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SERVICES TO THE ELDERLY ON PUBLIC ASSISTANCE

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GOVERNMENT

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON

FEDERAL, STATE AND COMMUNITY SERVICES

OF THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

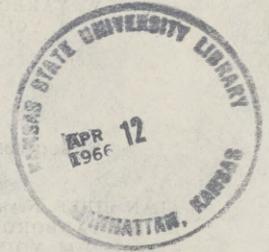
SECOND SESSION

PART 2—APPENDIX

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SERVICES TO THE ELDERLY ON PUBLIC ASSISTANCE

HEARINGS

SUBCOMMITTEE OF

FEDERAL STATE AND COMMUNITY SERVICES

SPECIAL COMMITTEE ON AGING

[Pursuant to S. Res. 12, 89th Cong.]

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NOTE.—This study is in two parts: Part 1—Washington, D.C., hearing, August 18, 19, 1965; Part 2—Appendix.

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APPENDIX

The subcommittee held a hearing in Washington, D.C., on August 18 and 19, 1965, on "Services to the Elderly on Public Assistance," the transcript of which is part 1 hereof. This appendix includes information subsequently requested to complete the inquiry.

APPENDIX A.—REPLIES TO QUESTIONNAIRES SENT TO STATE WELFARE COMMISSIONERS

Questionnaires were sent to all State welfare commissioners and to all those who testified at the August 1965 hearing. Replies were received from the following State officials:

Alabama: Reuben K. King, commissioner, Department of Pensions and Security, Montgomery, Ala.

Alaska: George P. Spartz, director, Division of Public Welfare, Alaska Office Building, Juneau, Alaska.

Delaware: John E. Hiland, Jr., director, Department of Public Welfare, Post Office Box 309, Wilmington, Del.

District of Columbia: Donald D. Brewer, Director, Department of Public Welfare, 499 Pennsylvania Avenue NW., Washington, D.C.

Florida: Harold G. Croom, acting State director, Department of Public Welfare, Post Office Box 2050, Jacksonville, Fla.

Idaho: B. Child, commissioner, Department of Public Assistance, Box 1189, Boise, Idaho.

Illinois: Henry L. McCarthy, chief, Division of Community Services, Department of Public Aid, Room 203, State Office Building, Springfield, Ill.

Kansas: Marvin E. Larson, State director of social welfare, State Office Building, Topeka, Kans.

Kentucky: C. Leslie Dawson, commissioner, Department of Economic Security, Capitol Annex, Frankfort, Ky.

Maine: Stephen P. Simonds, director, Bureau of Social Welfare, State Department of Health and Welfare, Augusta, Maine.

Maryland: Raleigh C. Hobson, director, Maryland State Department of Public Welfare, 1315 St. Paul Street, Baltimore, Md.

Massachusetts: Robert F. Ott, commissioner, Department of Public Welfare, 600 Washington Street, Boston, Mass.

Michigan: Russell A. Hendrick, supervisor, Program Development Division, Department of Social Services, Lewis Cass Building, Lansing, Mich.

Minnesota: Morris Hursh, commissioner of public welfare, Centennial Building, St. Paul, Minn.

Mississippi: Evelyn Gandy, commissioner, Department of Public Welfare, Jackson, Miss.

Nebraska: E. D. Warnsholz, legal consultant, Department of Public Welfare, Box 94819 State House Station, Lincoln, Nebr.

New Jersey: Irving Engelman, director, Division of Public Welfare, New Jersey Department of Institutions and Agencies, Box 1627, Trenton, N.J.

New Mexico: Leo T. Murphy, director, Department of Public Welfare, 408 Calisteo Street, Santa Fe, N. Mex.

New York: George K. Wyman, commissioner, Department of Social Welfare, 112 State Street, Albany, N.Y.

Ohio: Clarence V. Tittle, Jr., chief, Division of Aid for Aged, 408 E. Town, Columbus, Ohio.

Oklahoma: L. E. Rader, director of public welfare, Box 53161, Capitol Station, Oklahoma City, Okla.

Oregon: Andrew F. Juras, administrator, State Public Welfare Commission, room 400, Public Service Building, Salem, Oreg.

Rhode Island: Augustine W. Riccio, director, Department of Social Welfare, 1 Washington Avenue, Providence, R.I.

South Dakota: Matthew Furze, State director, Department of Public Welfare, State Office Building, Pierre, S. Dak.

Texas: John H. Winters, Texas commissioner of public welfare, John H. Reagan Building, Austin, Tex.

Utah: V. E. Griffin, director, Division of Program Operations, Utah State Public Welfare, room 421, State Capitol, Salt Lake City, Utah.

Washington: George M. V. Brown, supervisor, Program Development, Department of Public Assistance, Post Office Box 1162, Olympia, Wash.

West Virginia: L. L. Vincent, commissioner, West Virginia Department of Welfare, 1800 Washington St. East, Charleston, W. Va.

Wyoming: Louis M. Groh, State director, Wyoming Department of Public Welfare, State Office Building, Cheyenne, Wyo.

Puerto Rico: Guillermo Arbona, M.D., secretary of health, San Juan, P. R.

Virgin Islands: Macon M. Berryman, commissioner of social welfare, St. Thomas, V.I.

QUESTIONNAIRE

1. The Public Welfare Amendments of 1962 (Public Law 87-534) authorized Federal matching of 75 percent for programs providing services for public assistant recipients. How would you appraise the results thus far under this authorization?

Excellent: Texas.

Good: District of Columbia, Florida, Idaho, Illinois, Kansas, Kentucky, Maine, Massachusetts, Minnesota, New Mexico, New York, Oklahoma.

Mediocre: Alabama, Alaska, New Jersey, Oregon, South Dakota, Utah, West Virginia, Wyoming.

Unsatisfactory: Nebraska, Rhode Island, Virgin Islands.

Very unsatisfactory: None.

2. What, if any, Federal legislative provisions, regulations, and administrative actions have impeded the establishment of services programs for the elderly on public assistance in your State since enactment of the Public Welfare Amendments of 1962?

Alaska.—Alaska's size, weather, and communications make this a difficult problem for us. These problems rather than any real Federal provisions have impeded the development.

Delaware.—The necessity for detailed planning in developing service programs in the AFDC because of the requirements of the Welfare Administration slows down and complicates the development of these programs and will continue to do so, if these detailed requirements are continued for OAA and APTD.

District of Columbia.—None.

Florida.—In attempting to plan for recipients in the administration of medical care programs within public assistance, some of the regulations for the administration of titles XVIII and XIX have posed problems. One of the most serious administrative problem results from the regulation which prohibits State welfare departments from paying the \$3 premium for social security beneficiaries who refuse to elect this service and still requires State departments of public welfare to provide an equal level of services for such persons if the State wishes to "buy in" for other public assistance recipients. It would be much simpler if State departments could either "buy in" for such persons or require that they take advantage of the provisions of the Social Security Act for the meeting of their medical needs.

Idaho.—None other than required studies of characteristics.

Illinois.—Cannot be specific in answering this question.

Kansas.—None.

Kentucky.—Kentucky's service program for the elderly was greatly stimulated by the Public Welfare Amendments of 1962. However, the increased Federal financial participation, up to 75 percent is less a bonus to an ongoing program than at its beginning. A more advantageous rate of Federal financing is necessary for low-income States to continue an expansion of program.

Maine.—(a) Overemphasis on "policing" eligibility, staff was acquired for this, not services. (b) Profusion of new programs (BOA, medicare, food stamp, etc.) draining staff time. (c) Complexity of service policies and related paperwork. (d) Complexity of administrative policies (should adopt title XIX approach).

Maryland.—Manpower shortage, particularly professionally trained social workers; formula for caseworkers per casework supervisor continues the tutorial method when experience has demonstrated that group method is more effective in a teaching-learning experience. Requirement for reporting services statistically is cumbersome, time consuming, reducing the amount of service available to the recipient.

Massachusetts.—None. These services have been established as a matter of policy.

Michigan.—The rigid requirements of caseload size of 60 service cases per worker have made it extremely difficult to justify additional funds necessary to implement services to adult category recipients. This is particularly true when it is realized that the same requirements are applied to families in ADC—with resulting caseloads of individuals of nearly 200.

Minnesota.—None.

New Jersey.—The complex Federal financial and statistical processes required as conditions precedent to qualifying for additional Federal matching for services, have adversely affected the ready availability

of new funds that would supposedly facilitate the staff increases required for intensification of services.

New Mexico.—I would like to see more flexibility in administration of public assistance, such as extension of vendor payments for purchase of services such as homemaker services.

New York.—Restrictions on the use of Federal funds which must be spent for specific services or for certain groups of people hinder development of a coordinated approach to the development of the variety of services needed by the elderly. Health, mental health, housing, public assistance funds are allocated for specific services and their use is limited to this.

Within public assistance, funds are available for only certain groups of people, hampering the establishment of broad-based services for all people who need them. A person 64 years of age may need the very same services needed by a person 65 years of age, yet Federal funds are not available for either his maintenance or service need. There are also differences in the Federal financial formulas applicable to different programs. Such artificial separation adds to the technical and paper work of public welfare staff with no benefit to the recipient resulting.

The continuing concern with detailed reviews of eligibility emphasize an overconcern with the very small numbers of persons who may be partially or totally ineligible for a public assistance grant they receive. This inevitably makes determination of financial eligibility the primary concern of the caseworker rather than the total needs of the elderly. In addition, it makes more difficult public acceptance of a program of public social service rather than a mere minimum public maintenance program. Although the major emphasis on this factor has been given to the aid to families with dependent children program, it has resulted in the same negative reaction to all public assistance programs.

While we recognize that Federal regulations apply to all the States, the increasing number of administrative requirements being made may hamper those States with programs advanced beyond the majority. Just as there is recognition of the difference in the ability of States to share in the cost of assistance grants, so should there be recognition of the differences among States in their ability to administer a sound program.

Ohio.—The services listed as required in the Bureau of Family Service Handbook have been a part of practice before the Public Welfare Amendments of 1962, simply because the need was there. . . . recognition of services has been withheld because of caseload size (statewide average—approximately 175). During the past 2 years the average caseload has been reduced from 190-plus cases.

Oregon.—The law requires a certain level of services for ADC, but this is not mandatory for the aged. Therefore, we have tended to deploy staff who might otherwise serve the aged into services for families where we go even beyond Federal requirements.

Rhode Island.—The complicated requirements for determining eligibility, the audit review, review teams, reports, etc., are extremely time consuming.

South Dakota.—None.

Texas.—The complicated reporting and fiscal provisions related to the claim for favorable matching funds for service programs.

Utah.—The present legislative provisions and regulations have stimulated our State to increase services to the elderly.

Washington.—The requirement of 1 trained social worker for every 60 recipients (which is the same as the requirement for a family under the AFDC program) has seemed to be so inconsistent and difficult to explain, that legislators and administrative staff have hesitated to accept the adult services plan. The use of the term "public welfare" instead of "public assistance" would help to make services more acceptable to elderly persons.

West Virginia.—(1) Complex recording and reporting requirements, (2) detailed procedures for establishing eligibility and amount of payment in public assistance, (3) classification of services with different percentages of Federal financial participation, (4) mandatory services to children resulting in low priority to adults.

Wyoming.—The additional work which has been given the county welfare departments has impeded the progress of the service programs. Without this added workload of changes, services may have progressed more rapidly.

Puerto Rico.—The continuation of the Federal ceiling in funds appropriated by Congress to Puerto Rico and the 50-percent matching for public assistance within such ceiling.

3. What, if any, amendments to Federal statutes and regulations and Federal administrative actions would stimulate and encourage the establishment of services programs for the elderly on public assistance?

Alaska.—We feel extension of deadlines by Federal statute would help. We are unable to keep positions filled and some of the new positions granted by the legislature are still unfilled; consequently, we cannot meet the deadlines.

Delaware.—It should not be necessary to make a statistical count of the variety of services given, just a count of the persons receiving services for any purpose within a broad spectrum of needed services.

District of Columbia.—Money for projects such as "meals on wheels." Money to reimburse volunteers who serve the elderly for such expenses as transportation, supplies, literature, books, recreation.

Florida.—Additional stipends for graduate study with field placements in the field of aging would do much toward developing knowledge and skill in staff who must plan for and provide services to older public assistance recipients.

Illinois.—Seventy-five percent matching on projects under Older Americans Act should be continued beyond first year (instead of reducing Federal contribution in second and third years.

Kansas.—Provision for Federal financial participation in costs of providing services to elderly not on public assistance would tend to improve services for all older people and thus improve those for public assistance clients. Federal requirements to eliminate residence requirements. Simplification of all eligibility requirements.

Kentucky.—Additional Federal matching of State funds, above the 75-percent level, is a necessity to enable low-income States to do more than provide minimal services for the elderly most in need of them, and to achieve the national goal of a broad program of comprehensive services.

Maine.—(a) Precise, clear-cut statement on quality and quantity of staff. (b) Need sharper distinction between financial aid and other services (including staff assignments) and extend latter to all

aged needing service. Financial aid structure tends to "smother" services. (c) Eliminate time-consuming, nonproductive, categorical "pigeonholding" in Federal law. (d) Substitute concept of national "floor" and goals with maximum State flexibility for present concept of national "mold" with minimum State flexibility.

Maryland.—Elimination of technical eligibility factors by categories. The optional combined State plan for aged, blind, and disabled (1962 amendments) served only to simplify the matching formula since the technical factors were continued in Federal statute for each category.

Massachusetts.—Whatever will encourage lower caseloads and adequate staff is the main stimuli to better services.

Michigan.—More realistic caseload requirements; a longer period of time for implementing service standards and requirements; Federal matching based on services rendered (as currently exists) as well as increased incentives for States to train and utilize professionally trained workers.

Minnesota.—Simplify the method (administratively) by which "service cases" are distinguished from "eligibility cases" for purposes of Federal reimbursement to the States of administrative costs.

New Jersey.—We suggest that the elaborate processes now required for claiming additional Federal financial participation be eliminated; that such additional participation be approved on an evaluation of State's stated plan for staff additions and program improvements; and that the proper use of such additional participation be evaluated on a postaudit basis.

New Mexico.—See answer to question 2 above.

New York.—See answer to question 2 above.

Ohio.—From the point of view of Ohio, recognition of the services that are given and the encouragement afforded by 75 percent matching, would add an effective stimulus for additional casework staff. In addition, it would provide incentive and status to the diligent efforts of current staff.

Service caseloads of 60 do not appear realistic in dealing with older individuals. Integrated caseloads of service and nonservice make it possible for the client to retain relationship with a known caseworker in whom confidence has been established.

