knowledgeable /orientation about the individuals with disabilities' conditions. Build in the training that is necessary.
Strategy 1	<ol style="list-style-type: none"> A. What: Implementing the 2 percent Government of Guam hiring law. B. How: Awareness on the law; DOA/Government of Guam to monitor.
Strategy 2	<ol style="list-style-type: none"> A. What: Ensuring each student (IWD) receives an appropriate transition from high school. B. How: Ensure staff is qualified to provide transition services to IWD. C. What: DVR/DISID needs to have thorough assessment in helping persons w/ disabilities find a job that fits their capabilities. D. How: Having services monitored by administration.

Priority # 5	Table 6: Community Support
Brainstorming	No additional individual member submission
Strategy 1	Activity 1: Carnival / activities to raise money for special needs.
Strategy 2	Activity 1: Carnival / activities to raise money for special needs.

Priority # 5	Table 7: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Need to increase housing vouchers. 2. Identify funds for accessibility and renovations. 3. Provide affordable housing. 4. More programs like "Habitat for Humanity."
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Create sustainable natural energy resources. B. Develop public/private partnerships (e.g. private companies to develop properties fully ADA accessible).
Strategy 2	No data provided

Priority # 5	Table 8: Child Care
Brainstorming	<ol style="list-style-type: none"> 1. More full day special needs program. 2. More training specific to disabilities. 3. Open a 24-hour child care center.
Strategy 1	Activity 1: <ol style="list-style-type: none"> A. Service Accessible programs: Instead of 2 schools to just one school. B. More training with specific disabilities. C. Open up a 24 hour day care center. D. Who: Government of Guam, Non-Government of Guam (NGO's), Private Businesses.
Strategy 2	No data provided

Priority # 5	Table 9: Housing
Brainstorming	<ol style="list-style-type: none"> 1. Need assisted living. 2. Need more housing options for individuals with disabilities. 3. Special rules for individuals with disabilities to qualify for housing. 4. Shelters need to allow a certain percentage of their beds for individuals with disabilities.
Strategy 1	No data provided
Strategy 2	No data provided

Priority # 5	Table 10: Quality Assurance
Brainstorming	<ol style="list-style-type: none"> 1. All services accredited. 2. Personal monitor.
Strategy 1	Activity 1: All services nationally accredited (DD consumers). Personal monitor.
Strategy 2	Activity 2: Strengthen volunteer advocacy through neighborhood watch, Mayors' Council, Homeland Security, and church groups. (Use phone tree).

Priority # 5	Table 11: Assistive Technology
Brainstorming	<ol style="list-style-type: none"> 1. Advocate for policy change for accessible AT to fit the needs of individuals with disabilities. 2. Advocate for extended maintenance for warranties for AT devices.
Strategy 1	Activity 1: Advocate for policy change for accessible AT to fit the needs of IWD.
Strategy 2	Activity 2: Advocate for extended maintenance and warranty for AT devices.



APPENDIX A

Disability Summit Table Assignments

Table #	Self-Advocate/IWD Total = 15	Parent/Family Total = 29	Service Provider Total = 23	Recorder Total = 13
1	Tina Artero (DHH) Keriosy Herry (DHH) Barbara Johnson (DHH)	Norma Boswell Ligaya Magana	Margarita Gay (DPHSS) Josephine Nakamura (CSS) (2 ASL Interpreters: Monika Duenas & Jeannie Hollis)	Marie Wusstig & Vera Blaz (CEDDERS)
2	Victoria Perez	Lou Mesa Jesus Perez	Constantine Apimwar (CSS) Michelle Marquez (GRTA)	Brittney Cruz (PEP)
3	Bernadette Colet (DSAG)	Zenaida Okada Leone Rohr	Teressa Cruz-Blas (CSS) John Payne (GCC)	Christina Jung (CEDDERS)
4	Clifford Bascon Wooten	Rudy Colet Sussette Gumataotao Lou Bascon Mendiola Anthony Salas Gina San Nicolas	Shella Sanders (CSS)	Naomi Sanchez (GLSC-DLC)
5	Therronriver Concepcion	Eufemia Local Mike Fejeran	Artemio Conducto (CSS) Diana Santos (DPHSS)	Carol Cabiles (GLSC-DLC)
6	Candice Perry	Cassandra Concepcion Mary Louise Lopez Evelyn San Agustin-Claros Pat Mantanona	Diana Calvo (CSS) Maggie Huffer (Child Care)	Ray Sayas (GDDC)
7	Charisma Castor	Pauline Camacho Alma Rayo Joyce Tejeresas	Adelina Garrido (CSS) Benito Servino (DISID) Joe Mesngon (Legislative Rep)	Eileen Dador (GLSC-DLC)
8	Juanito Lava Lisa Ogo (VI) (and 1 Personal Assistant)	Marsha Postrozny Rosemarie Lava	Terry Aguon (DPHSS) Jannica Quintanilla (CSS)	Leah Abelon (CEDDERS)
9	Tom Manglona	Carol Darlow Catherine Pangelinan	Brenda Atalig (GRTA) Annabelle Estrada (DPHSS)	Joseph Mendiola (CEDDERS)
10	Evelyn Duenas (and 1 Personal Assistant)	Venancia Colet Betty Llaneta Roberta Perez	June Perez (GMHA) Roseanne Ada (GDDC)	Jenika Ballesta & Tanya Simer (CEDDERS)
11	Finia Kachita (VI) Michael Rohr (ACT)	Ana Kilroy Monica Limtiaco	Eddy Reyes (Flame Tree, DISID) Jenny Huffer (Child care) Marie Libria (GDDC)	Mona Chapa (GLSC-DLC)

APPENDIX B

Research and Trends

As the rights of individuals with disabilities continue to be protected, laws and policies continue to be updated, followed by programs showing implementation. One model is a recent training by Verna Chinen, M.S., CCC-SLP at the Hilton Guam Resort & Spa on August 14, 2017. In collaboration with Guam CEDDERS and the Division of Special Education, Guam Department of Education, Ms. Chinen, facilitated a training on “Related Service Delivery System: Evidence-Based Practices” for personnel from the Speech and Related Services unit of the Division. Guam continues to update its programs and personnel in both government and non-profit organizations that serve individuals with disabilities.

The following presents each Area of Emphasis in Public Law 106-42, Americans with Disabilities Assistance and Bill of Rights Act of 2000 (October 30, 2000, 106th Congress), referred to as the DD Act. Related national and local laws and policies that demonstrate protection or support of P.L. 106-42 are referenced.

Assistive Technology Activities

These refer to any service that directly assists an individual with a disability in selecting, obtaining, and using an assistive technology device. (Assistive Technology Act of 1998 as amended).

