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November, 29, 1993

TO: MEMBERS OF THE FEDERAL WORKING GROUP ON THE INDIANA
AND WEST VIRGINIA CONSOLIDATED STATE PLANS

FROM: JULE SUGARMAN, CHAIRMAN, CENTER ON EFFECTIVE SERVICES FOR
CHILDREN *JMS*

SUBJECT: HOW THE CONSOLIDATED PLANS WILL WORK

On behalf of Indiana and West Virginia I am pleased to submit additional information on how the state and local consolidated plans would work. The focus of this memorandum is on the use of multi-program blended funding. It complements materials previously submitted in response to the questions raised by the Working Group.

In Section 1 we describe how four different models of blended funding would work. Section 2 describes the impact on a family. Subsequent pages elaborate on the concepts that the states expect to use in working with blended funding. Finally, the materials include illustrative drafts of blended funding agreements.

These materials will require more detailed development once the plan goes into effect, but we believe they fairly present how the states intend to carry out their plans.

We look forward to your response.

ILLUSTRATIVE MODELS OF OPERATIONS

UNDER OUR PROPOSED CONSOLIDATED STATE PLANS

STATE OF INDIANA

STATE OF WEST VIRGINIA

NOVEMBER 29, 1993

Questions?

In Indiana, call Cheryl Sullivan, 317-233-4690
or Peg Smith, 317-232-1145

In West Virginia, call Don Weston, M.D., 304-
558-0267 or Steve Heasley, 304-558-0600

At the Center on Effective Services for
Children call Jule Sugarman, 202-785-9524

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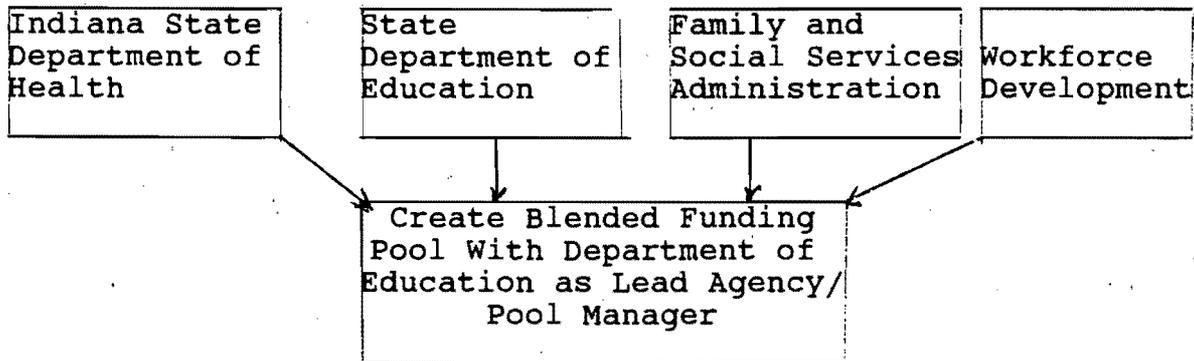
SECTION 1
FOUR ILLUSTRATIVE MODELS FOR BLENDED FUNDING

This section describes four models which might be used for blended funding under the Indiana and West Virginia Consolidated State Plans. For simplicity, in models A-C, we have used terminology from the Indiana Plan (e.g. Step Ahead Councils and the Indiana Policy Council on Children and Families). The same concepts would be applicable in West Virginia (e.g. Family Resource Networks and the Governor's Cabinet on Children and Families). Model D uses terminology from West Virginia.

Model A

State Agency Collaboration in Which
Blended Funding is Used for a Common Administrative Activity

This model would be used when several state agencies wish to blend funding to carry out multi-program activities. For example, several agencies might wish to blend their funding to support development of a Common Data Base. The state has considerable experience with this kind of arrangement. It can be accomplished through contracts between the agencies or the administrative transfers of funds.