Oregon.—More effective and specific help with staff development programs and a Federal floor under standards of assistance. (See answer to question 9.)

Rhode Island.—National commitment and national standards which would require mandated services.

The elimination of the item-by-item budgeting and detailed investigative process. A simplified nondeterrent screening would free professionals to give service and reduce a substantial drain on scarce manpower skills.

South Dakota.—Continued emphasis on professionally qualified staff in key positions.

Texas.—None.

Utah.—There are too many reports and too much paperwork. Rules and regulations should simplify administrative procedures to allow more time for services.

New York.—The establishment of a universal pension plan to persons 65 and over, which would eliminate the necessity for individual

determinations of eligibility as now required under the OAA program, would not only free trained staff for use in the services programs but would probably not cost the citizens of the United States much more money than that which is presently expended on the combined programs of OASDI and OAA.

Washington.—The establishment of a universal pension plan to persons 65 and over, which would eliminate the necessity for individual determinations of eligibility as now required under the OAA program, would not only free trained staff for use in the services programs but would probably not cost the citizens of the United States much more money than that which is presently expended on the combined programs of OASDI and OAA.

West Virginia.—(1) Simplification of recording, reporting, budgeting, and eligibility determination requirements; (2) elimination of service classifications and straight 75 percent Federal financial participation for services; (3) provision of services to all who need them irrespective of relief or residence status; (4) more consultant services in program development.

Wyoming.—Reduction of paperwork, availability of qualified staff and adequate funds would enable the departments to establish improved service programs for the elderly on public assistance.

Puerto Rico.—The elimination or liberalization of the Federal ceiling and a new formula for Federal matching funds would stimulate and encourage the establishment of service programs.

Virgin Islands.—Amend Social Security Act to eliminate section 1108 and to provide Federal participation in the public assistance programs of the territories on the same basis as to the States as recommended in the report.

4. What, if any, deficiencies are there in services programs for the elderly on public assistance in your State, and what, if any, action at the Federal level would contribute to the elimination of these deficiencies?

Alaska.—Since Alaska has a relatively small aged population and most of the aged reside in the outlying areas in their villages, there has not been much emphasis on the aged in this State. Money is needed for a better homemaker service with accompanying staff, and there is a need for better in-State nursing homes and boarding homes.

District of Columbia.—Federal statute removing residency requirement in all States. Federal statutes binding on all States removing all requirements other than need and age.

Florida.—Community resources such as homemaker service, universally available home nursing care, and adequate group living arrangements are not available in the majority of communities in Florida. This, however, is a State lack rather than the lack on the part of any Federal programs. More funds under title 1115 for demonstration projects to States might stimulate the development of such resources. Requests for project funds under this title are currently being submitted by our department to develop a homemaker service.

Idaho.—Federal funds in vendor payments for boarding or rest-home care.

Illinois.—(a) Home medical care, homemaker services, day centers, (b) Continuation and expansion of Federal grants-in-aid.

Kansas.—Deficient in homemaker and housekeeping aid programs. Continued leadership from Federal agencies and increased Federal matching would provide additional stimulus to States. There is need for more help in utilization studies in nursing homes and development of foster homes for the aged.

Kentucky.—Kentucky will find it difficult to maintain a basic program of services when considering that expanded medical care and services, and higher money grants are also needed by the elderly. The matter of limited State funds requires establishment of priorities. Often, the intangible programs must be curtailed to provide the basic maintenance and health programs.

Maine.—(a) Need better or different income maintenance programs to release staff for service (doubling minimum OASDI benefit would eliminate 60 percent of assistance cases in Maine). Then carry as "service only." (b) Impose minimum (floor) grants for Federal matching for those falling through OASDI net.

Maryland.—See answers 2, 3, 7, 8, 12, and 13.

Michigan.—Michigan has not implemented the provisions of the 1962 Social Security Amendments for providing services to adult category recipients. See question 2 above.

Minnesota.—There is a lack of available trained personnel. This could be alleviated to some extent by a Federal appropriation providing training funds for public assistance workers.

New Jersey.—See answer to question 3.

New Mexico.—Many services are not available in many communities in New Mexico but I think need must be recognized by the community. Before this happens, Federal action would be premature.

New York.—There has been progress in the development of the services program for the elderly and we expect this to continue. In all probability the implementation of title XIX will extend these services to an additional number of the elderly.

Ohio.—The greatest lack is the provision of home health services including home aids and homemaker's services. While there are established programs in all urban areas, there is not enough available service to cover the need. There are many rural and semirural counties who lack visiting nurse, therapist services, and homemaker programs. Unquestionably the 1965 amendments to the Social Security Act will require expansion of some of these services. Seventy-five-percent matching is possible in establishing such service only when such matching has been approved for required services.

Oregon.—Although it performs some services directly for the aged as Federal law prescribes, public welfare does not now take leadership in alerting the community to the needs of the aged and to the kinds of services that could be developed (recreation and foster care programs). A Federal grant for a temporary period to enable States to hire a community organizer without requiring State matching would pay for itself by enabling development of needed services that would ultimately be a saving to public welfare.

Rhode Island.—(a) A need for personnel adequately prepared to help the elderly regain or retain self-respect, human dignity, and maximum usefulness. (b) Insufficient resources—homemaker and volunteer services, foster homes, activity centers, etc.

South Dakota.—Lack of depth in qualified staff to provide necessary leadership in promoting additional services. No additional action needed at the Federal level at this time.

Texas.—Deficiencies in protective services, including assistance in handling of funds for those unable to handle for themselves. Need for services (housekeeping, home nursing, shopping, etc.), which will help keep lone individuals in an independent living arrangement. A revision of the maximum amount matchable by Federal funds might assist in extending these programs.

Utah.—Salaries need to be raised to get and keep trained personnel. The Federal Government should be more active in and give support to the State merit systems. Until greater stability is obtained for employees, we will be unable to provide the services needed.

Washington.—A services program for the elderly, as provided for in the 1962 amendments, has not been established in the State of Washington as yet. The suggestions in questions 2 and 3 above, if followed, would assist in the decision to establish such a plan in this State. The establishment of a much simpler Federal plan of administration than presently required by the Department of Health, Education, and Welfare would also materially assist.

West Virginia.—(a) Weakness of basic casework services, especially on a skilled level; (b) dearth of "complementary services" such as homemaker either through department of welfare or community resources; (c) inadequacy of diagnostic services; (d) limited facilities for protective services. Federal agencies with service programs could help the State by setting up a coordinated plan for developing services in the State.

Wyoming.—Lack of qualified staff and funds and the need for additional workshops to improve the skill of staff members are a handicap. Federal funds for workshops would be a help in upgrading the skills of the people rendering this service.

Puerto Rico.—There is not a service program as such in this State. In addition to the regular public assistance grants, which are very inadequate, the provision of surplus commodities and medical assistance, the agency also provides homemaker services out of State funds only for very special cases. Besides, other services are offered to the elderly whenever possible but not under a regular plan.

5. In your judgment, would it be advisable to repeal the prohibition in the Public Welfare Amendments of 1962 against Federal matching of the cost of purchasing nonmedical services from private sources?

Alaska.—Alaska has no agency outside of the division of public welfare which provides service to the aging. Generally, we would prefer to give the services through our agency.

Delaware.—Yes.

District of Columbia.—Yes.

Florida.—No. We believe that it is best to restrict vendor payment for the purchasing of medical services.

Idaho.—No.

Illinois.—Yes.

Kansas.—Questionable.

Maine.—Yes.

Maryland.—Yes. It not only implies a mistrust of private sources but also deprives persons least able to pay of taking full advantage of all that a community is offering.

Michigan.—Would not materially increase the services currently provided since the private agencies do not have the personnel to

increase services or add caseloads. Do not feel repeal would materially affect services.

Minnesota.—Repeal would be advisable.

New Jersey.—Yes. At least permit waiver of the prohibition for good purpose. Experience in implementing programs under title V of the Economic Opportunity Act has demonstrated consistent necessity for requesting waivers of this prohibition.

New Mexico.—Yes. This also ties in with answers to questions 2 and 4.

New York.—This has not created a major problem in New York State since we are continuing to put into our public assistance program a strong services component. In this State our voluntary and public social services complement each other.

Ohio.—"No opinion."

Oregon.—Yes.

Rhode Island.—Yes.

South Dakota.—No.

Texas.—Yes.

West Virginia.—Yes.

Wyoming.—No. Availability of nonmedical services from private sources is practically nonexistent in Wyoming because of the few private agencies in the State.

Puerto Rico.—We consider that the Federal matching of the cost of purchasing nonmedical services from private services would be essential and that therefore the prohibition of such practice should be repealed.

6. If that provision were repealed, would it enable your State to provide services which it is not now providing? Please give examples.

Delaware.—Purchase of homemaker services might be possible when and if the maximum on grants set by the State legislature is removed.

Illinois.—Services listed under (a) in answer to question 4.

Kansas.—Not enough help to be worthwhile.

Maine.—Yes; might purchase, to mention a few: homemaker services, legal services, group (camp programs) and recreational services, "meals-at-home," educational services, etc.

Maryland.—Foster care, homemaker service, legal services now developed and available from private agencies. Would also serve to increase amount and quality of other services now available for a few and make it possible for public welfare departments to influence and promote the development of new services that are needed.

Michigan.—See answer to question No. 5.

Minnesota.—We could provide homemaker services purchased from private agencies.

New Jersey.—Yes; since it would then be possible on a discretionary basis to enable clients to secure from qualified private sources such specialized services as therapeutic casework, educational services, recreational services, etc.

New Mexico.—Value of homemaker services has been demonstrated and if department could purchase the service, local agencies would develop programs.

Ohio.—No opinion.

Oregon.—Homemaker services are available in some communities, but we cannot purchase them from nonpublic agencies which are not statewide under present law.

Rhode Island.—To some extent—services such as homemaker and home aids.

South Dakota.—No.

Texas.—Not at present, because of State financial limitations. However, were such provision repealed, it would add to the flexibility of planning.

West Virginia.—Yes; for example, purchase of homemaker services from private agencies.

Wyoming.—See answer to question No. 5.

Puerto Rico.—We think that we might be able to provide other services which we are not now providing and subject also to the elimination of the Federal ceiling. A few examples of services that we could provide are: foster care in boarding homes or in private institutions for the elderly, legal counseling as it may relate to protective services for the aged, special psychological services, counseling, and day care services.

7. In your judgment, is there a problem of inadequate public assistance grants in your State?

Alabama.—There is a problem of inadequate public assistance grants in Alabama with uneven grants among categories. As you know, the Federal matching maximum in the adult categories is \$75 and only \$32 for each person in aid to families with dependent children. As Dr. Winston pointed out in her testimony before your committee, "the major problem which overshadows all others is adequate payments for public assistance to the elderly and others." We were pleased that Congress liberalized the formula for determining the Federal share of assistance payments under the 1965 Social Security Amendments. This has enabled us to increase slightly payments in all categories but they are still too low to allow recipients to maintain a decent standard of living.

Alaska.—The grants to the aged, blind, and disabled are much more adequate than the grants to dependent children. Less than 15 percent of the title XVI recipients have an unmet need as compared to 85 percent of the children.

Delaware.—Not for the aged on OAA, because the State maximum allows sufficient grants to meet need in practically all cases. For those under 65 dependent on general assistance the grants are most inadequate.

District of Columbia.—Yes.

Florida.—Yes. Our State maximums have historically followed the level established by the Federal maximums. This means that persons who have no other income have an extremely difficult time to maintain themselves in health and decency. Our nursing home payment of \$100 a month is totally inadequate. Also, the limitations on prescribed medicine of \$20 a month per recipient poses a serious problem to many ill older persons.

Idaho.—This calls for a conclusion about standards of assistance. A needs-test program by its nature cannot be fully adequate.

Illinois.—No. (But concept should be changed from "minimum" standard to "socially desirable" one.)

Kansas.—Yes.

Kentucky.—Inadequate grants have been, are now, and will continue to be a problem even though more adequate grants, by comparison, are now being made and additional funds are forthcoming from Federal and State sources. Here, again, the problem of Federal matching comes into play.

Maine.—Yes.

Maryland.—Yes.

Massachusetts.—In my judgment there is basic problem of inadequate grants in the public assistance field in general. However, Massachusetts, relatively speaking, is one of the higher States in terms of the adequacy of its grants but, nonetheless, these grants only create "pockets of poverty" because if we assume that \$3,000 is the level of poverty, the grant whether in old-age assistance, aid to families with dependent children, or disability assistance seldom reaches this amount for an average family.

For instance, in our State, for an average family of three children and an adult, the grant would be approximately \$2,200 a year—for the aged, the average grant would be approximately \$93 per month, or \$1,200 per year, including medical. As I have previously indicated, Massachusetts has always been among the leaders in the country in terms of its grants but there seems to me to be the need for a hard look at these grants in order that people may effectively bring up their families.

Michigan.—Present ceiling grants of \$90 (\$140 in nursing homes) necessitates many aged recipients living with substandard housing, nutrition, personal appearance, and care, nonchronic medical care, social relationships.

Minnesota.—No. We have one of the highest average grants in the country, and budgeted need is always met 100 percent.

Mississippi.—The public assistance grants in all categories are inadequate in view of the current cost of living. However, the State makes a good tax effort and our appropriations of State funds are in line with the State revenue available.

Nebraska.—Not with regard to the aged.

New Jersey.—No.

New Mexico.—Definitely, and no service can substitute for sufficient income to provide "level of living compatible with decency and health."

New York.—No.

Oregon.—Yes.

Rhode Island.—Rhode Island grants are well above the national average. We are improving them as rapidly as possible and would hope to continue this improvement.

South Dakota.—Yes. Grants are fairly adequate for elderly persons especially in their own homes. We are currently paying 80 percent of minimum need in the aid to dependent children program.

Texas.—Yes.

Utah.—Grants in our State are inadequate. To help recipients use other services to improve their situations, they need to have an adequate grant.

Washington.—Yes; particularly in the field of home services to elderly persons with special needs, such as, home nursing service, housekeeping service, nutritional service, homemaker service, foster homes, and supervised boarding homes; also funds are needed for more adequate dental care.

West Virginia.—Yes.

Wyoming.—Grants are inadequate because of legal and administrative maximums. There are some needs that are not met because of the maximum set for grants.

Puerto Rico.—Yes. The monthly average public assistance grant for the elderly is \$8.48 per case.

Virgin Islands.—Yes.