Federal Legislation

An “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially, modified or customized that is used to increase, maintain, or improve functional capabilities of individuals with developmental disabilities. (P.L. 106-42). Related to that law, is Section 508 of the Rehabilitation Act of 1973 which requires that any government agency, federally-funded non-profit organization, public higher education institution, or public school grades K-12, provide software and website accessibility to individuals with disabilities. It means their websites, trainings, presentations, and developed products must be compatible with assistive technology so that users with disabilities can have access. Many large private companies have voluntarily opted to be compliant with Section 508. Extensive information on AT is available nationally at the: (1) Association of Assistive Technology Act Programs (ATAP); (2) Rehabilitation and Engineering Society of North America (RESNA); (3) Assistive Technology Industry Association (ATiA); and (4) Abledata.

Guam Resources

Locally, the Guam System for Assistive Technology (GSAT) located at House 19, Dean Circle, University of Guam, has a demonstration center obtained through a “formula grant from the U.S. Department of Education Rehabilitation Services Grant Administration....authorized under the Assistive Technology Act of 1998 and reauthorized in 2004”. GSAT is required to carry out state level and state leadership activities. It has: (1) a Model Home of AT products inclusive of a guided demonstration; (2) the Akudi Loan Program, a funding alternative for individuals with disabilities with no other options; (3) an AT Lending Library to test an AT device for 30 days without fee; (4) a Guam Recycling and Equipment Exchange Service (GREES) for those who want to donate, sell, or buy previously owned AT; (5) accommodative services such as Braille, large print and electronic formats; (6) annual data reports of services and supports; and (7) an annual AT Fair and AT Conference in collaboration with Guam Developmental Disabilities Council (GDCC) and Guam Legal Services Corporation - Disability Law Center (GSLC-DLC) with additional support from the Department of Integrated Services for Individuals with Disabilities (DISID).

Further, the Guam Center for Excellence in Developmental Disabilities Education, Research and Service (Guam CEDDERS) has a Disability Media facility located at House 17, Dean Circle. The facility works to ensure products developed by its organization such as annual reports, visual and audio advertisements, posters, banners, and related media are accessible for public dissemination. The Guam CEDDERS website, www.guamcedders.org, is accessible for individuals with disabilities.

The Guam Department of Education, Special Education, has specialized areas in assistive technology, speech and language, and related areas that provide services and supports connected with assistive technology. Other agencies such as DISID, the Guam Memorial Hospital Authority, and the Department of Public Health and Social Services provide assistive technology services and supports for the people they serve.

Child Care-Related Activities

These refer to activities that result in families of individuals with disabilities being able to use child care services, before-school, after-school, and out-of-school in their communities.

Federal Legislation

The Child Care and Development Block Grant (CCDBG, P.L. 113-186) enacted under the Omnibus Budget Reconciliation Act of 1990 oversees the Child Care and Development Fund that is available for states and U.S. territories. The CCDBG was amended and reauthorized in 1996 and again in 2014. A section of the Act requires a State’s priority for services that includes the priority for children with special needs. New provisions ensure not only that children’s needs are met, but have access to subsidies. States and territories are required to develop and implement strategies that improve the quality of child care services for certain populations including children with disabilities.

The quality of services includes enrollment of children with disabilities with appropriate accommodations made to meet their special needs. The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) is a law governing how states and public agencies provide services to eligible infants and toddlers under its Part C program and services to children ages 3-21 under its Part B program.

Guam Legislation

On June 2, 2011 (P.L. 31-73) the Administrative Rules and Regulations of the Department of Public Health and Social Services (DPHSS) were established. These rules and regulations replaced the ones created on December 12, 1972 and the September 8, 1978 amendment. The updated rules and regulations included current safety inspections and evidence of a quality early childhood program prior to licensing child care facilities. Additionally, the law has a non-discriminatory section (§ 117.1) that states, "Furthermore, a child care facility shall not deny or provide for the access and accommodation of persons with disabilities in compliance with the Americans with Disabilities Act of 1990". Details of accommodations may be found in an eligible child's Individualized Family Service Plan (IFSP) provided by the Guam Department of Education Special Education (GDOE SpEd) under the IDEA, Part C for infants and toddlers, birth to two years. Children, ages 3-12, will have accommodations written out in a child's Individualized Education Plan (IEP) under the IDEA, Part B.

To encourage quality early childhood programs, P.L. 31-127 passed on November 14, 2011 that would provide business privilege tax exemptions for child care centers and group child care homes. This form of "tax relief" would offset the cost of meeting the standards in the new rules and regulations. On December 15, 2016, P.L. 33-217, passed to extend the business privilege tax exemption for these child care facilities.

Community Supports Activities

These refer to improved services and supports where individuals with disabilities receive protection and assistance to help make their own decisions, be independent, productive, and included in all areas of community life.

Federal Legislation

Within the DD Act (P.L. 106-42), there are sections that are specific to community resources. The "inclusion" section means "acceptance and encouragement of the presence and participation of individuals with developmental disabilities, by individuals without disabilities, in social, educational, work, and community activities, that enables individuals with developmental disabilities to: (a) have friendships and relationships with individuals and families of their own choice; (b) live in homes close to community resources, with regular contact with individuals without disabilities in their communities; (c) enjoy full access to and active participation in the same community's activities and types of employment as individuals without disabilities; and (d) take full advantage of their integration into the same community resources as individuals without disabilities, living, learning, working, and enjoying life in regular contact with individuals without disabilities."

The "individualized supports" section, means supports that (a) enable an individual with a developmental disability to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life. Those supports are designed to (a) enable such an individual to control his or her environment, allowing the most independent life possible; (b) prevent placement into a more restrictive living arrangement than is necessary; and (c) enable such individual to live, learn, work, and enjoy life in the community. The supports could mean (a) early intervention services; (b) respite care; (c) personal assistance services; (d) family support services; (e) supported employment services; (f) support services for families headed by aging caregivers of individuals with developmental disabilities; and (g) provision of rehabilitation technology, assistive technology, and assistive technology services.

The "integration" section means exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to other individuals.

Guam Legislation

On January 9, 2017, P.L. 33-227 rezoned Lot No. 5138-2 R3, "from One-Family Dwelling Zone (R1) to Commercial Zone (C); To authorize the Guam Economic Development Authority, on behalf of the Department of Integrated Services for Individuals with Disabilities and the Chamorro Land Trust Commission, to lease and develop said lots at a commercial lease rate for an initial term or twenty-five (25) years; To construct the DISID Business Center and One Stop Community Resource and Wellness Center; and to establish the Guam Autism Center."

Education and Early Intervention Activities

These refer to activities that result in individuals with disabilities, birth to 21, being able to get the most of their education potential, benefit from lifelong educational activities, and be included in all areas of student life.