Process

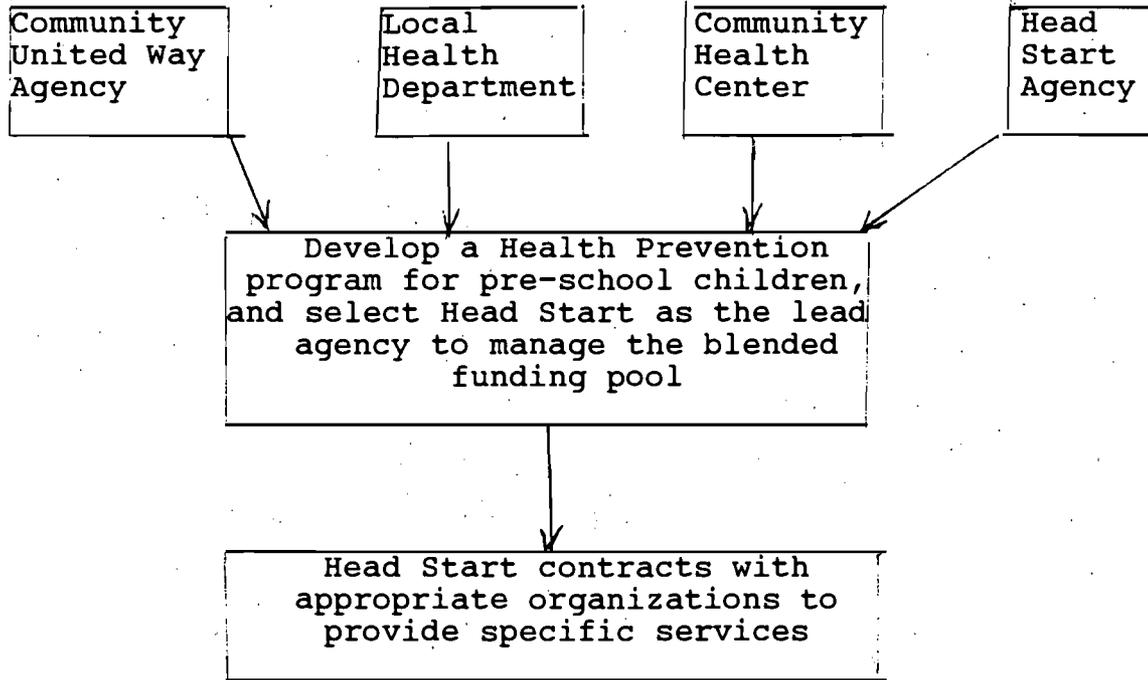
- o State agencies enter into a shared funding agreement which sets forth a work program, the funds to be paid from each applicable appropriation to the lead agency pool and the documentation required to support expenditures. The agreement will specify eligibility requirements, the amounts of money to come from federal grants, state agencies and private organizations and identify any matching funds required under federal law.

- o The Department of Education, as lead agency, will directly or through contracts manage the work to be done. It establishes a separate pooled funding account for the

project.

- o Projections of cash requirement by accounting period, will be provided for each appropriation so that the state agencies have a basis for requesting drawdowns from each federal agency.
- o Reports of obligations, expenditures, matching funds utilized and program accomplishments are provided to each participating agency with sufficient frequency to meet their needs.
- o Evaluation plan developed and implemented.