8. If so, do you believe such inadequacy impedes the effectiveness of your services programs designed to restore public assistance recipients to independence and self-sufficiency and to raise the level of their well-being? Please explain.

Alabama.—The inadequacy of grants certainly impedes the effectiveness of the service programs. You cannot interest hungry people in improving home conditions when they have no funds with which to improve such conditions.

Alaska.—Please refer to item 3. There is insufficient time and money to enable us to really develop the services to the aged. The grants to recipients are not a bar.

Delaware.—Yes. Inadequate grants blocks the effectiveness of services, because without an adequate level of income maintenance and allowances for special needs many recipients cannot be helped in a way that will result in more independence and self-sufficiency.

District of Columbia.—Grants, under Federal leadership, need to be periodically adjusted by the States to reflect current costs of living. Present grants are below cost of living level for minimum essentials of food, clothing, and shelter. There is no provision for replacement of household items, recreation, church contributions, or dues for group memberships.

Florida.—The first basic service is to meet financial need. Inadequate assistance limits the maintenance of basic health through inadequate diet and lack of preventive medical care. Limited funds also tend to result in the withdrawal of the older person from society. It can also limit his choices in the manner and place of living. Right of self-determination is a hollow concept when there are inadequate funds for the older person to use in meeting his living costs.

Idaho.—Partially.

Illinois.—A "new" standard based upon a more generous concept and related to the rising standard of living for the general population would help to improve effectiveness of all "helping" services.

Kansas.—Yes. Inadequate allowances for shelter (own home and nursing homes), food and other items tend to degrade the recipient and make him more dependent. Services are not very effective if the client is hungry, cold, or inadequately clothed. Inadequate grants tend to hold a person in poverty.

Kentucky.—Yes. Our social workers spend a great proportion of their time and effort in helping the aged with problems of basic maintenance; e.g., securing goods and resources not otherwise obtainable because of lack of money for their purchase. Thus, valuable time is taken from assisting in the areas of restoration to self-support and self-care, and other important areas that lead to greater dignity, freedom from fears of insecurity, etc. The same is true in terms of the AFDC program.

Maine.—Yes; most definitely; staff time drained in “scrounging” for necessities; marked effect on diet, health, and housing; accelerates physical and mental deterioration; sharply limits participation in community life, causes isolation; perpetuates poverty.

Maryland.—An adequate grant is the primary service if individuals are to maintain health and decency. It is fallacious to believe that a person can be helped to utilize health services when his grant does not include carfare to get to clinic or to feel self-sufficient in his home when the amount allowed for rent allows him to purchase only substandard housing.

Massachusetts.—It is obvious that inadequate grants certainly impede the effectiveness of service programs because it is quite impractical and difficult to attempt to solve basic social problems if a family in addition is struggling to meet basic economic needs. When there are social problems in a family and these problems are compounded by the need to plan and to stretch inadequate budgets to meet the material needs of the family, as a matter of practicality it seems impossible to effect any social service, or medical care, or other service when the family is utilizing all its resources to survive.

Michigan.—Such inadequacies are a contributing factor, however, much more could be done within existing standards with increased program emphasis and personnel. The best efforts will not provide maximum results if the recipient does not have the physical, mental, or financial wherewithal to participate.

New Mexico.—Inadequate grants and inability to use Federal funds to purchase service through vendor payments impedes effectiveness of services.

Oregon.—Yes. The report, attached,¹ describes graphically the reasons services are not effective when families are “too poor, too long.” Although written about a family with children, the point is applicable to the aged as well.

Rhode Island.—Yes. Adequate assistance grants are a prerequisite to the achievement of social service goals. Insufficient money to purchase the necessities of life affects not only physical conditions but also personal relationships within the family and the community.

South Dakota.—Considerable casework skills are diverted to problems arising out of insufficient income. These skills could be more effectively used in attacking causes of dependency, family breakdown, etc.

Texas.—Perhaps the major problem here with respect to the provision of more adequate services to the elderly relates to the limitation of funds available to provide necessary services which will permit elderly persons to remain in their accustomed living arrangements, even though growing somewhat feeble and not able to retain complete independence with regard to self-care, housekeeping, meal preparation, money management, etc.

Utah.—Each family has an image of themselves. As long as they see themselves as in a situation of poverty and helplessness, it is difficult to help them. In other words, it is difficult for the client to reach out to help and services being offered when they have to live with extreme poverty.

¹ See appendix p. 161.

Washington.—Yes; the lack of these services tends to impede independence and self-sufficiency and accentuates the need for more expensive services, such as nursing home care and hospital care.

West Virginia.—Yes; inadequate grants too often result in poor health, demoralizing living arrangements, lack of motivation and ability to plan ahead, withdrawal from community activities and overdependence on the assistance check and worker.

Wyoming.—Yes; families may have to live in substandard living situations and this impedes the progress of helping them to become self-sufficient. The client can always use this as an excuse for lack of participation.

Puerto Rico.—We think that with an average monthly grant of \$8.48, out of which the elder persons hope to meet their basic needs of shelter, food, clothing, utilities, and other personal expenses, the effectiveness of services is greatly limited in the process of enabling them to achieve self-sufficiency.

9. What action, if any, at the Federal level do you believe would be desirable to attack the problem of inadequate public assistance grants?

Alaska.—The current formula works to the detriment of Alaska because of the higher cost of living in this State and minimum Federal matching. We feel that incentives to States, through the Federal matching formula, to those States offering more adequate grants to recipients would be most helpful.

Delaware.—The Federal Government should set a minimum or floor below which grants cannot go. Since living costs vary, this "floor" should be flexible by regions and tied to the minimum cost of living in each region of the country.

District of Columbia.—Increase Federal matching formula as States adjust grants to meet full need as reflected by actual cost of living indices.

Florida.—A minimum level of assistance standards and assistance grants required by the Federal Government as a prerequisite to Federal matching funds.

Idaho.—Increase of social security benefit level.

Illinois.—National minimums for standards of assistance as a condition of Federal participation.

Kansas.—Require that standards of assistance be geared to costs of living might be helpful. An income floor might help. Required definition of items of need.

Maine.—(a) Improve OASDI program (double minimum benefit). (b) Lift or remove Federal maximum as this sets ceiling for poorer States. (c) Set floor of adequacy—minimum grant which Federal Government will match.

Maryland.—(1) A federally guaranteed minimum income as proposed by Edward E. Schwartz (July 1964) issue of social work. (2) Increasing the benefits from social insurance programs with Federal law establishing the percentage of earnings an unemployed person is entitled to as unemployment benefits as well as defining employment. (3) Testing Federal law to assure that programs do not defeat each other. To illustrate this latter point, MTA does not specify how training allowance shall be calculated in determining need for public assistance while EOA does.

Massachusetts.—It would seem to me that since the Federal Government participates extensively in contributing to reimbursements of the public assistance grants and since they set many standards and criteria in order for States to be eligible for these reimbursements, it would not seem to be at all impossible for minimum standards to be set in terms of providing grants for the basic needs of people. This, of course, would probably have to be done on a regional basis but through cooperation with various other Federal departments it would seem appropriate that basic material needs could be budgeted upon an average which would guarantee to people on public assistance roles minimum standards for such grants.

There is another basic approach which I think has been neglected over the years and that is that the social security grants have not kept pace with the increased cost of living and there has been too much emphasis placed on public assistance and the means test rather than on the "right" of social security. The dual administrative problems whereby in old-age assistance, for instance, 50 percent of these people are also recipients of social security which is inadequate to meet their total needs and therefore must be supplemented seems to me to be quite incongruous. As you know, in Massachusetts it is the law that public assistance grants to recipients are tied to the cost-of-living formula. It would be much more appropriate if social security benefits over a period of many years were also brought up to the cost-of-living increases so that they would more adequately meet the needs of people. As a matter of fact, I think it would be economically feasible and certainly socially desirable to at least inaugurate the concept for the aged, although it can be appropriate to other categories of assistance as well, of setting a minimum income grant that would not necessitate the question of "investigation and application of the means test."

Michigan.—The response under question No. 3 would apply. Federal matching of grants based on a minimum maintenance grant with progressively increased matching for those States providing higher grants would be an incentive for States to increase standards and ceilings.

Minnesota.—Provide percentage matching to the States, as is done under title XIX of Public Law 89-97.

New Jersey.—The Federal administrative agency should establish a minimum level of assistance standards, as require objective methods for validating the translation of such standards into monetary allowances, and permit no subminimal standards as conditions to Federal matching to cost of living in different sections of the Nation and develop a between the categorical assistance programs would also be helpful.

New Mexico.—Establish standards for urban and rural areas according to cost of living in different sections of the nation and develop a more refined formula for Federal participation according to the fiscal capacity of the State.

New York.—A national standard of old age assistance which would require a State to meet total need in accordance with its own approved assistance standards. A Federal matching formula equalized to allow for the varying fiscal abilities of the State should assure this.

Ohio.—Increasing retirement benefits under OASDI would be a help. The proposal of blanketing into social security persons 70 years of age and over would assist. The problem arises that all of

these "benefits" merely serve to raise the cost of living—just as the increase in social security deductions from the employer at this time, ultimately must be paid by the consumer.

Oregon.—(a) A minimum grant, based on a reasonable percentage of cost of living figures, should become a requirement for Federal matching of public assistance by a specified deadline. (b) Full implementation of the Housing Act, including funds for rent subsidies, so that low-cost housing geared to needs of the elderly could be made available.

Rhode Island.—A national standard of assistance requiring a basic income floor. This would necessitate an upward readjustment in the matching formulas by the Federal Government.

South Dakota.—There should be a more realistic Federal matching of payments for the aid to dependent children program. Any maximums on Federal participation in public assistance should be increased sufficiently to assure for all needy individuals, reasonable standards of maintenance, comprehensive medical care of high quality and appropriate quantity and the preservation and strengthening of family life.

Texas.—The matching of State and local funds up to a higher maximum for the usual cost of living items (as contrasted to matching for medical care costs under the vendor payment plan).

Utah.—Legislation that would give adequate grants and impose this on States if they are to participate in the Federal program.

Washington.—As indicated in our answer to question No. 3, the universal pension system would take care of basic public assistance grants. Proper and early implementation of title XIX would greatly facilitate the provision of the additional financial needs mentioned in the answer to question No. 7.

West Virginia.—(1) Blanketing under OASDI all persons over 70 not otherwise covered, (2) increasing OASDI benefits to cover minimum subsistence needs, (3) Federal financial participation in general assistance, (4) national standards for public assistance payments.

Wyoming.—The Federal Government should provide for matching on a full budget basis instead of a specified portion of an average grant payment.

Puerto Rico.—We strongly believe that careful consideration must be given to our Federal ceiling and the formula applied to Puerto Rico in determining the Federal share of assistance payment, so as to provide adequate payments to the elderly and to other recipients in the public assistance program. Besides, we believe that certain Federal provisions should be further revised so as to add more flexibility in the determination of exempt income.

10. What progress is being made in your State toward the goal of 1 trained social worker for every 60 recipients?

Alabama.—* * * we have made considerable progress toward reducing caseloads in aid to families with dependent children. At the present time our AFDC workers are carrying an average of 90 cases. This, however, has resulted in large caseloads in the adult categories which are not conducive to increased services. We have also made some progress by reactivating a classification for AFDC workers requiring some graduate training in social work. The qualifications and pay for this position are the same as those for child welfare workers.

Alaska.—Some progress is being made, but we still have serious problems (because of deadlines, lack of new positions, and recruiting difficulties). Our aim, however, is to maintain the Federal standard.

Delaware.—Slow progress. It has been difficult to procure the support of the general assembly for adequate appropriations for salaries of social workers and supervisors—both in numbers and in salary levels.

District of Columbia.—Reasonably good. Additional positions are being requested in 1967 budget.

Florida.—We have reduced our caseloads for the handling of service cases from 221 cases per worker to 75 cases per worker. It is our present plan to achieve the required caseloads of 60 cases per worker by July 1967.

Idaho.—Successful in use of agency trained workers with bachelors degrees.

Illinois.—We are practically there right now.

Kansas.—We expect to have caseloads classified by July 1, 1967, so that caseloads requiring defined services will meet the standard.

Maine.—Federal policy is not 1 professionally (MSW) trained worker per 60 recipients. Trust you mean college graduates and agency-trained. (a) Progress—minimal. Big push (successful) in family caseloads last legislative session. Aged, this time. (b) Staffing formula too vague and complex. (c) Staff consistently “pirated” by other State agencies paying higher salaries. Need more Federal leadership and help from HEW.

Kentucky.—Our definition of a trained social worker at this point in time is one possessing an undergraduate degree, and having had inservice training by the agency. The goal of a trained worker for every 60 recipients is in the distant future, when considering a trained worker as one with a masters degree. The State is making excellent progress in staffing with the type of worker first mentioned.

Maryland.—Not yet achieved for AFDC. See answer to question No. 2.

Massachusetts.—The State of Massachusetts is quite far behind in the qualifications for social workers compared to other States. If this question means “trained social worker” as one with a graduate training in social work plus experience, we are not making progress for “1 trained social worker for every 60 recipients.” Massachusetts, as you know, is just about at the point of advancing to where a bachelor degree is required for social workers. We are beginning to make steady progress against great odds in effecting the latter.

Michigan.—See answer to question No. 4.

Minnesota.—Very little, despite the fact that we provide stipends from our department to about 50 workers each year so that they may take graduate training. It will be literally impossible, in the foreseeable future to have 1 trained worker (if this means graduate training in social work) for 60 recipients. And it does not seem to us that this is actually necessary.

Mississippi.—The same limitation of State administrative funds prevents us from employing a sufficient number of social work staff in the State, so that we are not in a position to say whether we can meet the goal of 1 worker for each 60 cases in time for the cutoff date for the category we have selected.

Nebraska.—This is an arbitrary Federal administrative requirement. In difficult service cases, a worker should properly have a

caseload of far less than 60. On the other hand, there are many thousands of nonservice cases where the caseload should properly be far higher than 60. The State administering agency should be allowed to exercise discretion in all areas of personnel.

New Jersey.—This is virtually achieved at the present time and will be fully achieved by July, 1, 1967.

New Mexico.—New Mexico expects to reach the goal by July 1967.

New York.—This State has already achieved the goal of 1 social worker to 60 recipients who are in need of the defined services. Less than 1 percent of the caseworkers, however, have full graduate education leading to a master's degree. Currently, we have a total of 203 public assistance employees on paid educational leave working toward a master's degree in social work and hope to receive sufficient funds to increase this number annually.