Federal Legislation

In 1975, the U.S. Congress passed the Education for All Handicapped Act (EHA), (P.L. 94-142 for ages 6-21; and P.L. 99-457 for ages 3-6) to ensure that every child with a handicap (now disability) gets a free meal and a just education. In 1990, the Act was replaced with the Individuals with Disabilities Education Act (IDEA), ensuring a free appropriate public education (FAPE) to eligible children with disabilities through special education and related services designed to meet their needs. The IDEA governs how states and public agencies provide early intervention services to infants and toddlers, birth to age two (Part C) and children and youth ages three through 21 who receive special education and related services (Part B). Congress reauthorized the IDEA in 2004 and recently amended the IDEA through P.L. 114-95, the Every Student Succeeds Act (ESSA) in December 2015. In ESSA, states must have guidelines for IEP teams to determine on a case-by-case basis whether a student is most appropriately

assessed with an alternate assessment aligned with alternate academic achievement standards. It ensures that appropriate staff receive necessary training to administer alternate assessments and use appropriate accommodations to support students with disabilities.

Guam Legislation

On May 24, 2011, P.L. 31-62 established the Guam Early Learning Council for Guam's Early Childhood Comprehensive System. The Council makes recommendations to improve the coordination and delivery of quality health care and education services for young children on Guam. These include funding opportunities, leveraging of resources, data collection and evaluation, public awareness, and education on early childhood. Additionally, it provides the Governor and Legislature with an annual "State of Early Childhood Health and Education on Guam Brief"; and establishes policies and procedures to address processes in carrying out the 2007 Head Start mandate.

On January 4, 2012, P.L. 31-158 corrected the language in the public law to ensure that "local statutes are in compliance with the federal mandates of the Individuals with Disabilities Education Act (IDEA), and to reflect current language when referring to persons with disabilities".

On May 9, 2012, P.L. 31-201 provided clarity relative to protection of minors' and students' rights. In summary, "Unless a government entity or school receives prior written informed consent from a minor's or student's parent or guardian....the government entity or school shall not administer to a minor or student any academic or non-academic survey, assessment, analysis, or evaluation which reveals information....." Further, except in cases of medical emergencies; release of names, birthdates, addresses, and phone numbers of minor students shall not be made without consent of the student's parent or legal guardian.

On May 9, 2012, P.L. 31-202 added a new Article 7, § 6701. Informed Consent Required for Mental Health Screening of Students. It states, "The Guam Department of Education shall: (a) prohibit the use of schools for any mental health or psychological screening or testing of any student, whether a non-emancipated minor or emancipated minor, without the express written consent of the parent or guardian; (b) the consent must be in a clear and legible form and in compliance with any local or federal regulation, in the primary language of the parent, not less than forty-five (45) days in advance of any such screening; and (c) consent must be signed by the parent or legally appointed guardian of each minor.

On August 30, 2013, P.L. 32-063 passed relative to designating \$7,000,000 of additional revenue from the valuation of real property. In summary, other than pre-designated portions for specific items in the Subsection, 7% of the remaining balance shall be deposited in the Early Childhood Program Fund.

On February 10, 2014, P.L. 32-120 passed; part of which amended § 53101 of Title 17, relative to the Early Childhood Program Fund. In summary, any real property tax revenues received from recent valuation of real property during 2013-2014 is "hereby continuously appropriated annually..... from the Territorial Educational Facilities Fund....., other than portions designated to be used in Items 1-5, 3.5% of the remaining balance for the Early Childhood Program Fund.....and 3.5% of the remaining balance for I Famagu'on-ta Child Adolescent Services Division of the Guam Behavioral Health and Wellness Center, and Project Kariñu.

On May 7, 2015, P.L. 33-29 passed, relative to appropriating start-up funds from the Territorial Educational Facilities Fund for the Guam Department of Education (GDOE) Early Childhood Education Program/Pre-Kindergarten Program; and to provide additional funds to the GDOE for its operations as a result of the enactment of Public Law 32-219 (authorizing funding for Charter Schools).

On May 9, 2017, P.L. 33-230 passed to add a new § 4129, Early Childhood Intervention Leave Act of 2016. "(a) Any employee of the government of Guam who is a parent of a child with a developmental delay or disability, and who is not otherwise prohibited from such contact with his or her child by order of a court, shall be granted administrative leave for the purposes of meeting, supporting, and participating in his or her child's early childhood intervention learning activities at home, in the community, or in a controlled setting under the guidance of the Guam Early Childhood Intervention System, a Division of Special Education of the Department of Education."

Employment-Related Activities

These refer to activities that result in individuals with disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community.

Federal Legislation

According to the United States Department of Labor, there are five federal laws that protect individuals with disabilities from discrimination in employment and the job application process. Those five laws share the same fundamental goal "to remove barriers to employment faced by individuals with disabilities". However, not all the laws apply to all employers. Factors depend on whether employers are in the public or private sector, the number of employees, and whether they hold federal contracts or subcontracts. Additional information is available on the website of the U.S. Department of Labor, including the following briefing of each law:

1. The Americans with Disabilities Act (ADA) – "prohibits discrimination against people with disabilities and guarantees equal opportunities for individuals with disabilities in employment, transportation, public accommodations, state and local government services, and telecommunications."
2. The Rehabilitation Act – "authorizes funding for various disability-related purposes and activities, including state vocational rehabilitation (VR) programs, independent living programs, training and research, and the work of the National Council on Disability."
3. The Workforce Innovation and Opportunity Act (WIOA) – "consolidates federal job training and employment programs inclusive of a wide range of employment services, vocational rehabilitation, adult education, welfare-to-work and vocational education activities into a nation-wide system of One-Stop Career Centers."

4. The Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) – "requires employers that have federal contracts or subcontracts entered into before December 1, 2003 or \$25,000 and/or federal contracts or subcontracts entered into on or after December 1, 2003 of \$100,00 or more to provide equal employment opportunities for certain veterans with disabilities.
5. The Civil Service Reform Act – "which covers most federal agencies contains several rules designed to promote fairness in federal personnel actions and prohibit discrimination against applicants and employees with disabilities."