MODEL B
LOCAL USE OF BLENDED FUNDING AGREEMENTS
TO SUPPORT NEW ARRANGEMENTS FOR MULTI-PROGRAM SERVICE DELIVERY



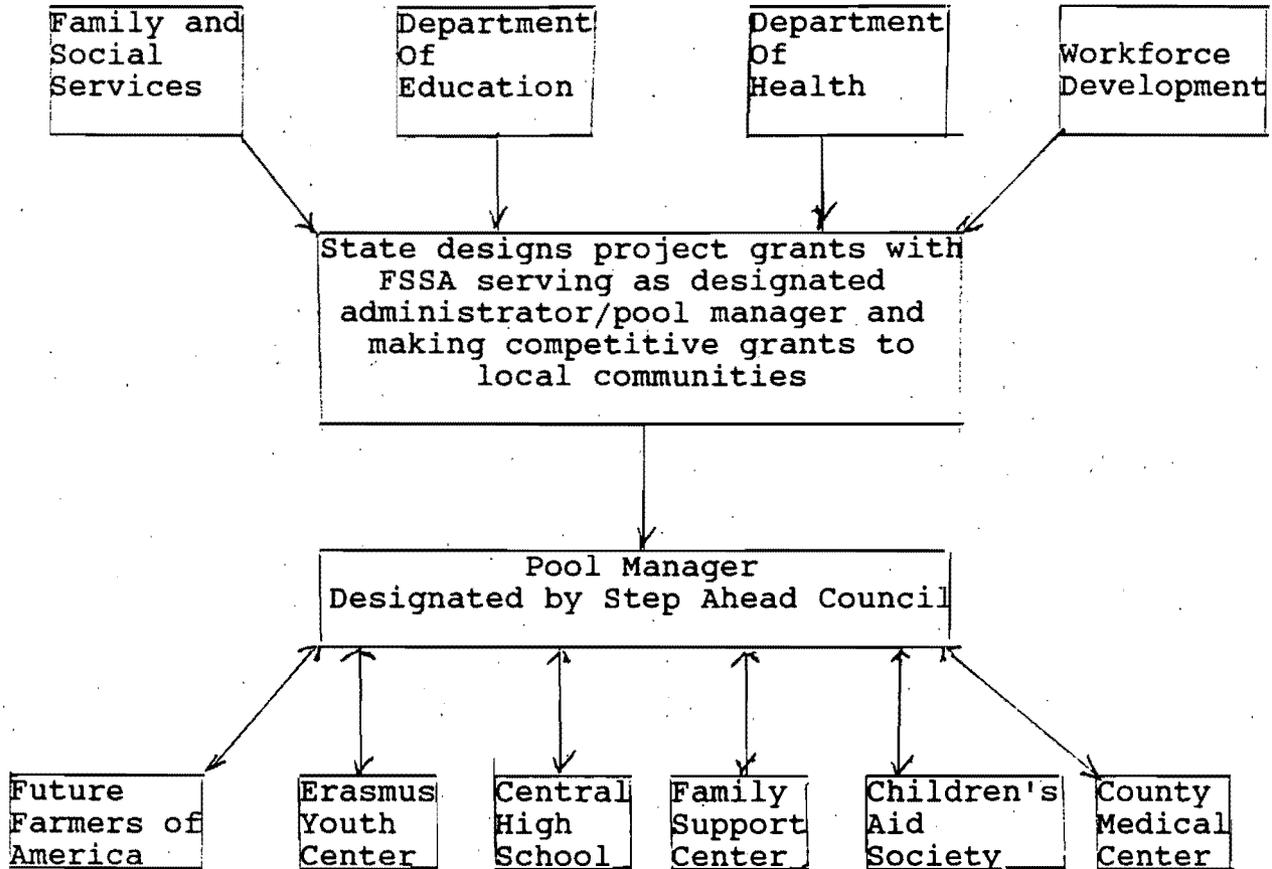
Process

- o Local Step Ahead Council works to develop a joint funding agreement among the participating agencies.
- o Agreement specifies any matching funds to be supplied by participating agencies and a schedule of cash requirements by accounting period which can be used by contributing agencies in requesting cash from federal or state agencies.
- o Shared funding agreement is included in the Council's annual Plan of Action and approved by the Indiana Policy Council on Children and Families.
- o Head Start contracts with appropriate providers and other agencies for necessary services as well as with those organizations which will contribute funding.
- o As expenditures are documented, Head Start bills participating agencies for reimbursable expenses and pays those organizations which have provided services. Where the law permits, there may also be advances.