Ohio.—Practically none. The salary paid a caseworker could only attract the misfit among the professionally trained. Such a goal is most unrealistic in view of the acute shortage of trained personnel.

Oklahoma.—The Oklahoma Department of Public Welfare has reached the goal of 1 trained social worker for every 60 recipients in the AFDC caseload; however, have not gone into this for the adult caseload under title XVI.

Oregon.—We do not expect to have 1 trained social worker for every 60 recipients at any time in the foreseeable future. Recipients needing specified services are in protected caseloads; but we do not have enough social workers with graduate training to have any reasonable hope of having trained people on all of these caseloads.

Rhode Island.—We are increasing the number of professionally trained staff annually but these are in supervisory, consultant, and special project assignments. More needs to be done.

South Dakota.—Program has been slow in the public assistance division. At the present time, the State has three workers in the field with M.S.W. degrees and two workers with 1 year of graduate education.

Texas.—Very little, assuming that you are defining a trained social worker as being one who holds a master's degree in social work. It does not seem possible of solution in the foreseeable future. Further, there is serious question as to the advisability of this goal in relation to the old-age assistance caseload in this State.

In view of the fact that approximately 27 percent of the population over age 65 receives old-age assistance (about 229,000 people), this would mean over 3,800 trained social workers needed. Further, it must be assumed that a fairly large percentage of these persons over age 65 are capable either of solving for themselves the greater portion of their own problems or can do so with the help of family and other resources available to them.

Utah.—All of our families on aid to families with dependent children, but only a small part of our families on old-age assistance, aid to the blind, and aid to the permanently disabled.

Washington.—The department has 12 social workers with 1 or 2 years of professional training out of a total of 687 caseworkers in our public assistance programs which includes OASDI, DA, medical, GA, etc. This is less than 2 percent. These 12 caseworkers are carrying service cases in the ADC program. We have not moved into a service program for the elderly. Approximately 21 percent of our child

welfare caseworkers, out of a total of 220 caseworkers, have professional training.

West Virginia.—Measurable progress in total program; almost none in aging category.

Wyoming.—The goal of 1 trained social worker for every 60 recipients is not always necessary because some clients require more services than others. Wyoming has made progress in this direction but as yet has not met the goal. There should be some flexibility in this standard as it may not be practical in some of the sparsely populated areas.

Puerto Rico.—We have not a system of specialized, categorical caseloads in the assignment of cases. Caseloads cover the entire range of categories and emphasis is being placed in the assignment of the whole family unit to only one worker. Size of caseloads vary from 60 to 125 families, depending on the academic preparation and experience of the worker. The cases with simple problems are being assigned to workers who have not completed a bachelor's degree. We have no trained social workers as fieldworkers in the public assistance program, and even though we'd like to reach that goal, we think that we will be unable for a number of years to have trained workers assigned to casework with recipients.

Virgin Islands.—Limited by inadequate funds and nonavailability of workers even at the college level of training.

11. Is there a shortage of trained social workers in your State? Please give details.

Alabama.—One of the greatest difficulties facing the department is the employment of staff for positions requiring social work training. Of our current staff of 238 workers in positions requiring some graduate training, only 50 of them are fully trained. This year we have budgeted for additional child welfare positions to meet the requirement of 1 for every 60 child welfare cases. We have budgeted other additional social work positions in an attempt to move toward meeting Federal staffing requirements but have been unable to recruit all of these workers. There is definitely a shortage of trained social workers in Alabama. It is hoped that the new school of social work to be established at the University of Alabama in September 1966 will attract staff who could not otherwise secure professional training.

Alaska.—There are no graduate schools of social work in the State; consequently, all recruiting must be done "outside," making recruiting especially difficult. The University of Alaska is implementing an undergraduate program this year which will help in some positions in future years.

Delaware.—Indeed yes. (1) Difficulty in retaining professionally trained workers because of low salary scale. (2) Also true because of the tremendous amount of paperwork required due to Federal regulations. (3) Currently all professionally trained workers are assigned to AFDC—none to spare for services to aged.

Florida.—Yes. While Florida has for some years maintained a program of scholarships for graduate study, the number of persons who are permitted to go to school is limited. Also, the salary scale for

social workers in Florida is such that we cannot compete in the national labor market.

Idaho.—Yes. No graduate school for social work in Idaho. No satisfactory undergraduate curriculum. Agency staff training program is our only resource.

Illinois.—Yes, particularly in public welfare agencies.

Kansas.—Yes. Of the 517 classified as social workers in county welfare departments in June 1965 only 313 were college graduates and only 60 had more than undergraduate college education. Most staff with graduate social work training are employed as supervisors or in the State agency. Few are carrying caseloads in counties.

Kentucky.—There is a definite shortage of trained social workers. An advantage of the 1962 amendments is the inclusion of an educational leave program for receipt of 75 percent Federal matching. This agency is working diligently toward training social workers through its educational leave program. However, by not having surplus State funds to replace all workers while on educational leave, temporary staff shortages result.

Maine.—Yes. But largest pool of trained social workers (master's degree) in public welfare, hence, our extreme vulnerability. Shortages and vacancies in mental health, vocational rehabilitation, education, and private agencies. (See 10 above.)

Maryland.—See answer to question 13.

Massachusetts.—There is a great shortage although we are making some progress.

Michigan.—Michigan has an estimated one-third of the number of trained workers it should have. The number of positions requiring trained social workers is expanding faster than graduate schools can produce them.

Minnesota.—According to our most recent survey of county caseloads and workers, we need 629 graduate-trained caseworkers and supervisors.

Mississippi.—There is a shortage of trained social workers in this State, although we have had a liberal educational leave program, including stipends for attendance at graduate schools of social work as well as inservice training plans.

Nebraska.—Yes. Our State has had numerous vacancies for a period of many years. This means that anyone having social work training is certain of a job on that basis alone regardless of real ability.

New Jersey.—Yes; for the same reasons and to approximately the same extent as in all other States. This shortage applies not only to the total number of trained social workers, but also to the percentage of those who are prepared to accept positions in public welfare, particularly in public assistance. The fact that grants of public funds are made to schools of social work, free of any obligation or condition related to the training of staff for public welfare agencies, tends to aggravate rather than ameliorate the problem.

New Mexico.—Yes. New Mexico Department of Public Welfare had 439 social work positions filled June 30, 1965; 46 had masters' degrees (only 10 MSW); 40 had bachelors' degrees plus some graduate training; 161 bachelors' and 153 had some college training.

New York.—Yes. In June 1965 approximately 2.7 percent of the 9,668 public assistance casework, supervisory and administrative

personnel in local jurisdictions had full graduate education in social work and another 2.1 percent had 1 year of graduate education.

Ohio.—Although there are several colleges in Ohio providing professional training in social work, few MSW graduates are interested in the field of public assistance and especially older persons. Work in private, family agencies and in teaching seems to give more "status" even when salary is comparable. Progress has been made in attracting professional graduates into leadership and administrative roles.

Oklahoma.—Yes. Advertisements for trained social workers to fill job vacancies in Oklahoma are seen quite regularly.

Oregon.—Only 10 percent of our casework staff have completed graduate work in social work. The only social work school in the State has been in existence less than 5 years. Both public and private agencies have great difficulty finding enough trained people. We have difficulty holding trained people even if we can recruit them because many prefer a setting where they can give direct services to clients instead of being supervisors or administrators. Our casework salaries do not attract trained people.

Rhode Island.—Yes. A manpower study in 1963 showed that 52 public and private agencies employed 602 social workers; only 152 were professionally trained. Of 419 in public agencies, 66 were professionally trained. With the OEO programs, the total number has increased.

South Dakota.—Yes. Some progress has been made in child welfare but a shortage of trained social workers exists in part due to low salary levels, a negative attitude in the legislature toward educational leave and the migration of trained workers to other areas.

Texas.—Yes. Figures are not immediately available as to the statewide picture. However, the fact that only about 13 percent of the total public welfare social work staff in 1960 had any graduate training serves to identify the reality of the problem.

Utah.—Yes. We only have a small number employed in our department with an MSW. There is a school of social work in our State, but they are unable to train enough social workers to meet the need.

Washington.—The above figures (in the answer to question No. 10) indicate the terrific shortage of trained social caseworkers in our department. This will not improve until we can increase salaries and relieve caseworkers of clerical duties.

West Virginia.—Yes; especially at supervisory and skilled casework level. Our large program for basic education and training of unemployed parents has greatly increased our need for workers. Competition and higher salaries in related agencies has aggravated our problems.

Wyoming.—Yes. The percentage of turnover among our caseworkers is approximately 30 percent each year. New caseworkers are college graduates but they seldom have had any experience in social work. Much time is spent training the new caseworkers so that they will be able to provide services but this takes time and extra funds.

Puerto Rico.—Yes. For a total public assistance caseload of 107,612 we have the following staff: 144 social work positions with supervisory functions in the local and district levels, and 1,103 untrained workers assigned to fieldwork, including those assigned to carry on responsibilities under the work experience program within title V of the Economic Opportunity Act.

Virgin Islands.—Yes. Impossible to recruit trained workers or qualified supervisors from other areas because of low salaries.

12. Would you favor amending the National Defense Education Act to forgive Federal loans for higher education where the borrower serves in social work after completing his education?

Alabama.—We would * * *.

Alaska.—Yes.

Delaware.—This might be a boon to men employees with families to support. Repaying loans when salaries are so low is rugged for them and their families.

District of Columbia.—Yes.

Florida.—Yes.

Idaho.—No. Would attract too many inadequate individuals.

Illinois.—Yes.

Kansas.—Yes; particularly for those in public programs.

Kentucky.—Yes. It is our opinion that social work is just as important as other areas of work for which borrowers may engage in and have the loan forgiven. This should be given very wide publicity if done.

Maine.—Yes; to be consistent with other areas where there is need for professional manpower: teaching, health professions, science, etc.

Maryland.—Only if a like forgiveness was afforded to other disciplines where there is a manpower shortage.

Massachusetts.—Yes; this would also be a further aid in training social workers. The Children's Bureau of the Department of Health, Education, and Welfare has provided grants to States which allow us to utilize 100 percent expenditure in educational grants.

Minnesota.—Definitely yes.

Nebraska.—No.

New Jersey.—Yes; if the borrower serves in public social work agencies.

New Mexico.—No.

New York.—Yes; although we do not see that this would appreciably help the basic problem at this time which involves limitations in the size and number of educational facilities to accommodate the tremendous influx of students for graduate social work education.

Ohio.—No. (1) This would tend to attract into social work persons who lack the attributes necessary. (2) A professionally trained social worker of merit can command compensation that would permit repayment without hardship. (3) It is a human trait to regard more highly something paid through individual effort.

Oregon.—Yes. This might encourage young people to go into social work who are not now working for us and, therefore, would not receive a stipend. Our existing educational leave grant program is limited by the number of experienced people we can spare.

Rhode Island.—Yes.

South Dakota.—The undersigned has not sufficiently studied the National Defense Education Act. It would appear that consideration should be given to forgiving Federal loans for the borrower who serves in social work after completing his education.

Texas.—Yes. Definitely.

Utah.—Yes.

Washington.—Yes.

West Virginia.—Questionable.

Wyoming.—This type of provision may be questionable. More students may be interested in the social work field if this were done.

Puerto Rico.—Yes. This will provide opportunity for an increase in the number of persons who enter the field of social work because of the incentive that this would constitute for prospective candidates.

Virgin Islands.—Yes.

13. Would you favor Federal stipends, grants, or scholarships for graduate study in social work?

Alabama.—We are * * * in favor * * *.

Alaska.—Yes.

Delaware.—Indeed yes. We use Federal funds in both PA and CWS to the extent possible in granting stipends. This year eight employees are receiving such stipends, but we need twice that many.

District of Columbia.—Yes.

Florida.—This would do much toward increasing available skilled social workers.

Idaho.—Only through State public welfare programs.

Illinois.—Yes.

Kansas.—Yes; both to individuals and to schools. Also would favor Federal help to expand graduate schools of social work.

Kentucky.—Yes.

Maine.—Yes. Should be 100 percent Federal support for training program as in child welfare. Present level 75 percent still a deterrent in that States must appropriate funds and have authorized positions.

Maryland.—Yes; provided Federal funds were made available to accredited schools of social work to expand present student capacity and stimulate use of these funds to develop other schools of social work. Funds also to be available to train faculty for the schools. I quote Ernest F. Witte, Social Work Education, December 1962 “* * * 56 accredited schools * * * capacity 6,200 students. The number of MSW’s annually, 2,200 to 2,500 does little more than replace those who leave the field each year.”

Massachusetts.—Yes; this would also be a further aid in training social workers. The Bureau of Family Services, HEW, reimburses up to 75 percent with the remainder provided by the State. It is only through the reimbursement process that the 75 percent is received. In the Department’s Division of Child Guardianship about 200 persons have been trained in 10 years while in public assistance there have been less than 10.

Minnesota.—Yes; and particularly for public assistance personnel. Consideration should also be given to undergraduate stipends, carrying a commitment to work in the public assistance agency following graduation with a B.A. degree.

Nebraska.—No. Present 75 percent participation in cost of training is adequate.

New Jersey.—Yes; to an extent greater than that to which they are now being given.

New Mexico.—Yes.

New York.—Yes. There is also a need for financial aid to institutions of higher learning to assist them in the development of new schools of social work and the expansion of existing schools.

Ohio.—Yes. Public assistance in the field of aging in Ohio has not been able to provide the financial backing for professional study.

Oregon.—Yes; especially if the commitment can be made as general as possible so that students are not tied to a specific State or agency.

Rhode Island.—Yes.

South Dakota.—Yes.

Texas.—Yes. Definitely.

Utah.—Yes.

Washington.—Yes; if 100 percent Federal funds and locally administered.

West Virginia.—Yes.

Wyoming.—We have an educational stipend program. Selected social workers are allowed to attend 2 years at an accredited school of social work. They must return to the public welfare department for 2 years or they will be forced to repay the amount of stipend advanced.

Puerto Rico.—Yes. This will provide an incentive for persons already in the field and those interested in entering it.

Virgin Islands.—Yes.

14. Do you believe the proposals described in items 12 and 13 offer much hope of helping you recruit the trained social workers you need?

Alabama.—These proposals would help recruit some trained social workers. However, it will not be possible to recruit all of the trained social workers needed in public welfare for many years to come.

Alaska.—Yes. Alaska will still have to recruit from outside, but it will give us a greater universe from which to draw.

Delaware.—Yes; because stipends have to come out of the State appropriation for salaries combined with Federal funds. Such funds as are now spent on stipends could be used for salaries—raising the salary levels and encouraging applicants to accept employment and current staff to remain.