Guam Legislation

On March 26, 1997, P.L. 24-16 was signed into law to repeal and reenact P.L. 20-213 (establishment of the Governor's Commission on Persons with Disabilities) and amend specific sections. In that law, DISID's roles and responsibilities were outlined including sections referencing employment. Those sections included: (a) Supported employment; (b) Community Rehabilitation Program, part of which covers development of and placement in jobs, job coaching, and extended employment; (c) training and technical assistance leading to employment outcome; (d) Comparable services and benefits; (e) Competitive Employment; (f) Employment Outcome; (g) Extended employment; (h) Transitional employment; and (i) Contract work comprised of seventy-five percent (75%) or better of persons with disabilities. A more specific section on page 32, lines 4-11 states, "(b) Government of Guam departments and / or agencies shall employ at least two percent (2%) of the work force or two (2) individuals with severe disabilities, whichever is greater and certified by the Division of Vocational Rehabilitation (DVR). Such employment shall be on a temporary, limited-term employment not to exceed a total of seven hundred (700) hours for that particular fiscal year. The Division of Vocational Rehabilitation shall monitor compliance by the departments and / or agencies.

On June 18, 2002, P.L. 26-109 was amended to read: "(b) Government of Guam departments and / or agencies shall employ at least two percent (2%) of the workforce with severe disabilities, meeting the criteria as defined by local or Federal agencies and certified by a counselor from the Division of Vocational Rehabilitation (DVR). Government of Guam departments and / or agencies may meet such requirement through direct employment, or by contract with non-profit organizations." In summary, persons with disabilities who meet the criteria, "shall be on a temporary, limited-term employment not to exceed six (6) months". If upon satisfactory performance evaluation by the immediate supervisor, the position shall be converted to permanent employment. Other steps are taken if the conversion to permanent employment is not ready and DVR is responsible for developing a revised plan, provide a work coach for assistance, and monitor compliance with departments and / or agencies.

On November 26, 2012, P.L. 31-254 passed to amend § 4101(c) of Chapter 4, GCA, relative to requiring mandatory skills assessment testing as a requirement for government of Guam employment. It was amended to read as follows: (c) all new employment in the service of the government of Guam shall have as a reasonable measure of job performance, the minimum requirement of a high school diploma or a successful completion of a General Education Development (GED) test or any equivalent of a general education high school program, from a recognized, accredited or certified vocational technical institution, in a specialized field required for the job.... "This Subsection shall not be applicable to the Summer Youth Employment, and any person with a disability which prevents him or her from complying with this Section consistent with the ADA, or its successor laws."

Health-Related Activities

These refer to activities that result in individuals with disabilities having access to and use of coordinated health, dental, mental health (now called intellectual), and other human and social services, including prevention activities in their communities.

Federal Legislation

The U.S. Department of Justice, Civil Rights Division, Disability Rights Section and the U.S. Department of Health and Human Services, Office for Civil Rights issued the following statements in the ADA "Access to Medical Care for Individuals with Mobility Disabilities". (July 2010) "Both Title II of the ADA and Section 504 require that medical care providers provide individuals with disabilities:

- Full and equal access to their health care services and facilities; and
- Reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of the services."

In a separate but related regulation, Section 1905(a)(16) of the Social Security Act created an optional Medicaid benefit to fund "institutions" (four or more beds) for individuals with intellectual disabilities, and specifies that these institutions must provide "active treatment", as defined by the Secretary. Most have other disabilities as well as intellectual disabilities and all must qualify for Medicaid assistance financially. Since the implementation of current regulations in 1988, there has been a major shift in thinking in the field of developmental disabilities. Emphasis is now on people living in their own homes, controlling their own lives and being an integral part of their home community. (cms.gov, 11/22/2016)

"Medicaid provides health coverage to eligible persons including people with disabilities." The Centers for Medicare and Medicaid Services (CMCS) released a new regulation referencing home and community-based services (HCBS). It requires each person receiving Medicaid HCBS to have a person-centered plan to be controlled, to the extent possible, by the person receiving the services.

Guam Legislation

Enacted by the Guam Legislature and signed by the Governor were the following pieces of legislation addressing the health care services and supports for individuals with disabilities on Guam.

On March 12, 2010, P.L. 30-97 passed to add a new subsection relative to the rights of individuals with hearing and speech disabilities to access emergency 911 services.

On March 12, 2010, P.L. 30-98 was enacted to add a new section to Chapter 3 of Title 16, relative to drivers' licenses issued to individuals with hearing and speech disabilities; and to add a new section to Chapter 57 of Title 10, relative to Guam identification cards issued to individuals with hearing and speech disabilities.

On March 12, 2010, P.L. 30-99 passed to add a new section to Chapter 7 of Title 16, Guam Code Annotated, relative to vehicles owned or operated by individuals with hearing or speech disabilities. In summary, the Department of Revenue and Taxation shall issue a decal or placard to individuals with speech and/or hearing disabilities. The decal or placard shall be easily and readily identifiable to traffic officers, day and night. The Department of Revenue and Taxation shall not charge for these services. The form & appearance of the license plates, if available, shall conform to national traffic regulatory or ADA standards.

On September 30, 2011, P.L.31-102, was enacted to add a new section, relative to prohibiting smoking in a vehicle when a child is present. (a) Smoking is prohibited in a motor vehicle if a child who is seventeen (17) years of age or younger is present in the vehicle, regardless of whether the vehicle is moving or stationary. (b) A person who is in violation of this section shall upon conviction thereof, be subject to a maximum fine of One Hundred Dollars for a first offense. (g) Three or more violations of this Section may be used as a basis for or evidence of child abuse and neglect.

On November 17, 2011, P.L. 31-143 passed to add a new section to Article 3, relative to providing for the safety of pedestrians who are blind or visually impaired when crossing Guam roadways.

On February 27, 2012, P.L. 31-192, was enacted to repeal Section 2 of Public Law 26-10; and to amend subsections., and repeal and reenact...all of Article 1, Chapter 8, ...relative to survivor annuities. Child shall mean....(3) disabled prior to age eighteen years. To establish a child's disability, the Board must receive, no later than one year following the death of a member, examination report(s) by two licensed physicians pronouncing that prior to age 18, the child was and currently remains physically, mentally, and permanently disabled and incapable of self-support."...A surviving child's annuity shall terminate upon a child's death, marriage, attainment of age eighteen (18) years (unless the child is disabled or attends high school or an undergraduate institution full-time), attainment of age twenty-five (25) years (unless the child is disabled), or if a previously disabled child is no longer disabled.

On July 9, 2014, P.L. 32-179 passed to partially fund the budgetary shortfalls within the Guam Medicaid Program of the Department of Public Health and Social Services (DPHSS), and Non-Communicable Disease Consortium under DPHSS, by reprogramming and appropriating \$8,895,813.17 from the tobacco asset backed bonds 2001 series b-subaccounts.