- o Head Start supplies periodic reports by appropriation on use of drawing rights (expenditures), obligations, services provided and cash requirements to each of the participating organizations
- o Evaluation plan developed and implemented

MODEL C
SITUATIONS IN WHICH COLLABORATION

IS OCCURRING AT BOTH STATE AND LOCAL LEVELS TO SUPPORT
COMPREHENSIVE SERVICES TO THE MOST DISTRESSED FAMILIES *



Process

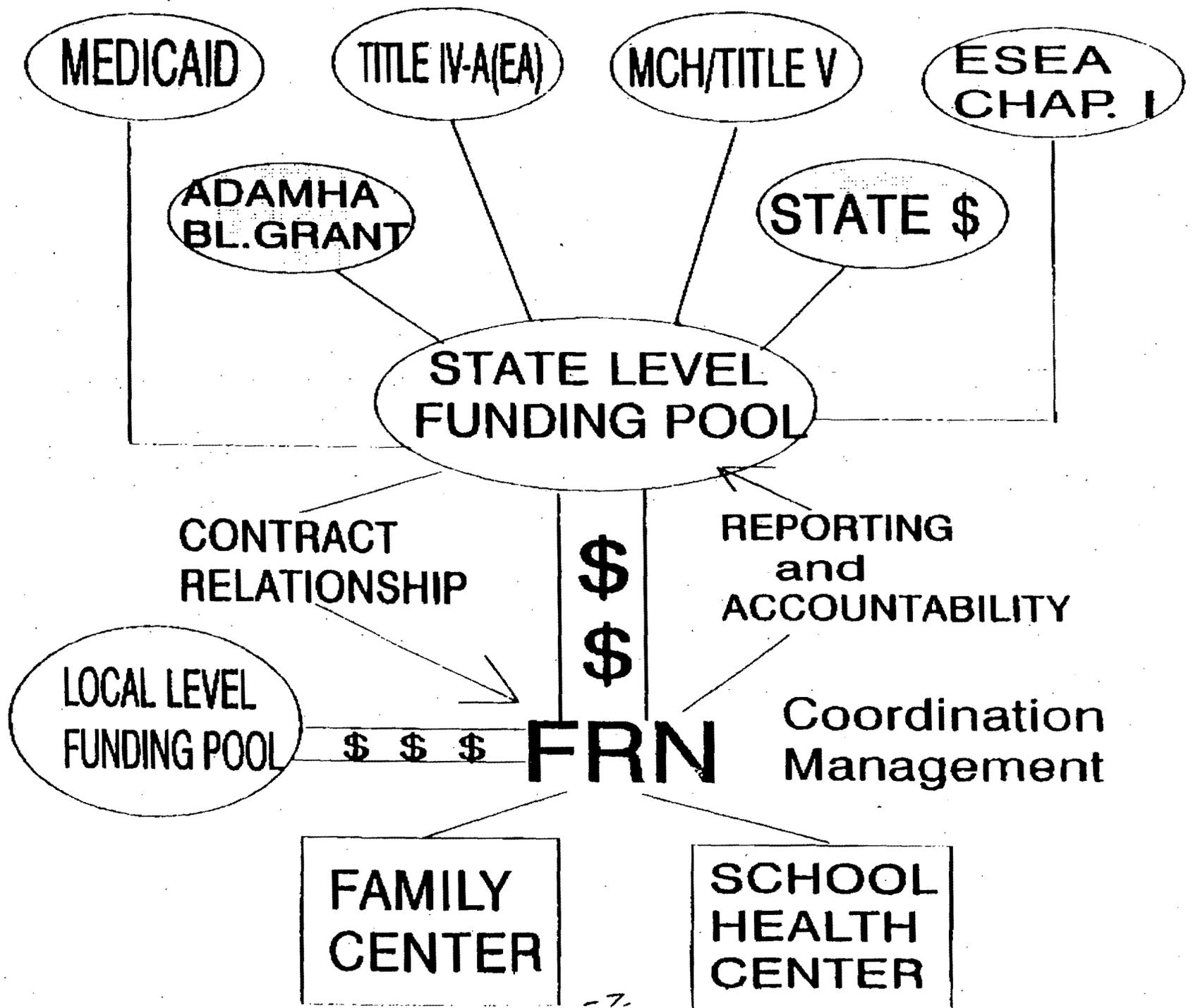
- o This process may be accomplished through contracts among state agencies or administrative transfers of funds.
- o State agencies develop a blended funding agreement to create alternative delivery systems for extremely vulnerable families. Step Ahead Councils, who wish to compete, mobilize community resources and determine appropriate providers in their community. They develop a collaboration agreement setting forth which local agencies will participate, what contributions they will make to augment the pool and what resources they will be provided from the pool. Grants are awarded by the state agencies on a competitive basis. Grants are actually made to the lead pool manager designated by the Step Ahead Council.