District of Columbia.—Yes.

Florida.—While additional funds for scholarships should assist in solving the problem of trained social workers, there needs to be some additional emphasis placed on adequate salaries in those States where social workers' salary scales are below the salary scales of teachers and other similar professions. In addition, there needs to be a clear identification of the social work profession as a profession in order to give some additional status to members of the profession in the eyes of the general public.

Idaho.—No.

Illinois.—Yes.

Kansas.—Yes. These need to be accompanied by increased salaries for professional personnel. Perhaps there could be increased Federal participation for employment of trained staff.

Kentucky.—Public and voluntary social agencies are definitely in direct competition for trained workers, and almost daily there are new programs or expansion of ongoing programs that require additional social work manpower. For example, various programs administered through OEO grants utilize social workers. Such proposals, and others, seem absolutely necessary to increase the number of trained social workers for all agencies.

Maine.—Not really—in Maine. Our best bet (successful so far) is our educational leave program with work (2-year) commitments.

Standardized, uniform social work job classifications to eliminate inequities and avoid pirating. Must remove some Federal controls and rigidities to retain staff. Too much paperwork and loss of job satisfactions.

Maryland.—No; unless recommendations included as answers are implemented.

Massachusetts.—Items 12 and 13 would help us in some measure, however, there are other factors such as, the rate of pay, the high caseloads in public welfare that are almost impossible if social workers are going to be able to effectively utilize the knowledge and ability they have. It must be remembered in such affluent times as we have in this country at the moment those people on public assistance roles, especially AFDC, are generally the most emotionally deprived and have the most social pathology because in spite of economic good times the social problems of these families are of such a nature that they cannot even be self-sustaining in the economically prosperous 1960's due to the social problems of desertion, divorce, illegitimacy, emotional instability, etc., etc.

Minnesota.—Yes; but graduate training facilities must be increased very substantially if such training is to be provided to any appreciable number of additional students.

New Jersey.—They would enhance graduate training for persons, including present staff members, who are interested but unable to undertake the financial obligation. However, we believe it to be additionally necessary that schools of social work reevaluate their programs toward the end of meeting the specific needs of public welfare more objectively.

New Mexico.—To a degree. The nature of social work requires a special type of personality, with a high IQ and a missionary spirit.

New York.—Yes; if funds are also available to institutions of higher learning. Federal stipends, grants, and scholarships for students will not suffice since schools of social work are currently functioning at maximum capacity throughout the United States.

Ohio.—12 no, 13 yes.

Oregon.—These proposals would help substantially, especially if States could develop specialized jobs emphasizing services with adequate salaries to hold trained people so that people with graduate training would come to view public welfare as a resource for helping large numbers of people toward a more productive life.

Rhode Island.—Limited. We recommend Federal grants to colleges and universities to encourage a coordinated, carefully planned expansion of undergraduate programs.

South Dakota.—These proposals, plus local efforts to improve salary levels, are all progressive steps.

Texas.—This offers no immediate and complete solution. However, in view of the fact that the demands in every field—public and private—for qualified social workers are ballooning, such a step seems a must even to hold our own.

Utah.—Yes.

Washington.—Yes.

West Virginia.—Moderate help.

Wyoming.—We believe that more schools of social work are needed and more stipends should be made available to qualified students; this would help the public welfare departments to fill vacancies with persons who are qualified to offer services to the recipients.

Puerto Rico.—We think this would help in the recruitment of new candidates willing to enter the field of social work. In addition, financial aid to private and public institutions of higher learning in order to establish or expand existing facilities for training in social work, would be helpful in the above efforts.

Virgin Islands.—Yes.

15. Based upon your experience with services for public assistance recipients, do you believe it is realistic to hope that services for elderly public assistance recipients will pay for themselves or even result in net savings of public funds by solving social problems, helping recipients back to self-sufficiency, or reducing their need for cash payments?

Alabama.—* * * I would call your attention to the characteristics of old-age recipients. A review of the age, educational level, work history, and health of these recipients would indicate that the majority could never be restored to self-support. We do believe however, that services for elderly public assistance recipients will help solve some social problems, will increase capacity for self-care, probably reduce the need for long-time high-cost medical care in some instances, and in many instances help senior citizens to a better way of life. I cannot emphasize too strongly, however, that social services cannot take the place of adequate income.

Alaska.—We strongly feel that the services program to the elderly contributes materially to their well-being. If a recipient continues to live independently, we feel that considerable savings in medical funds will result. Two-fifths of our blind recipients are over 65, all disabled with self-support potential exists in only a small number of cases.

Delaware.—I doubt it. Only a few aged recipients could be helped to return to the labor market and without more income from other sources, their need for cash payments could not be reduced. These are already at a minimal level. However, it would pay in more intangible benefits; i.e., more meaningful living, dignity, self-actualization, etc.

District of Columbia.—No; greatest savings would be in reducing the increase in medical care and in institutional care costs. Greatest contributions would be in the self-respect and contentment of the aged.

Florida.—I think there is little hope of services to older persons showing any financial returns in the form of reduced assistance grants. Realistically, persons in this age bracket must look toward diminishing ability for self-support. The provision of services to the older age group is of value in the potentials for improving standards of care for older persons and in assuring that persons in this segment of our population can be maintained at a level which assures the preservation of their dignity and their general well-being. Society in general, however, can do much toward reducing the period of dependency for older persons by making it possible for the continued use of their skills and knowledge through a removal of mandatory retirement ages and an established plan for the use of skilled older persons in positions in industry and in the professions.

Idaho.—No.

Illinois.—No. But they would help bring elderly up to the level of dignity and comfort they deserve.

Kansas.—There probably could be some saving by helping people remain in their own homes rather than in care homes and medical

expenses might be lessened if the elderly client received service. Certainly if total social costs are considered there is a savings but such a savings may not be demonstrable by an account sheet.

Kentucky.—To expect services for the elderly to result in a net savings of cash payments is not a realistic goal, but their achieving or maintaining a degree of self-sufficiency will reduce the need for more expensive type of care, e.g., public institutions. I believe services for the elderly will "pay for themselves" in terms of their being afforded the advantages of our society. Maintaining independence as long as possible, relief of some necessity of care from others and maintenance of a greater dignity is also a measure of the worth and value of services. The greater savings in money and any other quantity will result through adequate programs of grants and services for families with dependent children.

Maine.—Savings will result to extent that services stem deterioration and avert or postpone need for medical and institutional care. Otherwise, net savings questionable. Median age 73; earning capacity and opportunities limited. Services pay immediate dividends in terms of more adequate functioning in community; fully utilize capacities for leadership, creativity, socializing, and for usefulness; more satisfying and productive lives.

Maryland.—If self-sufficiency means managing themselves in their own homes, yes. It is less costly and more desirable for individuals to remain in familiar environment than to purchase out-of-home care. Characteristics of the elderly, for the most part, preclude self-support.

Massachusetts.—I do not believe that "services" can do much about "saving," "self-sufficiency," in terms of employment, etc., basically, because of competition, automation, and other practical factors. "Services" can effectively help recipients back to self-sufficiency in other respects. There is no question that with adequate social services these people can more effectively utilize their assets to more constructively live out their lives in peace and contentment and at least feel a part of the community by being recognized as individuals.

In a characteristic study of public assistance in Massachusetts, of the 52,000 persons on old-age assistance, the most typical is most likely to be a white widow almost 78 years old, living alone in her own quarters, able to "do for herself" in and out of the home, with sons and daughters living elsewhere who made no regular substantial financial contribution. Of all OAA recipients, two-thirds are 75 years or more, 13,000 are over 85 years (a little over one-third of all Massachusetts residents over 85 years); almost 4,000 were over 90.

So, as indicated, there are practical problems in producing "self-sufficiency" from the viewpoint of jobs and economic improvement.

Michigan.—Yes. Net savings of keeping one elderly person out of a State mental facility could be from \$1,200 to \$1,700. Currently Michigan is planning to remove 3,500 to 4,500 elderly persons from such facilities and return them to their own communities. Overall savings of keeping the elderly out of institutions as long as possible and insuring their return as soon as practical could and should be significant.

Minnesota.—Services to the elderly are highly desirable, from the standpoint of "social" rehabilitation—enabling the individual to live a more satisfying life. But it is unrealistic to expect such services to reduce the need for cash payments, since almost all of the OAA

recipients are too old or infirm to be vocationally rehabilitated, or to obtain employment.

Nebraska.—No. Services for the elderly will result in providing a better life, but not in any savings of public funds.

New Jersey.—Services for elderly public assistance recipients should enable these persons to enjoy a depth of living commensurate with the increased length of living which is being afforded through new medical procedures. However, it is not realistic to anticipate that social services will enable elderly persons to attain financial self-sufficiency, with a consequent reduction of any significant proportions in current levels of public assistance costs (for the elderly).

New Mexico.—Protective services for the elderly to prevent exploitation, abuse, or neglect, and to enable them to remain in their own homes and continue to be independent; to that extent will pay for itself financially. The elderly who can maintain independent living arrangements cost less than the elderly in institutions. It is an exceptional elderly person who has to apply for public assistance who can benefit from vocational rehabilitation and return to employment. I do not think that PA agencies should count on services to reduce the OAA rolls.

New York.—Services for elderly public assistance recipients will seldom, if ever, result in return to complete self-support. However, they can be of great value in keeping assistance costs for this group from constantly increasing through the provision of prompt medical care, provision of appropriate living arrangements and supportive services which may prevent rapid physical or mental deterioration leading to long-term care in high-cost medical facilities. Their greatest value, of course, lies in helping elderly people to remain in their own communities, lessen their anxieties as to what the future holds in store, and, when adequate assistance is also present, to live in comfort and dignity.

Ohio.—No. The average age of the recipient group is 80 years so that the period of self-sufficiency is waning. Costs increase during this period of life. It could not result in a savings in public funds. It can bring greater peace of mind and freedom from fear and want to a generation that has helped in creating our affluent society.

A research study over the past 2 years has shown a marked increase of widows under 70 years of age. Over the 2-year period this has been approximately 15 percent.

Oklahoma.—Would probably not result in net savings of public funds, but would be worth the cost of services provided and resultant benefit to recipients.

Oregon.—No. Most aged people are not employable and cannot become economically self-sufficient. However, maintaining good mental health in a large segment of the population can have significant impact. The general mental health of the community, enabling elderly people to participate in community life with self-respect and the respect of others, could add significance and hope to all stages of living, but these benefits cannot be measured directly in dollars saved in a public welfare budget.

Rhode Island.—The characteristics of the elderly public assistance recipient preclude this—the median age 76.4, women comprise two-thirds of old-age assistance recipients; 20 percent of OAA recipients are confined to their homes. There is potential for helping older

people become more independent, to increase their capacity for self-care, to help them live more comfortably and in greater dignity.

South Dakota.—It is unrealistic to project net savings of public funds through improved social services for elderly public assistance recipients. A properly oriented social services program should be the most economical way of dealing with problems facing the elderly. In the long run, such services could alleviate many of the social ills that confront us.

Texas.—No. But they will result in (a) greater comfort and happiness for more individuals in their declining years; (b) reduction of strain (emotional and financial) on adult children, who are now in the position of bearing a heavy burden imposed from both ends of the age scale—their own young children who demand time and money and their aging parents who may impose financial, legal, emotional, housing, and other problems; and (c) a source whereby community concern for lone aging individuals with problems can be met.

Utah.—Service to the elderly will not reduce the need for cash payments. These services will improve self-sufficiency and in many cases slow down physical and mental deterioration.

Washington.—Yes. It is our belief that a services program, properly staffed, would pay for itself, particularly if the services mentioned in the answers to questions 7 and 8 were fully developed. If additional provisions were made for adequate housing facilities, counseling services, recreational facilities, day center activities, etc., it would undoubtedly result in further savings. However, it is our belief that these savings would not be made in the area of basic living requirements, but rather in the area of delayed or complete elimination in some cases of the need for additional requirements, such as, medical care, nursing home care, hospital care, etc.

West Virginia.—No; profit will be in human values, not cash.

Wyoming.—It is our opinion that services for the elderly public welfare recipients will result in a savings of public funds but it would be difficult to measure because preventive aspects are not necessarily measurable. Many elderly people can be helped through medical and social services. If these people can be helped to take care of themselves at home instead of being cared for in a public institution, the cost would unquestionably be less. Care in a nursing home or in a hospital is far more expensive.

Puerto Rico.—Please refer to answers to questions Nos. 4 and 8.

Virgin Islands.—No; it is not realistic. The elderly assistance recipient is usually the person who has had to work hard all his life, at unskilled jobs because of limited education and training. His health and physical reserves are already exhausted. A few may be helped to self-sufficiency but we believe the net savings in funds will be negligently small.

The following communications were received in connection with the above questionnaire:

STATE OF ALABAMA,
DEPARTMENT OF PENSIONS AND SECURITY,
Montgomery, January 10, 1966.

HON. EDWARD M. KENNEDY,
Chairman, Subcommittee on Federal, State, and Community Services of the Senate
Special Committee on Aging, U.S. Senate, Washington, D.C.

DEAR SENATOR KENNEDY: In reply to your memorandum of December 28, I am glad to furnish you with some comments on "services to the elderly on public assistance."

I would appraise the results thus far under the authorization of Federal matching of 75 percent for programs providing services for public assistance recipients as mediocre. It appears to me that the provision for social services under the Public Welfare Amendments of 1962 should have been approached in a different manner. It would have been practical to offer additional Federal participation first for educational leave, inservice training, and employment of additional staff with the defined services to be later put into effect. As it is, low income States have been put in an impossible situation. They must first give the services in order to get the 75 percent Federal participation which is necessary to secure and train the workers needed to give the service in the first place. To use an old expression, the cart has been put before the horse in our opinion. In addition, it appears to me that the Department of Health, Education, and Welfare has perhaps given too little attention to one important phrase which is repeated in the various sections of the amendments to the Social Security Act relating to services. I refer to the phrase "as far as practicable under the conditions in such State."

Alabama has not been able to initiate a formal social service plan for adults because of the lack of funds and staff. We did initiate a service plan for the aid to families with dependent children program. As caseloads were reduced to meet the required Federal standards in aid to families with dependent children, however, caseloads in the adult categories were increased markedly. Requirements for staffing and detailed recordkeeping on defined services, attendance at training meetings, etc., have been very complicated and time consuming.