On June 13, 2015, P.L. 33-54 was enacted relative to the creation of an Emergency On-line Registry for Individuals with Special Needs; In summary, the Guam Fire Department shall create and maintain the "Emergency On-line Registry", which shall be integrated into the Enhanced 911 Emergency Reporting System. Such Registry shall be referred to by and any relevant information is to be conveyed to the first emergency responders. GFD is authorized to enter into a Memorandum of Understanding (MOU) with the Department of Integrated Services for Individuals with Disabilities (DISID) and other departments and agencies to seek consultation and advice in the creation and maintenance of the Registry. GFD may assign duties to DISID as part of the MOU. GFD shall develop a training regimen for emergency responders specifically dedicated for individuals with special needs. The curriculum is to be developed by Guam Community College and the University of Guam to supplement existing programs or in-service training and shall include practical experience with individuals with special needs.

On September 15, 2015, P.L. 33-71 passed, relative to providing assisted outpatient treatment services to persons with certain mental illnesses, which shall be known as the "Baby Alexya Law."

On May 10, 2017, P.L. 34-6, was enacted relative to mandating the provision of health care insurance coverage for autism spectrum disorders by insurers; to be known and cited as "Hunter's Law of 2017".

Housing-Related Activities

These refer to activities that result in individuals with disabilities having access to and use of housing and housing supports and services in their communities, including help related to renting, owning, or modifying an apartment or home.

Federal Legislation

The U.S. Department of Justice, Civil Rights Division, Disability Rights Section has the Fair Housing Act, amended in 1988, that prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. The Fair Housing Act covers any private housing, including one that receives Federal financial assistance, and state and local government housing. It requires owners of housing facilities to make reasonable exceptions to their policies and operations to afford people with disabilities equal housing opportunities. Some of those include: (1) allowing persons who are blind or those in need of service animals to be housed; (2) making modifications to make reasonable access for persons with disabilities to commonly used areas such as widening doorways, kitchens and bathrooms for a wheelchair to maneuver, and related adaptable features.

Guam Legislation

On March 26, 1996, P.L. 24-16 was enacted to repeal and reenact Chapter 41 of Title 17 Guam Code Annotated (GCA) and to make amendments on specific sections. § 41103. Duties of DISID (d) The DISID shall review, assess and make recommendations addressing problems and needs and the availability of adequate services and resources for persons with disabilities in Guam through research and studies with regard to but not limited to employment, education, health, social services, recreation, civil rights, public facilities, housing, vocational training and rehabilitation, transportation and other matters pertinent to the well-being and independence of persons with disabilities, and to publicize the results thereof. §

41304 (c) (4) Community Services for Persons with Disabilities System states, “Programs of DISID may include but not limited to (4) establishment of a continuum of comprehensive services and residential alternatives in the community so as to allow individuals with disabilities to live in the least restrictive individually appropriate environment.

Other Guam legislation on housing addresses “affordable housing” or housing for the homeless. The following are brief descriptions of those laws.

On July 16, 2010, P.L. 30-172 was enacted to amend a subsection of Section 38, Chapter VI of P.L. 29-113, relative to the Lada Estates project and ensuring access to affordable housing for the people of Guam.

On November 21, 2011, P.L. 31-151 passed to authorize *I Maga’lahen Guahan* to transfer abandoned housing properties held by the Government of Guam to the *Aturidat Gimina’ Yan Renueban Suidat Guahan* (Guam Housing and Urban Renewal Authority) for the purpose of affordable housing.

On March 21, 2012, P.L. 31-195 passed to approve and ratify the transfer of certain property relative to the LADA Estates Project by the Guam Housing Corporation for the purpose of developing affordable housing for the people of Guam.

On April 3, 2012, P.L. 31-209 passed to authorize *I Maga’lahen Guahan* to transfer abandoned properties located within Tract Number 1113, also known as the *Sagan Linahyan* Subdivision, from the *Dipattamenton Minanehan Tãno’* (Department of Land Management) to the Guam Housing Corporation for the purpose of affordable Housing.

On November 27, 2013, P.L. 32-075 passed to amend § 12015.5(b), relative to the creation of an Affordable Housing System Development Charge (AHSDC).

On January 9, 2017, P.L. 33-231 was enacted to add a new subsection relative to authorizing the Guam Housing Corporation (GHC) to establish a Pilot Housing First Program and utilize escheated funds in the Housing Trust Fund to fund the same. “

As such, following the example of other jurisdictions, it is the intent of *I Liheslaturan Guahan* to assess the feasibility of the “Housing First” model in Guam by allowing the GHC, in consultation with GHURA, to utilize a percentage of escheated funds in the Housing Trust Fund to establish a pilot Housing First program accessible to all homeless individuals in Guam.”

The Guam Housing and Urban Renewal Authority (GHURA) has an affordable rental- housing program for eligible low-income families, the elderly, and persons with disabilities. The U.S. Department of Housing and Urban Development (HUD) administers Federal aid to GHURA to manage the housing for low-income residents at rents they can afford. “Section 8” is a program that provides vouchers and certificates to eligible very low-income families, the elderly, and persons with disabilities. The vouchers and certificates are a form of monetary rental assistance that helps very low-income families rent affordable housing of their choice from landlords on Guam. HUD administers federal aid to GHURA to provide rental assistance. Another GHURA housing project is Guma Trankilidat, financed through the Farmer’s Home Administration. It provides housing to very low-income elderly and persons with a disability. Section 8 rental assistance is also provided to residents of Guma Trankilidat. However, on January 7, 2013, GHURA closed the Section 8 Housing Choice Voucher Program wait-list and is not accepting applications.

Quality Assurance Activities

These refer to monitoring services, supports, and assistance to ensure that the individuals with developmental disabilities: (a) will not experience abuse, neglect, sexual or financial exploitation, or violation of legal or human rights; and (b) will not be subject to inappropriate use of restraints or seclusion. It includes training in leadership, self-advocacy, and self-determination for individuals with developmental disabilities, their families, and their guardians to ensure services, supports and assistance.

Federal Legislation

The Americans with Disabilities Act of 2000 is primarily the reference regarding quality assurance activities for persons with disabilities. The Department of Justice issued new regulations on Title II (State and Local Governments) and Title III (Public Accommodations and Commercial Facilities) of the ADA on September 15, 2010. A summary of those changes are taken from the ADA Title II and Title III Regulations Fact Sheet Series:

- a. Effective Communication – Public entities and private businesses must ensure effective communication with individuals with disabilities.
- b. Exams and Courses – Private and public entities covered by the ADA who offer exams and courses must make them available in a location and manner that is accessible to individuals with disabilities.
- c. Lodging – Places of lodging shall manage their reservation process including, but not limited to, the accessibility of the reservation system and how requests for accessible rooms should be managed. Additionally, the 2010 ADA Standards for Accessible Design is covered.
- d. Service Animals – The revised definition of a service animal means a dog trained to perform work or tasks to benefit a person with a disability and conditions for use of a miniature horse. Additional information is available regarding determination if an animal is a service animal and when and where a service animal is allowed access.
- e. Ticketing – The Department of Justice has clarified the regulations around ticketing for events in public and private places. There are eligibility requirements for purchasing tickets for accessible seats and general requirements for modifying policies and procedures to ensure that individuals with disabilities have an equal opportunity to purchase tickets for accessible seating.
- f. Wheelchairs – There are revisions to the ADA regulations defining a wheelchair and a new category of devices used by individuals with disabilities known as “other power-driven mobility devices (OPMD)”.
- g. Correctional Facilities – ADA regulations have been revised that specify the obligations of public entities to ensure that inmates or detainees have equal access to services, programs and activities. That includes requirements to house inmates and detainees in the most

integrated settings. It also reviews the 2010 ADA Standards for Accessible Design as they apply to jails, prisons, and other detention and correctional facilities.