* See Model D for a similar model developed by West Virginia

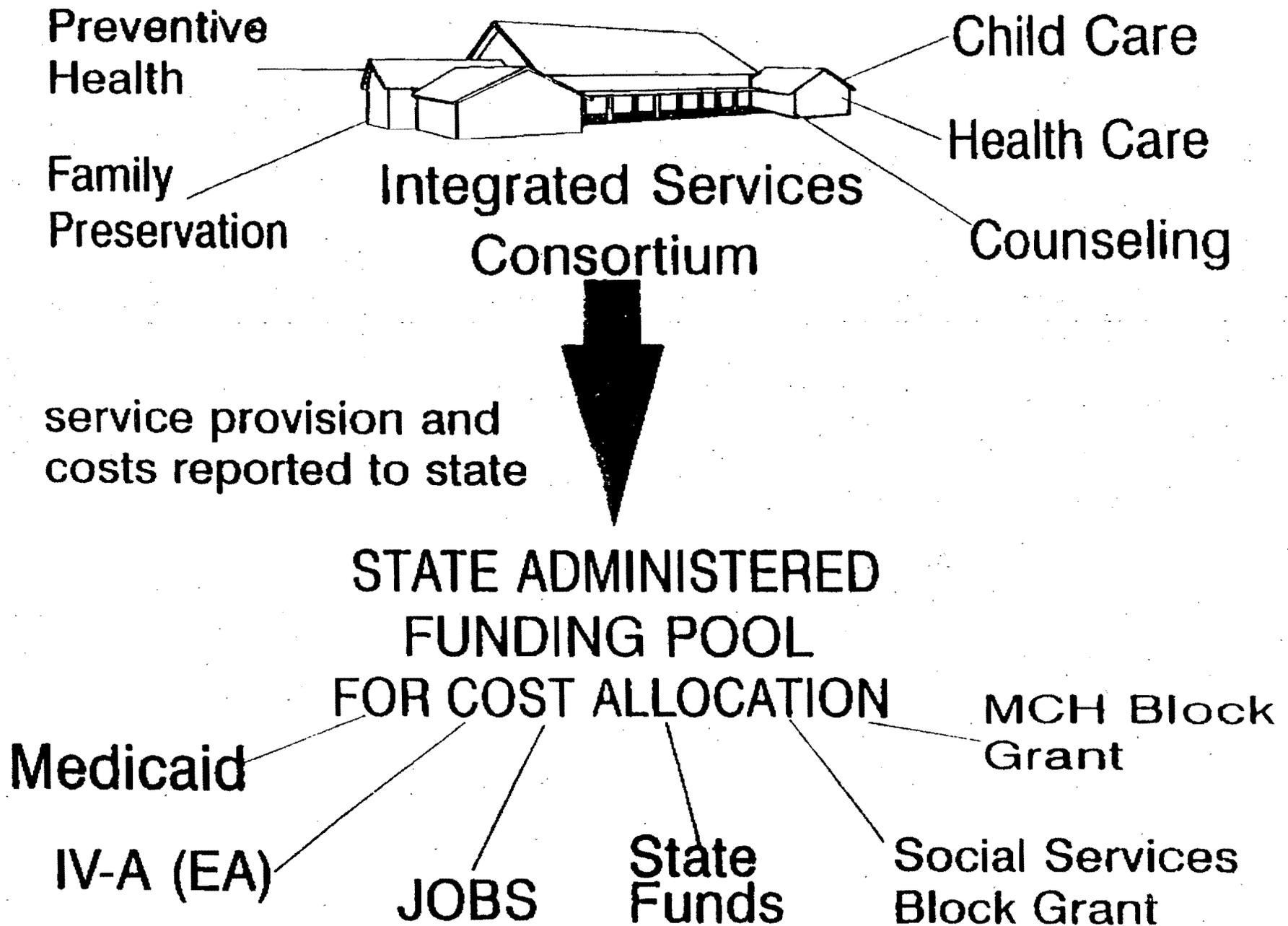
- o Lead local agency develops detailed pooled funding agreements with local agencies based on state approved grants and other cash and non-cash resources. These define what contributions they will make to the support of the project and what allotments they will receive from the pool. Some contributors to the pool, e.g. a Community Foundation, may not receive any funding from the Project
- o A cash management plan is developed covering each federal and state appropriation.
- o Funding agencies, lead agencies and providers develop a plan for providing family participant, program and financial data to the funding agencies.
- o Evaluation program is developed and put into place