For many years we have advocated a variable grant formula for administrative cost. This would mean that more Federal money would go to the lower income States for the administration of the program. We understand that high income States are the ones which benefit chiefly from the present provision of 75 percent Federal matching on the cost of certain defined services in the public assistance programs. Low income States like Alabama cannot meet the staffing requirements of the Welfare Administration to qualify for much of this additional money. We would also recommend 100 percent Federal grants for training purposes. We would like to reiterate our statement that Federal legislation should be enacted to provide participation in the cost of the welfare program on a variable grant basis for all aspects of the program: public assistance, child welfare, civil defense services, and administration. A requirement for equal treatment of all needy among the categories would also be a step in the right direction. Some progress was made in this area in title XIX of the 1965 amendments.

We believe that the requirements for the quality control unit in each State should be abolished. More emphasis on getting the job done right in the first place rather than checking afterwards would be an improvement over the quality control review. These changes would make possible the establishment of additional service programs.

* * * * *

I hope these comments will be helpful to you.

Cordially yours,

RUBEN K. KING, *Commissioner.*

STATE OF ALASKA,
DEPARTMENT OF HEALTH AND WELFARE,
DIVISION OF PUBLIC WELFARE,

Juneau, January 7, 1966.

Hon. EDWARD M. KENNEDY,
Chairman, Subcommittee on Federal, State, and Community Services, Special Committee on Aging, U.S. Senate, Washington, D.C.

DEAR SIR: We are returning to you a questionnaire for State welfare commissioners regarding services for the elderly on public assistance. We find your questionnaire does not work too well to describe the problems in serving aged welfare recipients in Alaska. Alaska, as you know, is very large and operating any program in this State presents difficulties that are not present in the same degree in other States. Therefore, we have continuous problems with geography, weather, and communications.

The population of Alaska is very young. The number of aged persons in Alaska is about one-third of the national average. Out of the 250,000 persons in the State, it is estimated there are approximately 6,500 over 65 years of age. Of these 6,500, 1,380 are on old-age assistance. A unique feature in Alaska's aged population is that most of our recipients are living in small villages in the outlying areas.

Because of the whole economic situation in the outlying areas of Alaska, we are in the unique situation in that our aged recipients are better off financially than younger persons residing in the same villages. When you ask about adequacy of grants, we can only speak to the point in relation to the villages. Some of our assistance recipients in our larger centers such as Fairbanks and Anchorage that do not have social security benefits, do have serious money problems. We estimate that 15 percent of our caseload has serious money problems.

With so many of our recipients living in the outlying areas, it is extremely time consuming and expensive to provide services. There are almost no facilities in these villages and since the aged are living close to kinsmen, many of the services that are needed in urban areas, such as maintaining family relations and providing care when needed, are provided by the kinsmen.

The agency tries to provide services when needed to our recipients whenever it is possible and there has not been any Federal legislation that has prevented the giving of services. The problem is largely an administrative problem dealing with the deadlines, lack of staff, our recruiting problems, and money.

We support the intent of the 1962 amendments and we try to provide services toward keeping people in their own homes and communities. Since employment opportunities are so limited, it is unrealistic to expect that many of our aged clients can find any employment. If a recipient tries to work out a plan for employment, we will certainly help and encourage him.

There is one area that we feel needs revision for Alaska. The Federal matching formula works to the detriment of Alaska because the formula is based on per capita income. There is no provision for the cost of living in Alaska which is at least 25-percent higher in the Southeast and 80 percent higher in the northwest than the highest cost of living area in the south 48. Consequently, the Federal matching to Alaska is minimum.

We appreciate the opportunity to give you a brief description of some of our problems in implementing a social services program for the aged. In relation to the total number of aged persons in the Nation, the number in Alaska is exceedingly small. We do find that whenever a Federal program is implemented, Alaska must adhere to all of the Federal requirements which often do not fit the facts of life in Alaska. We would like to make a plea at this time for a little more flexibility in the application of Federal laws and regulations that apply to Alaska, particularly in the development of a social services program.

Very truly yours,

GEORGE P. SPARTZ, *Director.*

COMMONWEALTH OF KENTUCKY,
DEPARTMENT OF ECONOMIC SECURITY,
Frankfort, November 18, 1965.

To Administrators of State Welfare Agencies, Kentucky Members of Congress:

I think you will be interested in the recommendations for "a long overdue reform in the so-called Federal equalization formula" made in the enclosed letter to Dr. Ellen Winston on pages 3 and 4. The letter suggests remedies for the "three basic defects in the present formula which prevent it from being an effec-

tive instrument for offsetting the twofold obstacles faced by economically poor States—larger-than-average caseloads of needy persons and smaller-than-average fiscal capacity.”

Before taking any action, you might have your research and statistics staff estimate the effects of the proposed remedies on the welfare programs in your State. Then—if you find there would be significant increases in Federal funds—you might wish to add your voice to mine in urging Dr. Winston to give leadership to securing legislative enactment of improvements in the “equalization formula” or other action you think appropriate.

It would please me very much if you could find time to let me know how you feel about this matter.

Very truly yours,

C. LESLIE DAWSON, *Commissioner.*

COMMONWEALTH OF KENTUCKY,
DEPARTMENT OF ECONOMIC SECURITY,
Frankfort, November 16, 1965.

Dr. ELLEN WINSTON,
*Commissioner, Welfare Administration,
Department of Health, Education, and Welfare,
Washington, D.C.*

DEAR DR. WINSTON: This will reply to your letter of November 9 expressing interest in our plans for a State appropriation to extend on a statewide basis the program for aid to families with dependent children with an unemployed parent with a companion work experience and training program. I have given a lot of thought to this matter during recent months because I and other members of my staff have been very pleased by the public acceptance of our 19-county W.E. & T. project and we all agree that extension of this project on a statewide basis would be a desirable objective.

Nevertheless, we are faced with virtually insurmountable obstacles as regards securing a State appropriation for this purpose. The largest obstacle is the amount of State funds which would be required. Our 19-county project will cost about \$18.5 million next year, including about \$16.5 million for assistance for 6,600 families consisting of 35,000 persons and administrative costs. Our director of research and statistics estimates that the extension of this program to all 120 counties would result in total annual costs of \$62 million, including \$56.4 million for assistance for an estimated 20,000 families consisting of 106,000 persons and administrative costs. The estimated number of families is larger than the number in any other State with an AFDC-U program, but Kentucky adopted at the insistence of representatives from your agency very liberal standards for eligibility particularly as regards the definition of unemployment when the program started in 1963. The State share of these costs under title IV of the Social Security Act would be \$17.4 million, including \$15.1 million for assistance and \$2.3 million for administrative costs. For purposes of comparison with the \$17.4 million figure, our total State appropriation for 1965-66 was \$24.1 million.

The top priority demand on State tax revenues in Kentucky has for at least the last 8 years been education. In 1965-66 out of the total general fund appropriation of \$299.6 million education received \$195.8 million or 65.4 percent as compared with 8 percent for the welfare programs in this department. Other branches of State government find it difficult to present arguments which are as convincing as arguments of the school representatives for increased appropriations.

We have considered possible ways of reducing the costs of a statewide AFDC-U program, such as adoption of more restrictive standards for eligibility and reinstating percentage reductions and maximums on assistance payments, but these changes would make difficult the transition from the present program and would still leave the State costs at a higher amount than we think might be obtainable.

Moreover, the desirability of a statewide AFDC-U program has to be weighed against a number of other desirable improvements in our programs, each of which would require additional State funds. One is the food stamp program which augments the diet of many of the same families as would qualify for AFDC-U. Kentucky has 15 counties participating in this pilot program and we have included in our budget requests for the 1966-68 biennium funds for expanding to 43 counties. If Federal appropriations are increased to extend the program to all 120 counties, Kentucky would seriously consider seeking additional State funds to make the program statewide.

A second improvement is the upgrading of our medical care program under title XIX. Kentucky has already included in its budget requests for the 1966-68 biennium significant increases in State funds for both vendor payments and administrative costs and additional increases will be necessary during 1969 through 1975.

Two other improvements, implementing the 1962 amendments concerning social services and the requirement effective as of October 1965 as regards minimum qualifications for personnel in social worker positions, will both require additional State funds.

In addition to the above, Kentucky still has to employ percentage reductions and maximums in computing the amount of assistance payments. In the AFDC category a raise in the present average money payments of about \$88 per family (which will be increased to \$92 in January 1966) to 100 percent of needs—about \$127.50—would require an increase in State funds of about \$8 million per year.

In view of the above facts, I have come to the conclusion that the best hope for extending the AFDC-U program on a statewide basis plus raising the adequacy of assistance payments in AFDC is a long overdue reform in the so-called Federal equalization formula. There are three basic defects in the present formula which prevent it from being an effective instrument for offsetting the twofold obstacles faced by economically poor States—larger-than-average caseloads of needy persons and smaller-than-average fiscal capacity.

The first defect is that the formula provides increases in Federal financial participation for low-income States which apply to only a fraction of the States' total expenditures. The increases do not apply to the first \$18 of the average AFDC payment per recipient or to the first \$37 of the average AABD payment—the poorest State receives exactly the same Federal matching as the richest State on this part of its expenditures. In Kentucky the AFDC average money payment will be \$23.43 and increased Federal matching applies to only \$5.43 of the \$23.43, or to 23 percent of the total expenditures, while the AABD average money payment will be \$54.84 with increased Federal matching applying to only \$17.84 or 33 percent of this total.

One way of remedying this defect would be to divide the States with per capita income below the national average into two groups based on per capita income. For the group with the highest incomes, the Federal sharing could be increased from \$15 out of the first \$18 to \$16 in AFDC and from \$31 out of the first \$37 to \$32 in AABD. For the group with the lowest incomes, the Federal sharing could be increased to \$17 out of the first \$18 in AFDC and to \$33 out of the first \$37 in AABD. This change alone would enable Kentucky to increase its average money payments from \$23.43 to \$29 in AFDC and from \$54.84 to \$60 in AABD or close to the national average.

The second defect is that, for that portion of the money payments exceeding \$18 in AFDC and \$37 in AABD, the maximum Federal share is only 65 percent. In Kentucky the formula computation of per capita income results in a 76.7 Federal percentage which is cut back to 65 by the maximum. This defect could be remedied easily by raising the maximum to 75 or 80 percent.

The third defect is that the formula provides no increase in Federal financial participation for low-income States as regards expenditures for administrative costs. This defect could be remedied by dividing the States with per capita income below the national average into two groups based on per capita income. For the group with highest incomes, the Federal sharing in administrative costs could be increased from 50 to 60 percent and from 75 to 80 percent, while the percentages for the group with the lowest incomes could be raised to 70 and 85 percent.

Changes in the equalization formula such as those proposed above would have a remarkable effect in enabling economically poor States to raise assistance standards and adopt desirable improvements in administrative practices as well as increase their fiscal capability to finance AFDC-U programs. The need for AFDC-U programs is almost certainly greater in economically poor States than anywhere else.

I do not need to remind you that every change in Federal financial participation in recent years has benefited wealthy States far more than poor States. This is especially true of the changes in the 1965 amendments. The change raising the average Federal maximum from \$70 to \$75 in AABD and from \$30 to \$32 in AFDC helped the wealthy States with payments averaging higher than these maximums, but was no help at all to poorer States. The change in title XIX removing the maximum on Federal participation in medical care expenditures significantly increased the proportion of such expenditures eligible for Federal

matching in the wealthy States, but was of little or no help to poorer States. In Kentucky the only help received from the title XIX formula was the special 105 percent provision; except for this there would have been no significant increase in Federal sharing.

I earnestly urge you to give serious consideration to improvements in the equalization formula. I would like to close this letter by expressing my confidence in your ability to give leadership to such a project and my appreciation for the interest expressed in your letter in problems affecting the welfare programs in Kentucky.

Yours very truly,

C. LESLIE DAWSON, *Commissioner.*

STATE OF MISSISSIPPI,
DEPARTMENT OF PUBLIC WELFARE,
Jackson, Miss., January 12, 1966.

Re request for information on services to the elderly on public assistance.

HON. EDWARD M. KENNEDY,
Chairman, Subcommittee on Federal, State, and Community Services of the Senate Special Committee on Aging, U.S. Senate, Washington, D.C.

DEAR SENATOR KENNEDY: We were glad to have your inquiry concerning the status of services to the elderly on public assistance in Mississippi, and regret that it is not possible for us to reply in detail to the questionnaire.

We have not elected to give defined services at the special matching rate of 75 percent to old age assistance or any of the other adult categories. We selected aid to families with dependent children because our administrative funds for the giving of such services were so limited, and there are a number of Federal requirements in this program which we must meet to get the regular matching formula, so that with a little more effort we could obtain the 75 percent matching for this category only. Furthermore, we felt that our families with dependent children were in greater need of these services.

* * * * *

We read with much interest the booklet giving the hearings before your subcommittee and look forward to the time at which we can implement the provision of special services for the elderly in the State.

With all good wishes, I am,
Sincerely yours,

EVELYN GANDY, *Commissioner.*

CURRY COUNTY PUBLIC WELFARE COMMISSION,
Gold Beach, Oreg., December 16, 1965.

Re quarterly report to State public welfare commission.

ANDREW F. JURAS,
*Administrator, State Public Welfare Commission,
Public Service Building, Salem, Oreg.
(Attention field service).*

DEAR MR. JURAS: The State public welfare commission, in accordance with Oregon law, is charged with the establishment of assistance standards compatible with decency and health. Of course, at the same time, the SPWC (State public welfare commission) must operate within the framework of a budget, with funds provided by the State that makes the charge.

However, I think the time has come, if it has not already passed, for us to make revisions in certain existing standards, because they no longer can be considered compatible with decency and health.

How long has it been since we changed the food and clothing standards? I have been with the agency since April 1961 and the only change since has been a reduction, the ratable reduction in ADC grants beginning in April 1963 and continuing in effect. Whenever they were established, the standards, due to financial necessity, were minimum standards. Presently, our general assistance standard for food is only 85 percent of a minimum standard to maintain health established several years ago. Surely no one questions the fact that the cost of living, if not dramatically, has risen steadily since the standards were last adjusted.

In the 4½ years I have been with the Oregon SPWC I have been greatly encouraged by the advances made in the area of providing services to recipients of

our programs. I doubt many States can match us in our concern for the rehabilitation of the individual and for his need to find a meaningful, rewarding place in society. We have been sensitive to the public accusation—nationwide—that welfare has been guilty of fostering dependency and we have diligently attempted to follow practices that would make Oregon's program an opposite force, a program that would not only be innocent of that charge, but one that would foster independence.

But services alone will not do it.