- h. 2010 ADA Standards of Design – The new standards cover changes made to the 1991 ADA Standards; and include compliance dates and safe harbor provision, including examples of elements and facilities affected by the new standards.
- i. Accessible Parking – Information on accessible parking is found in the ADA Standards for Accessible Design and includes number and types of spaces required, signage and construction. State and local government agencies, commercial facilities and public accommodations must designate accessible parking to ensure people with disabilities can gain access to and participate in activities and services.

Another source addressing this Area of Emphasis points to Gary L. Siegel, Ph.D. in his paper, “A Review of Current Trends in Quality Assurance of Services Provided to Persons with Developmental Disabilities” from the Institute of Applied Research. (July 2000). He pointed out three primary factors that shaped the movement to improve the quality of services for persons with developmental disabilities:

- 1. Attention has shifted from deinstitutionalization of persons with disabilities to “community living, freedom from abuse and neglect, education for self-development, privacy rights, personal safety and related services” as general requirements of basic services and not indications of quality;
- 2. Focus is on consumer-centered meaning a shift in focus to what American businesses today are practicing – customer focus and satisfaction. To persons with developmental disabilities, it means relying on the importance of individualized services and person-centered planning; and
- 3. Equity – identifying those services that work towards the quality of life for individuals with developmental disabilities.

Guam Legislation

The March 26, 1996, P.L. 24-16 repeal and reenactment of Chapter 41 of Title 17 Guam Code Annotated (GCA) names DISID as the entity “... that shall review, assess and make recommendations addressing problems and needs and the availability of adequate services and resources for persons with disabilities in Guam”.

On July 16, 2010, P.L. 30-171 passed relative to creating better public service for the *Man’āmkō* and individuals with mobility disabilities. In summary, § 3132, Better Customer Service Policy – “Move to the Front of the Line” states that “all agencies, public corporations, and instrumentalities of the government of Guam shall ensure that individuals with mobility disabilities, or are fifty-five (55) years of age or older, are allowed to move to the front of the line for customer service requests and remittance of payments. This Section does not apply where patrons of an agency are scheduled by appointment.

On December 30, 2010, P.L. 30-229 passed relative to accessible parking in Guam. In summary, the reenactment of those sections clearly states that a person is guilty of a misdemeanor if: (1) the vehicle does not display a special license plate, a removable placard, or a temporary-removal windshield placard, and parks any vehicle within a designated, accessible parking space for persons with disabilities on public or private property made available for public use; (2) any person commits or attempts to commit an act of deception or fraud such as falsifying information made on a physician or optometrist’s certification; alters, modifies, or sells the license plate, or copies, forges, or uses a fraudulent license late, placard, or temporary-removable windshield placard. Further, it adds that it is a violation when there is blockage of access adjacent to accessible parking space and when another person is allowed to use the assigned placard who is not designated for its usage.

On November 21, 2011, P.L. 31-152 passed to amend Title 10, GCA, relative to the Civilian Volunteer Police Reserve; to add a new subsection relative to re-establishing the “Accessible Parking Fund”; and to amend Title 16, GCA, relative to accessible parking for persons with disabilities. In summary, the Accessible Parking Fund was re-enacted and will continue to be separate from the government of Guam fund. The Department of Integrated Services for Individuals with Disabilities (DISID) shall maintain the Fund, and shall utilize the Fund for the purpose of ensuring community awareness regarding parking issues for individuals with disabilities, which shall include the monitoring and compliance for the provision of accessible parking for individuals with disabilities. Fifty percent (50%) of all fines imposed by the Court shall be deposited into the Accessible Parking Fund, maintained by DISID or its successor agency, and the remaining 50% shall be deposited into the Police Services Fund, maintained by the Guam Police Department. Proceeds of fines from enforcement of the Accessible Parking Law shall be transferred from the Department of Administration into the Police Services Fund to be maintained by the Guam Police Department, and the remaining balance shall remain in the Accessible Parking Fund to be maintained by DISID.

On December 6, 2012, P.L. 31-248 passed relative to employment limitations on convicted sex offenders. Any person convicted of a violation of Chapters 25 and 25.1 of this Chapter, may not be employed directly or through an independent contractor, in any of the following: (a) medical, dental or physical therapy facility or clinic while patients are present; (b) a child care facility while children are present; (c) a school or learning institution while children are present; (d) a medical or disabled person transport service while patients are present; (e) a hospital nursing home or hospice facility while patients are present; or (f) as an installer or deliverer of services or goods where the employee may be required to enter a private residence.”

On December 26, 2012, P.L. 31-266 passed to add a new Subsection “...relative to establishing a certification program for Government of Guam employees in the provision of services to individuals with disabilities. Section 2. Department of Integrated Services for Individuals with Disabilities Authorized to Develop Certification Programs that Include Training.relative to the duties of the DISID...”(m) The DISID shall develop a Certification program and fees pertaining....to include certification levels, performance standards and training targets that will ensure government of Guam employees are capable of providing services to individuals with disabilities in a manner with respect and high regard. Such government of Guam employees shall include, but not limited to, customer service personnel and uniformed personnel, as defined. DISID is authorized to permit other government of Guam agencies and public and private educational institutions to provide training relative to providing services to individuals with disabilities; however, DISID shall certify the participants’ completion of such training activities.”

Additionally on December 26, 2012, P.L. 31-269 passed to amend Section 2. § 3132 Better Customer Service Policy – “Move to the Front of the Line”. All agencies, public corporations and instrumentalities of the Government of Guam shall ensure that individuals with mobility disabilities, or are fifty-five (55) years of age or older, or veterans are allowed to move to the front of the line for customer service request and remittance of payments, and treated on a first come – first served basis. This section does not apply where patrons of an agency are scheduled by appointment.

On December 26, 2012, P.L. 31-271 passed relative to the “Termination of Child Support.” Child support for special education children extends to age twenty-two (22) years if in the custody and care of custodial parent and has official certification of active school enrollment, but custodial parent shall inform the Office of the Attorney General’s Child Support Enforcement Division no later than thirty calendar days prior to the child’s 21st birthday.