- o A clear audit trail would be present from the point of service delivery to an eligible client through the state administered funding pool to the applicable federal program which would assure that federal funds were used only in the manner authorized by federal law and federally approved state plans for each federal/state program.

MODEL D



COST ALLOCATION AND REPORTING



-8-

MODEL D

WEST VIRGINIA ILLUSTRATION OF THE USE OF BLENDED FUNDING POOLS TO FINANCE INTEGRATED FAMILY BASED SERVICE DELIVERY MODELS

This model illustrates the financing of an integrated, family based services model through use of a blended funding pool. Integrated models at the local level would be defined by the "local consolidated plan" developed by the local Family Resource Network. Part of the role of the FRN in this regard is to forge the necessary collaborative partnerships to create more efficient and effective delivery models and in so doing create new kinds of agencies. These "new agencies" would be designed to integrate services and make them available to all families in need. Because it seeks to serve all families in need it will require a relatively high proportion of flexible, state and private funds.

Integrated services delivery may take a variety of forms. As a working definition: An integrated service model is one where a number of services (generally clustered based on typical needs of families in a given community or neighborhood) are made available through a single point of entry and the "service package" is managed through an administrative structure agreed upon by the participating parties.

It is West Virginia's intent to explore financing strategies which support integrated service models from a state administered blended funding pool by accessing applicable federal and state funding streams and making the funding available to purchase an integrated package as opposed to separate and distinct categorical services delivered in an uncoordinated fashion by multiple agencies. The "service package" would be financed from a number of sources with costs allocated to each source in a way that preserves the intent of the funding stream under law.

West Virginia also wishes to explore as a part of this strategy a concept of "managed collaboration" whereby incentives are built into the financing methodology to encourage the efficient and effective delivery of services at the local level through integrated models formed by and from existing categorical agencies.

Locally controlled funds from charitable organizations, private foundations, service organizations etc., as well as private payment for services would be available to help support the costs of providing integrated services.