Too poor, too long. Nothing—but nothing—fosters dependency more. Place a family in a position where they have enough food to stay alive, but not to maintain health, let alone provide a varied diet, and where they have enough clothing to keep from freezing and being arrested, but not enough to look presentable, and then keep them in this position, say, 3 or 4 years. Do this, and then all the lovely services provided by all those imaginative and educated social workers will not make the least impression—the tiniest dent—in a pattern of dependency that has been established and rock hardened.

On a grant somewhat less than a minimum standard, after awhile you run out of things you don't replace. The wife can't remember when she last had a new dress; in fact, she quit trying to remember a long time ago. Her hair is uncombed—why comb oily, stringy hair that hasn't seen shampoo in months. No lipstick either. But lipstick framing decayed front teeth is grotesque anyway. And she's fat and uncorseted. Purchasing a corset is of course out of the question, but she's going to get fatter on a starch diet anyway. The old man's fat too. Maybe he's 45, a former logger whose back went out, waiting for retraining. His face is always covered with stubble. Use a blade everyday? With what and for what? He's been wearing frayed coveralls and tattered T-shirts so long he'd be embarrassed to put on a suit, if he got one. He stays home most of the time because the car broke down 6 months ago and he wouldn't have gas for it anyway. His eyes are red and watery; he's at the age where you can't hold reading matter far enough away unless you have bifocals—but there is nothing to read in the house anyway. The children in school are all doing poorly. Their hand-me-down clothing is ill-fitting—sometimes even bizarre—worn and gray from fading dyes and lack of soap in the wash. (And speaking of soap, everyone smells a little because of the lack of it and enough hot water.) They are obviously "welfare" to their peers and therefore, because they are "different," they are ridiculed or, if luckier, ostracized. The oldest girl is 14 and just becoming aware of her maturing body. In a year or so she'll discover that there is a way to be accepted, despite a dull personality, pimply, pasty, unhealthy skin, and a generally "doggish" appearance. And a year or two after that she'll have her own welfare grant. There is a 10-year-old girl, 2 years behind her grade already, who is pretty much a younger edition of the 14-year-old. There is a 6-year-old who had started school, but was sent home to wait for next year because he was "at this point in time maturationally and culturally unready." He won't be any more culturally ready next year, but he'll be bigger. The baby has a chronic diaper rash because his fanny has never been touched by powder or oil and there aren't always clean diapers for a prompt change. He's a fat baby but his eyes are dull and his skin is sallow. He already is on an essentially starch filled and vitamin free diet.

Then into the bare-walled, underheated home of broken furniture and will, bounces the hope-filled caseworker with a big bundle of services—case classification, DVR, NDVR, Operation Head Start, MDT, community work and training, title 2, title 5, mental health, public health—really a bundle of impressive proportions. Such a big, beautiful bundle—and not one member of this family evidences the slightest tremor of excitement or curiosity. In a word, they just don't give a damn. They've been too damn poor, too damn long.

The Oregon caseworker now has many handsome tools with which to work, but frankly, unless decent standards are being provided, what he produces with them will be something of limited value.

And the saddest of all is the fact that the inadequate standards aren't going to save the State any money anyway. If and when the day comes that we have finally fostered widespread dependency in Oregon, that will be the day that we will present our State with a truly staggering bill.

Very truly yours,

ARTHUR C. HOLMBERG, *Administrator.*

APPENDIX B.—REPLIES TO QUESTIONNAIRE SENT TO WITNESSES

Replies to the questionnaire sent the witnesses were received from the following:

Norman V. Lourie, executive deputy secretary, Pennsylvania Department of Public Welfare, Harrisburg, Pa. (Joint reply with Elias S. Cohen, commissioner, Pennsylvania Office for the Aging.)

James H. Reilly, administrator, division of public assistance, 1 Washington Avenue, Providence, R.I.

Prof. George F. Rohrlich, the University of Chicago, School of Social Service Administration, Chicago, Ill.

QUESTIONNAIRE

1. What, if any, Federal legislative provisions and administrative actions have impeded the establishment of services programs for the elderly on public assistance since enactment of the Public Welfare Amendments of 1962?

Lourie and Cohen.—Restrictions on the purchase of nonmedical services such as homemaker service and day care service have impeded the establishment of service programs. Skilled manpower shortages and arrangement of services have made difficult tooling-up to produce these services. Available resources which could have been purchased could not be used because of Federal restrictions. Also the detailed and difficult accounting procedures required to justify the States' entitlement to the 75-percent Federal reimbursement for services impede development.

Reilly.—The complicated requirements for determining eligibility, the audit reviews, review teams, reports, etc., take inordinate amounts of staff time.

2. What, if any, amendments to Federal statutes and administrative actions would stimulate and encourage the establishment of services programs for the elderly on public assistance?

Lourie and Cohen.—Amend Federal statutes to permit purchase of services from private agencies. Amend Federal statutes to provide 75-percent administrative matching for services of all caseworkers, supervisors, and clerical assistance. Eliminate or vastly simplify Federal regulations requiring accounting for services provided for justification of 75-percent matching.

Reilly.—The elimination of the item-by-item budgeting and detailed investigative process. Simplified and efficient nondeterrent screening would free professional staff to give service and reduce a substantial drain on scarce manpower skills. Eligibility by affidavit would be preferable to the present intensive investigation with review by sample. There should be a national commitment and standards which would require mandated services.

3. What, if any, deficiencies are there in services programs for the elderly on public assistance and what, if any, action at the Federal level would contribute to the elimination of those deficiencies?

Lourie and Cohen.—There are insufficient programs of homemaker service, foster care placement, day care, and legal protective service. Lack of sufficient staff to provide services is a chief deficiency. In-

creases in grant funds under the Older Americans Act would be of help, as well as amendments and changes noted in 2. Continued heavy emphasis on eligibility and Federal eligibility audits operates to the disadvantage of development of services. Simplification of eligibility determination would assist in providing more caseworkers' time to give to services.

Reilly.—(1) The severe lack of personnel adequately prepared to help the elderly regain or retain self-respect, human dignity and a sense of "belonging—of usefulness." (2) Insufficient resources—homemaker, volunteer services, foster homes, etc. Federal grants to recruit and to train personnel for public assistance.

4. Would it be advisable to amend the services provisions of the Public Welfare Amendments of 1962 to permit 75 percent Federal matching for the purchase from private organizations of services other than medical and medical-related services?

Lowrie and Cohen.—Yes.

Reilly.—Yes.

4(a) Were there sufficient reasons for the provision prohibiting the purchasing of such services from such sources that it should not be repealed?

Lowrie and Cohen.—There was genuine concern about the effect of an open end appropriation being authorized to pay for private agency operation. This concern is legitimate but safeguards can be introduced by requiring detailed purchase of care agreements, appropriate fiscal audits, proper program definitions, etc.

Reilly.—Not to our knowledge.

4(b) Does this prohibition substantially inhibit the development of services for the elderly on public assistance?

Lowrie and Cohen.—Yes.

Reilly.—It may inhibit the development of services for the elderly in the community which could be made available to public assistance clients.

4(c) Would there be a church-state problem in repealing it? If so, how could it be solved?

Lowrie and Cohen.—No. Considerable care is now purchased from sectarian hospitals. Proper safeguards can be introduced to assure that discrimination does not take place on the basis of race, creed, color, or national origin.

Reilly.—We can see none.

5. Do you favor "putting a floor under public assistance payments"?

Lowrie and Cohen.—Yes. The floor, however, should be related to a minimum standard of living such as that developed by the Department of Labor or other agency. Such a floor should recognize variations in the cost of living in different sections of the country.

Reilly.—Yes. At present there are wide extremes in payment, and these, for the most part, are inadequate.

Rohrlich.—Yes; but not necessarily in terms of any one dollar amount or nationwide scale.

6. If so, what specific amendment to statutes would you recommend to accomplish that objective?

Lourie and Cohen.—Each of the public assistance titles should be amended to require that the grant of needy persons must be reasonably related to their actual reasonable needs. The Secretary of Health, Education, and Welfare should be empowered to promulgate regulations establishing standards which reflect minimum humane needs.

Reilly.—A national standard of old-age assistance requiring a basic income floor, an upward readjustment in the matching formulas by the Federal Government based upon the cost of living on a regional basis.

Rohrlich.—Amend the Social Security Act, title I, section 1, by adding at the end of clause (a) the words: "sufficient to assure them the minimum requirements for decent living," and

Title I, section 2(a)(10)(C) which should read: "(C) offer reliable assurances that the standards used in determining the extent of assistance will be adhered to in furnishing such assistance; and"

(Former subparagraph (C) becomes (D).)

7. Is there any danger that such a "floor" would also tend to be a ceiling? If so, how could this danger be avoided?

Lourie and Cohen.—This danger could be avoided by providing a higher rate of reimbursement for payments above the floor.

Reilly.—This is a possibility. Federal standards and encouragement could keep this to a minimum. Most States have not yet arrived at a reasonable "floor".

Rohrlich.—Yes; but with the kind of floor here proposed, in the form of a Federal requirement of realistic State standards of need which are in fact met, this result is not to be feared.

8. Would you favor amending the National Defense Education Act to forgive all or a portion of Federal loans for higher education where the borrower serves in social work after completing his education?

Lourie and Cohen.—Yes.

Reilly.—It could help relieve the acute social work manpower shortage.

9. Do you favor an appropriation to implement section 705 of the Social Security Act, which authorizes up to \$5 million a year for "training grants for public welfare personnel"?

Lourie and Cohen.—Yes.

Reilly.—Yes. This is long overdue.

10. Do you believe the proposals described in questions 8 and 9 offer much hope of helping to relieve the trained social worker shortage?

Lourie and Cohen.—Yes.

Reilly.—Yes. It will take time to meet the demand, but the Federal Government must take these beginning steps.

11. Is any Federal legislative or administrative action needed to help alleviate the shortage of trained social workers by developing subprofessionals who, while not trained to the professional level, would be better trained than the completely untrained workers who must sometimes be employed to meet personnel needs of welfare agencies?

Lourie and Cohen.—Yes.

Reilly.—Federal grants to colleges and universities to encourage a coordinated, carefully planned expansion of undergraduate programs since there are a dearth of these now.

12. Would it be desirable as a step toward the objective discussed in question 11 for the Welfare Administration, in cooperation with the Office of Education and representatives of institutions of higher learning to develop standards and curricula for undergraduate-level training for subprofessionals who, after receipt of baccalaureate degrees, can be assigned appropriate tasks in the public welfare services under the supervision of professionals?

Lourie and Cohen.—Yes.

Reilly.—Yes.

13. To what extent is it a realistic hope that services for elderly public assistance recipients will pay for themselves or even result in net savings of public funds by solving social problems, helping recipients back to self-sufficiency, or reducing their need for cash payments?

Lourie and Cohen.—It will be less expensive to maintain aged persons in the community using homemaker service, foster care, day care and legal protective services than to pay for nursing home care or other institutional care.

Reilly.—The characteristics of the elderly public assistance recipient preclude this: Median age 76.4 years, women comprise two-thirds of OAA recipients; 20 percent of OAA recipients are confined to their home, 8 percent are bedfast or chairfast (half of the latter are in institutions). There is potential for helping older people become more independent, to increase.

APPENDIX C.—STATISTICS RECEIVED FROM WELFARE ADMINISTRATION

Old-age assistance: Recipients and payments to recipients, by State, October 1965¹

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	September 1965 in—		October 1964 in—	
				Number	Amount	Number	Amount
Total ²	2, 125, 810	\$168, 348, 441	\$79. 19	-0.7	-1.2	-1.6	-1.2
Alabama.....	112, 875	7, 750, 196	68. 66	(3)	+1. 1	+1. 6	+2. 3
Alaska ⁴	1, 368	5 122, 091	89. 25	- 5	-18. 5	- 5	+8. 4
Arizona.....	13, 357	851, 284	63. 73	(3)	(3)	+ 3	+1. 2
Arkansas.....	60, 131	3, 892, 357	64. 73	+ 2	- 2	+2. 3	+3. 0
California.....	273, 701	28, 139, 407	102. 81	+ 1	-2. 3	+ 8	-6. 1
Colorado ²	42, 948	4, 100, 984	95. 49	- 3	-2. 5	-4. 0	-1. 0
Connecticut.....	6, 211	494, 963	79. 69	-2. 8	-9. 6	-15. 5	-21. 0
Delaware ⁶	1, 442	99, 162	68. 77				
District of Columbia.....	2, 340	225, 182	96. 23	- 2	+7. 3	- 2	+14. 1
Florida ⁴	74, 137	4, 600, 922	62. 06	- 4	-1. 7	+1. 6	-5. 5
Georgia.....	92, 927	5, 370, 901	57. 80	(3)	- 1	+ 7	+3. 9
Guam ⁶	176	8, 777	49. 87				
Hawaii ⁴	1, 308	126, 116	96. 42	+ 6	+7. 8	+12. 3	+49. 1
Idaho.....	4, 038	277, 038	68. 61	-1. 1	-9. 0	-10. 1	-14. 1
Illinois ⁴	47, 386	4, 990, 107	105. 42	-12. 7	-2. 9	-17. 0	- 7. 2
Indiana.....	22, 007	1, 972, 445	89. 63	-1. 3	-2. 0	-4. 5	+4. 6
Iowa.....	26, 392	2, 566, 473	97. 24	- 6	- 3	-5. 6	- 6
Kansas ⁴	19, 041	1, 688, 807	88. 69	-9. 4	-14. 8	-13. 4	-18. 6
Kentucky ⁴	69, 722	3, 737, 056	62. 57	+3	-2. 0	+4. 1	+10. 0
Louisiana.....	131, 369	11, 201, 007	85. 26	(3)	+ 3	+ 5	+ 7
Maine ⁴	10, 734	892, 685	83. 26	- 1	- 3	-3. 2	-2. 7
Maryland ⁴	10, 201	951, 429	93. 27	- 4	+1. 9	+3. 8	+32. 8
Massachusetts.....	51, 031	4, 635, 876	90. 84	- 3	+ 1	-4. 9	-4. 6
Michigan.....	48, 569	4, 769, 082	98. 19	(3)	-2. 7	-1. 8	+4. 4
Minnesota.....	30, 777	2, 853, 686	92. 72	-1. 1	- 9	-6. 5	+2. 7
Mississippi.....	73, 419	2, 874, 049	39. 15	- 2	- 2	- 3	- 3
Missouri.....	100, 400	6, 915, 904	68. 88	- 5	-4. 4	-2. 4	- 7
Montana.....	4, 258	364, 410	85. 58	- 3	+8. 1	-20. 1	-5. 1
Nebraska ⁴	11, 082	887, 423	80. 08	+ 2	+8. 6	-11. 5	-23. 5
Nevada.....	2, 357	188, 662	80. 04	- 7	-2. 5	-10. 0	-19. 7
New Hampshire.....	4, 303	482, 846	112. 21	+ 1	+2. 4	-3. 0	+5. 7
New Jersey.....	13, 998	1, 257, 084	90. 00	- 2	- 6	+ 6	+11. 6
New Mexico ⁴	10, 175	818, 697	80. 46	- 1	- 2	-5. 4	-4. 0
New York ⁴	57, 441	5, 580, 745	97. 16	+ 8	+ 7	+1. 9	+3. 1
North Carolina.....	42, 503	2, 676, 927	62. 98	- 6	-1. 4	-1. 8	+1. 5
North Dakota ⁴	4, 991	478, 341	94. 84	- 5	- 2	-5. 6	- 6
Ohio.....	81, 109	7, 384, 947	91. 05	- 2	+ 3	-2. 5	+2. 9
Oklahoma ⁴	82, 119	8, 032, 530	97. 82	(7)	+ 1	-1. 2	(3)
Oregon.....	9, 867	747, 665	75. 77	-1. 0	- 2	-6. 9	-1. 9
Pennsylvania.....	45, 397	3, 811, 880	83. 97	- 9	+3. 2	-2. 4	-8. 7
Puerto Rico ⁴	28, 872	285, 196	9. 88	- 5	+1. 7	-8. 0	-2. 4
Rhode Island ⁴	5, 640	541, 498	96. 01	- 6	-1. 9	-5. 9	-4. 5
South Carolina.....	24, 967	1, 372, 872	54. 99	- 9	+3. 0	-3. 3	- 2
South Dakota.....	6, 504	592, 151	91. 04	- 3	(7)	-9. 5	-2. 5
Tennessee.....	44, 862	2, 864, 926	63. 86	+ 1	+5. 0	- 6	+18. 5
Texas.....	229, 000	15, 580, 004	68. 03	-1. 0	-2. 6	- 4	-3. 3
Utah.....	4, 541	313, 562	69. 05	-1. 6	-3. 2	-7. 2	-6. 8
Vermont ⁴	5, 314	474, 291	89. 25	(7)	+1. 6	-2. 4	+2. 4
Virgin Islands ⁶	442	18, 198	41. 17				
Virginia.....	13, 058	894, 796	68. 52	- 5	-1. 0	-2. 6	+5. 6
Washington.....	31, 468	2, 500, 933	79. 50	+1. 2	+3. 7	-4. 6	-5. 8
West Virginia.....	13, 972	763, 524	54. 65	- 5	- 5	-2. 8	+7. 3
Wisconsin.....	27, 270	3, 129, 249	114. 75	-1. 8	-7. 8	-5. 7	+2. 0
Wyoming.....	2, 383	201, 098	84. 39	(7)	-2. 5	-4. 4	-4. 3