Recreation-Related Activities

These refer to activities that result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities in their communities.

Federal Legislation

The Department of Justice issued new regulations on Title II (State and Local Governments) and Title III (Public Accommodations and Commercial Facilities) of the ADA on September 15, 2010, followed by a Final Rule for its publication in the Federal Register effective October 11, 2016. “Title III prohibits discrimination on the basis of disability in the activities of places of public accommodation and requires newly constructed or altered places of public accommodation – as well as commercial facilities to comply with the ADA Standards 42 U.S.C. 12181B9. Public accommodation includes businesses that are generally open to the public and that fall into one of 12 categories of the ADA, such as restaurants, movie theaters, schools, day care facilities, recreational facilities, and doctors’ offices. Commercial facilities include privately owned, nonresidential facilities like factories, warehouses, or office buildings.

Guam Legislation

Recent legislation of recreation-related activities on Guam did not specify inclusion of individuals with developmental disabilities; but addressed funding towards construction or alteration of sports or community structures which will in effect imply adherence to current regulations on accessibility. On August 24, 2015, P.L. 33-62 passed relative to supporting the development of safe and healthy youth and community activities by appropriating funds from the limited gaming fund for Fiscal Year 2015 and annually thereafter to the Mayors’ Council of Guam, the Department of Education, and the Department of Parks and Recreation. The legislation covered “repair and construction of recreational or sports facilities, including community centers, ...and for procurement of sports equipment and supplies...”

Transportation-Related Activities

These refer to activities that result in individuals with developmental disabilities having access to and use of transportation.

Federal Legislation

The Americans with Disabilities Act (ADA) covers both public and private ground transportation. The rules are regulated by the U.S. Department of Transportation (DOT) and include the Code of Federal Regulations (CFR) Title 49, Part 27 (49 CFR Part 27) which requires access for people with disabilities for recipients of federal funding; 49 CFR Part 37, which regulates transportation services and facilities (e.g. buildings, stations and bus stops), and 49 CFR Part 38, which regulates vehicles and systems (e.g. lifts on buses).

- Information on services regarding a public transportation system must be in accessible formats for persons with different disabilities (e.g. information in large print, braille, or alternative and electronic format).
- Equipment and facilities such as lifts, ramps, securement devices (straps for securing wheelchairs) signage, and communication devices must be in good operating order. If feature is not in order, it be repaired promptly and while under repair; an alternative accessible vehicle or option must be available.
- Public transit operators must allow adequate time for people with disabilities to board and exit from vehicles.
- Service animals trained to provide assistance to an individual with a disability may accompany that individual in vehicles and facilities; regardless of whether the animals have been licensed or certified by a state or local government.
- Fixed-route systems (those operating a prescribed route) must have signs designating seating for passengers with disabilities. At least one set of forward-facing seats must be marked as priority seating for people with disabilities.
- Each public and private transportation operator must ensure that personnel are trained to operate vehicles and equipment safely; properly assist individuals with disabilities in respectful, courteous way; and recognize that individuals with disabilities have different abilities and needs requiring different types of assistance.

The ADA doesn’t regulate air travel discrimination, but the Air Carrier Access Act (ACAA) does. The ACAA applies to all United States air carriers and foreign carriers that have flights that start or terminate at a U.S. airport. All domestic and foreign passenger airlines are prohibited from discriminating against people with mental or physical disabilities or both.

- Carriers must accommodate individuals with disabilities unless it creates a safety or health risk to others or causes undue hardship.

- Terminals must be accessible to all passengers including those with wheelchairs.
- Air carriers are prohibited from applying different Transportation Security Administration (TSA) screening criteria to passengers with disabilities. This means carriers may not subject people with assistive devices or mobility aids to special screenings if they're cleared with the security system. However, air carriers have the discretion to examine the mobility aid or assistive device if they feel that it may be concealing a prohibited item such as a utility knife.
- Passengers with disabilities have the right to fly with their service animals free of charge and allow the service animal to sit with the passenger. Generally, persons with disabilities do not have to provide documentation about their service animal prior to flight, except in situations involving an eight hour or longer flight or an emotional support or psychiatric service animal.
- The Act only covers passenger airlines open to the public but not to private airlines such as a FedEx, a shipping company.

Guam Legislation

On March 13, 2009, P.L. 30-6 passed to re-enact Chapter 6 of Title 12, GCA, relative to re-establishing the Guam Regional Transit Authority (GRTA), a public corporation with exclusive franchise for furnishing public transportation within Guam's roads and highways. The GRTA has a Guam Regional Transit Authority Fund which shall be maintained separately and apart from other funds of the government of Guam and be audited annually by an independent certified public accountant or by the Office of the Public Auditor. The GRTA is the designated state agency for purposes of receiving and disbursing funds from the U.S. Department of Transportation-Federal Transit Administration or from any other federal agency in support of the mission of the Authority.

On September 10, 2010, P.L. 30-198 passed to appropriate \$454,151 from Guam Highway Fund to the GRTA for the purpose of carrying out its mandate (creation of GRTA as an autonomous agency of the Government of Guam).

On December 26, 2012, P.L. 31-268 passed relative to the minimum qualifications of the GRTA Executive Manager position and modifications to established routes, schedules, fares and policies.

- The Board may appoint an Executive Manager, who shall be its chief executive officer. The Executive Manager shall serve at the pleasure of the Board, and the Board shall establish the compensation. The Executive Manager shall possess a combined minimum of six years of operational, supervisory, and management experience working in an organization that provides transportation related services.
- Public Outreach Notice. The GRTA shall provide notice no less than ten (10) working days before the effective date of proposed changes. Notices shall be posted, made available and disseminated at the office of the GRTA and within vehicles used to provide the services of the GRTA. (B) World Wide Web Notice. The GRTA, no less than ten (10) working days before the effective date of the proposed changes, shall publish a World Wide Web (Web) page, available to the public via the GRTA website. It shall be highly visible on the GRTA's main web page, and should legibly state in bold letters, "Guam Regional Transit Authority Service Change Proposal."
- Public Hearing Notice. The GRTA shall hold at least three public hearings on proposed changes at least thirty days prior to the effective date of the proposed changes. One of the public hearings shall be held in a location in northern Guam; one in central Guam, and one in southern Guam.



References

- ADA National Network. U.S. Department of Health and Human Services. National Institute on Disability, Independent Living, and Rehabilitation Research. The ADA & Accessible Ground Transportation / National Network ADA Centers. (2016) Retrieved from <https://adata.org/factsheet/ADA-accessible-transportation>
- ADA National Network. U.S. Department of Health and Human Services. National Institute on Disability, Independent Living, and Rehabilitation Research. ADA Title II and Title III Fact Sheets Series / National Network ADA Centers. (March 15, 2011) Retrieved from <http://www.adata.org>
- Association of University Centers on Disabilities. (August 25, 2010). Developmental Disabilities Assistance and Bill of Rights Act (DD Act). Retrieved from <http://www.aucd.org>
- Catholic Social Service, Catholic Charities Guam. Community Habilitation Program. (2017) Retrieved from <http://www.catholicsocialserviceguam.org/community-habilitation-day-program.html>
- Department of Public Health & Social Services, Guam. Division of Public Welfare. Bureau of Health Care Financing Administration. Medicaid Assistance Program and Medically Indigent Program. (2017) Retrieved from <http://www.dphss.guam.gov>
- Department of Public Health & Social Services, Guam. Division of Public Welfare. Bureau of Social Services Administration. Child Protective Services. (2017) Retrieved from <http://www.dphss.guam.gov>
- Department of Public Health & Social Services, Guam. Division of Senior Citizens. Bureau of Adult Protective Services. (2017) Retrieved from <http://www.dphss.guam.gov>
- Farra San Nicolas, H. and Spencer, S. (1996). *Ginen I Man Inutit-Siha: The Voices of Individuals with Disabilities*. 1996-97 Update of the Territorial Agenda and Policy Recommendations for Developmental Disabilities. Agana, Guam: Guam Developmental Disabilities Council.
- Flores, N. (Ed.) (February 2003). *Island Summit on Disabilities, Proceedings*. Mangilao, Guam: Guam Center for Excellence in Developmental Disabilities Education, Research, & Service.
- Government Publishing Office (US). (November 29, 1975). Public Law 94-142, 94th Congress. Education for All Handicapped Children Act of 1975. Retrieved from <https://www.gpo.gov/fdsys/pkg/STATUTE-89/pdf/STATUTE-89-Pg773.pdf>
- Government Publishing Office (US). (October 8, 1986). Public Law 99-457, 99th Congress. Education of the Handicapped Act; Amendments of 1986. Retrieved from <https://www.gpo.gov/fdsys/pkg/STATUTE-100/pdf/STATUTE-100-Pg1145.pdf>
- Government Publishing Office (US). (November 19, 2014). Public Law 113-186, 113th Congress. Child Care and Development Block Grant Act of 2014. Retrieved from <https://www.gpo.gov/fdsys/pkg/PLAW-113publ186/pdf/PLAW-113publ186.pdf>
- Government-wide Section 508 Accessibility Program. (2001) Section 508 Law and Related Laws and Policies. Retrieved from <https://www.section508.gov/content/learn/laws-and-policies>
- Guam Department of Education. (2017) Retrieved from <https://sites.google.com/a/gdoe.net/gdoe/>
- Guam Department of Integrated Services for Individuals with Disabilities. (2017) Retrieved from <http://disid.guam.gov/divisions/>
- Guam Developmental Disabilities Council (1993). *First Territorial Forum on Disabilities*. Agana, Guam: Guam Developmental Disabilities Council.
- Guam Housing and Urban Renewal Authority (GHURA). (2017) Retrieved from <https://www.ghura.org/>
- Guam Regional Transit Authority: GRTA. (2017) Retrieved from <http://grta.guam.gov/>
- Limtiaco Standing Soldier, F. and Farra San Nicolas, H. (Eds.) (1995) *Territorial Agenda and Policy Recommendations for Developmental Disabilities*. Mangilao, Guam: University Affiliated Program on Developmental Disabilities, University of Guam.
- 34th Guam Legislature Archives. (2000-2017). Retrieved from <http://www.guamlegislature.com>
- Special Olympics Guam (SOGU). (2017) Retrieved from <http://specialolympicsgu.org/>
- U.S. Department of Education. Individuals with Disabilities Education Act (IDEA). (2004, 2015) Retrieved from <https://sites.ed.gov/idea>

- U.S. Department of Health & Human Services, Administration for Children & Families, Office of Child Care. Child Care & Development Fund Reauthorization. (2014, 2016) Retrieved from <https://www.acf.hhs.gov/occ/ccdf-reauthorization>
- U.S. Department of Health & Human Services. Centers for Medicare and Medicaid Services. (2017) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). Retrieved from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ICFIID.html>
- U.S. Department of Health & Human Services. Centers for Medicare & Medicaid Services. State Medicaid and CHIP Profiles (Guam). (2015) Retrieved from <https://www.medicaid.gov/medicaid/by-state/guam.html>
- U.S. Department of Health and Human Services. U.S. Department of Justice. Access to medical care for individuals with mobility disabilities. (July 2010) Retrieved from https://www.ada.gov/medcare_mobility_ta/medcare_ta.htm
- U.S. Department of Housing & Urban Development. Fair Housing Laws and Presidential Executive Orders. (2017) Retrieved from https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws
- United States Department of Labor, Office of Disability Employment Policy. Employment Laws: Disability & Discrimination. (2017) Retrieved from: <https://www.dol.gov/odep/pubs/fact/laws.htm>
- U.S. Department of Transportation. Passengers with Disabilities, About the Air Carrier Access Act. (2015) Retrieved from <https://www.transportation.gov/airconsumer/passengers-disabilities>
- University of Guam CEDDERS. (August 14-15, 2017) "Guam CEDDERS Facilitated a Training on Related Service Delivery System: Evidence-Based Practices". Verna Chinen, M.S. Retrieved from <https://www.guamcedders.org> (News & Events)
- University of Guam CEDDERS. (unpublished document) (April 29, 2017). Island-wide Parents Empowering Parents (PEP) Conference Survey.
- University of Guam CEDDERS. Guam System for Assistive Technology. (2017) Retrieved from <http://www.gsatedders.org>
- University of Guam CEDDERS. (May 2014). Updates from Advocates on Guam's Disability Agenda. Mangilao, Guam: Office of Graduate Studies, Sponsored Programs & Research. Retrieved from <https://www.guamcedders.org> (Publications & Products: Self-Advocacy)



NOTES

[illegible]



**Guam Developmental
Disabilities Council**



**GUAM LEGAL SERVICES CORPORATION
DISABILITY LAW CENTER**



This report was produced with 100% funding support from the U.S. Department of Health & Human Services, Administration on Intellectual and Developmental Disabilities, Grant No. 90DD0014-04-00 and facilitated by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), in collaboration with the Guam Developmental Disabilities Council (GDDC), and Guam Legal Services Corporation - Disability Law Center (GLSC). This report is also available online and in alternate formats at www.guamcedders.org.

The University of Guam is an equal opportunity provider and employer.