¹ All data subject to revision.

² Includes 3,755 recipients aged 60 to 64 in Colorado and payments of \$328,558 to these recipients. Such payments were made without Federal participation.

³ Increase of less than 0.05 percent.

⁴ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.

⁵ In addition, supplemental payments from general assistance funds were made to recipients.

⁶ Data for September; October data not received.

⁷ Decrease of less than 0.05 percent.

APPENDIX D.—ARTICLE IN JANUARY 1965 ISSUE OF “PUBLIC WELFARE—THE JOURNAL OF THE AMERICAN PUBLIC WELFARE ASSOCIATION”

THE CASEWORKER AND THE 1962 AMENDMENTS

(By Dwight O. Weiser who is Caseworker III in the Fond du Lac County Department of Public Welfare, Fond du Lac, Wis. Mr. Weiser gave his paper at the Central States Regional Conference in St. Louis, Mo., last April)

Caseworkers, I think, feel somewhat ambivalent about the 1962 public welfare amendments. We have simultaneous reasons for joy and remorse. It's something like the feeling a certain man had when he learned his mother-in-law had driven off a cliff, and his subsequent feeling when he learned that she was driving his new car at the time.

I will attempt to explain the reasons for this ambivalence by first suggesting some negative aspects of the amendments, as workers see them. I shall then comment on the positives. This order of presentation will afford us the luxury of an optimistic ending.

To a line caseworker, struggling with the very problems that the 1962 amendments were designed to help relieve, their implementation means something quite different to what it means to a legislator, an administrator, or a manual writer.

The worker, after all must actually apply this newly developed balm—this salve of service, the label of which ambitiously claims . . . “to prevent or reduce dependency and to encourage self-care and self-support, to maintain family life where it is adequate and to restore it where it is deficient.”¹

EFFECTS ON THE CASELOAD

The worker in the field, meeting the problem, studying it, diagnosing it, and treating it, is well aware of the effects the amendments have had upon his caseload. I would like to share with you some of the changes I have noted at my level of functioning.

I am an average caseworker, in an average-sized county agency, carrying the recommended intensive caseload of 60 public assistance cases. I have had the benefit of some graduate study and have an excellent supervisor. I work under a progressive director, and an enlightened public welfare board.

I have seen the transition in our agency with the coming of the service emphasis. I have felt the shift from quantity to quality, and the impact of service in my work. I have also recognized some of the problems these amendments have brought with them.

FEELINGS OF REMORSE

Pointing up some of these problems that a worker now has to deal with may be revealing. I believe most workers will agree that the added accountability factor that came along with the implementation of the amendments is being recognized as a real letdown. While we workers are not so naive as to think there would be reimbursement to our agencies for providing service without some control, we cannot understand why this accountability thing should be so elaborate and time consuming.

¹ President John F. Kennedy, upon signing the 1962 Amendments to the Social Security Act, July 25, 1962.

Workers wonder, for example, why those of us in agencies within supervisory and caseload compliance cannot somehow be relieved of many of the aspects of this accountability requirement.

Formerly, a worker would conduct a genuine service interview as a matter of course, and would allude to it as a step toward fulfilling the previously established casework plan in the record along with a periodic evaluation of the client's response and movement. But now, he must register each interview on a new form, a duplicate of which is later filed with the State for reimbursement purposes.

MORE DEMANDS ON WORKER'S TIME

Moreover, the amendments have precipitated considerably more demands upon the worker's time—and I might say patience—regarding the determination of what is service. For example, there are times when real scrutiny of the problem and service classification list, in the new service chapter in our manual, is required. This happens when a worker has conducted some type of interview which is, by first observation, somewhere between the definition of service and non-service.

More than likely, after reading the possibilities listed, he will make the decision to report it as a service interview assisted by a liberal interpretation of the problem list, fortified with the optimistic rationalization that practically any interview is ultimately linked to the solving of a predefined problem. This is true especially in an intensive service case.

INCREASED AMOUNT OF RECORDING

Another complaint that workers are voicing centers around the increased amount of recording that has come along with the amendments. In Wisconsin, an interview is not an interview if it is not recorded. In other words, to report an interview, it must be: identified as either a defined service or other interview, placed on the interview report form, transcribed and typed into the case record.

On an intensive service case, being seen twice a week, the narratives go in faster than the record can be processed. A worker may attempt to organize this recording problem by relying upon summary type narration, which means he will have several unrecorded interviews at any given time. With a caseload of multi-interview cases, this can turn into chaos rather than organization.

While discussing recording, may I say that workers are rather concerned about the social study being so structured. Our new service chapter nicely outlines a basic social study guide, which if followed to the letter would result in a comprehensive, but unnecessary, 10-page narration. Obviously, this guide has to be used with selection and discretion.

It is interesting that selection and discretion of interview data were the very criteria used for narrating our interviews before the service chapter gave us this guide. The guide, by design, with its numerous headings, is so all inclusive and general that it covers all of the picture of any given case, resulting in an excessive amount of recording. However, some of the headings may not be pertinent to a case study itself. In such instances, time is spent where it need not be.

TIME AWAY FROM THE CLIENT

The foregoing criticisms regarding accountability, interview reporting, and recording, all have one thing in common, they take time—time away from the client. Time spent with the client is time spent helping that client to help himself. At the worker's level of functioning, nothing is so valuable in performing service as the time spent in a face-to-face casework interview, to foster that "interplay of personalities through which the individual is assisted to desire and achieve the fullest possible development of his personality."²

While not intending to dwell on basic casework methods, I do want to bring home the belief of most workers that if we are going to provide more service, we have to have more interview time with the client. We feel that the increased time spent at our desks as a result of implementing these amendments has in this respect ironically limited our effectiveness.

I have been asked to suggest also that we workers feel that the rate of staff turnover (already as high as 26 percent per annum, nationally)³ will likely increase proportionately with the increase of paperwork, but would decrease if workers were allowed more time to do casework.

FEELINGS OF JOY

Lest I represent all caseworkers as ungrateful obstructionists, let me relate some of those factors precipitated by the 1962 Public Welfare Amendments that have given caseworkers reasons to rejoice.

The other side of this coin, minted in 1962, has been enthusiastically applauded by the average caseworker. Perhaps in the most general terms, caseworkers in public welfare settings are optimistic about the amendments because they suggest quality at their level of endeavor.

We workers to a man strongly suspect that our superiors cannot possibly know what problems we face daily. Now, however, the 1962 amendments have lent the support of those who determine and administer policy to the "grassroots" involvement of the worker in his role with the client. The worker can now approach his job fortified with the conviction that someone up there cares about what we are trying to do.

Since the amendments have sanctioned the service-only concept, we are encouraged to help potential aid cases which makes our work not only curative, but preventive as well. It has been rewarding to workers to be able to provide services to clients before they become completely down and out—before they have resolved in their own minds that their only way to meet their problems is through complete dependency.

Also, our continued support to former assistance clients is another preventive endeavor which I am sure all workers have recognized as necessary and effective. Assurance of service at the time of termination of assistance keeps down the percentage of reopened cases, and it is a pleasant task indeed to make those final service contacts with a former client that you have helped over rougher ground previously.

² "Social Casework: Generic and Specific," a report of the Milford Conference, American Association of Social Workers, New York, N. Y., 1929, p. 30.

³ Linville, Clyde W., Jr., "Staffing Problems Under the New Service Amendments," Public Welfare, American Public Welfare Association, 1313 East 60th St., Chicago, Ill., 60637, October 1963, p. 203.

THAT HE CAN DO SOMETHING MORE

The worker can feel he is part of the profession of social work if his job is focused on qualitative, therapeutic casework. The new emphasis on service suggests to the worker that he can do something more than merely "supportive" casework so characteristic of public welfare in the past.

Some very good "modifying behavior" type of casework is beginning to be done now because of increased supervision and training provisions. If the worker is not now doing intensive, therapeutic-type casework the amendments represent an opportunity to do work which more closely resembles that advocated by the profession.

The transformation resulting from the amendments in my agency was, I imagine, similar to that in all agencies. Since these agency adjustments have had special impact on the worker's role, I think they should be mentioned. An agencywide caseload analysis was one of the first steps in implementing these new measures. Case classification, selective case assignment, lower caseloads, specialized service priority caseloads, and better worker-supervisor ratios, were some factors that have benefited the caseworkers directly.

MORE SOCIAL WORK TRAINING

Also, I have noted a certain sense of enthusiasm that permeates the entire staff. Everybody is service conscious. This positive attitude is being reflected in the decisions of our workers to secure more social work training. For example, in my agency, within the last year seven out of nine public assistance workers have attended graduate extension courses offered by the University of Wisconsin School of Social Work, Extension Division. In the same period, two other workers have left the agency to attend school in full-time residency to obtain their MSW degrees.

This type of enthusiasm illustrates the positive attitude mentioned earlier. It not only involves the workers but is revealed in positive supervisory, administrative, and board sanction as well.

MORE INVOLVEMENT

I think the new emphasis on service has been the impetus for the increased involvement of the agency with the community we serve. Members of our staff hold offices, or are members, in several civic welfare organizations. Our staff has been instrumental in the joint development of an interagency coordination committee. We have made recent studies of resources and welfare system functioning in the two largest cities of our country.

In Fond du Lac County we have implemented several new programs to support the new emphasis on service. For example, we now have a full-time "homemaker," and beginnings of "home management—aid" and "foster homes for the aged" programs. We have also added a surplus commodities program, protective payments, and group work activities.

The amendments have given us something new and dynamic to tell the public. Our local public relations work, aimed at securing more community support, has included press and radio coverage as

well as speaking engagements. The service concept is a lot easier to sell to the public than just explaining why and how we give away money. All of these activities greatly affect the caseworker because he is actively involved in them.

MORE CASEWORK TOOLS

Besides these general things, I have noted that the amendments have given to the caseworker many specific advantages. These might be defined as casework tools for organization, study, and diagnosis. Please note, I am referring to the service chapter in our manual which I have already discussed negatively. Now I will list some of its many virtues.

In a recent staff meeting, I polled the other workers concerning the specific things they liked about the new service chapter. We agreed on the following points:

(1) The problem list has helped us to recognize more client problems and, as one worker suggested, "You can't state a problem without doing something about it."

(2) The "basic study guide" provides organizational structure for the study diagnosis part of the casework process.

(3) The "social study" makes possible a complete profile of the case, reflects strengths and weaknesses, defines problems, individualizes family members, and lends continuity to case recording, all in one neat package.

(4) The focus on family solidarity and the problems of the absent parent are imperative charges to good casework.

(5) The emphasis on children is acclaimed as being paramount if they are to be helped to become contributing, rather than dependent, citizens of our future society.

(6) The service chapter, in its entirety, gives workers a "frame of reference," a *universal orientation*, if you will, to the provision of service to clients.

CONCLUSIONS

In conclusion, I would like to suggest that regardless of how ambitious a program society can devise to meet our welfare problems, that program is ultimately tested for its success at the level where the client confronts it. (Movement, after all, is still up to the client.) This is where the caseworker has domain.

Good solid casework cannot be replaced and I believe that all workers are therefore charged with the ultimate success of this service concept in public welfare.

I am confident that I have presented the point of view of my caseworker counterparts by frankly criticizing the amendments for imposing upon the time we spend with the client.

I have suggested that the 1962 amendments have resulted in administrative support to the caseworker in the areas of more reasonable size in caseloads, better supervision and training, new supportive programs, awakened community participation, additional tools for work organization, and emphasis on therapeutic and professional service.

Finally, I hope I have expressed the gratitude of all workers for the positive implications of these amendments that have put the word "quality" into our job description.