An example of such an integrated service model would be a "Family Resource Center". For purposes of illustration, we will assume that this integrated agency provides the following services:

Preventive Health Services
Child Care and Development Services
Primary Health Care
Family Counseling and Other Mental Health Services
Family Preservation Services
Eligibility Determination

From a financing perspective the following processes would occur:

- o The local FRN would define the integrated model and develop the necessary interagency agreements at the local level to create a Family Resource Center from existing categorical agencies.
- o The "local consolidated plan" would address what services the Family Resource Center would provide, to whom, administrative and management issues, a financing plan and other considerations.
- o The "financing plan" would identify costs and locally controlled public or private funding which would help fund the services to be delivered. It would also establish the principles of a sliding scale fee system where the charging of fees is permissible.
- o The "financing plan" would also identify the portion of the costs to be supported through state and federal funds made available from the state administered funding pool.
- o The funding pool would be created through a "consolidated funding agreement" at the state level which defines the "drawdown" limits on applicable state and federal programs that are available to support one or more of the services to be provided. For purposes of this illustration the following federal programs are examples (not all inclusive) of federal funding streams which may be drawn upon for support:

Medicaid
Preventive Health and Health Services Block Grant
Alcohol, Drug Abuse, and Mental Health Block Grant
ESEA Chapter 1
IDEA Part H - Early Intervention
Title IV-B Child Welfare Services
Child Care and Development Block Grant
Title XX Social Services Block Grant

State funding streams would also be drawn upon to the extent necessary to match the federal program funds and to support the costs of services to families who are not financially eligible for federal programs or who are not

able to pay the full cost through insurance or out-of-pocket contributions. This approach is feasible in West Virginia because the Governor's Cabinet on Children and Families has authority to transfer state funds from one appropriation to another. Indiana has alternative methods available to it for transfers of funds among state appropriations.

- o A contract between the State and the Family Resource Center would define how funds from the funding pool could be used and the payment method to the Center. Funding may be made available on a capitated basis or through some other HMO type of managed payment system as opposed to a fee for service system.
- o Eligibility for all affected programs would be determined at the Family Resource Center and potential payors maintained as a part of the billing record for each family or individual served.
- o Service reporting would be designed and required through contract which would allow applicable costs to be allocated by the state funding pool to each funding stream in a manner consistent with federal requirements governing the use of each federal program.
- o A clear audit trail would be present from the point of service delivery to an eligible client through the state administered funding pool to the applicable federal program which would assure that federal funds were used only in the manner authorized by federal law and federally approved state plans for each federal/state program.

The processes outlined above are visually portrayed in the charts preceding this material.

SECTION 2

IMPACT ON FAMILIES

2-A

ILLUSTRATION OF HOW A FAMILY RESOURCE CENTER USES
BLENDED FUNDS TO HELP A TYPICAL FAMILY

The Vandalia Family Resource Center
conducts an initial assessment of
the Smith family

The Center determines that family
members are eligible for several
federally assisted services

A case manager is designated to
assist the family in accessing
services.

In complex situations involving seriously
vulnerable families a case management
plan is worked out with a case management
team which shows what
funding will be needed from what
sources and a check is made as to the
availability of funding under the Vandalia
master blending funded agreement.

If funding is not available from the state pool
the case manager seeks to fill the void by obtaining
local public or private funding.

A service authorization form is prepared which
allows providers to initiate service.

Program, participation, financial and
outcome data are received on the
standard Report of Services Rendered
which also serves as an invoice.

State reimburses the Family Resource Center
according to the provisions of
collaboration agreements

Pool allocates costs in accordance
with established formulas and rules
and bills federal agencies

The Smith Family is headed by a single parent, Sarah, with three children - Ann, age 14 years; Jason age 4 years and Jennifer, age 2 years. The Smith Family resides in Vandalia County, West Virginia.

Sarah has recently lost her job due to a local plant closing. She is currently receiving unemployment compensation. Ann has been experiencing problems in school and her mother is concerned that she may be experimenting with alcohol. Sarah calls the Family Resource Center and an intake worker talks with Sarah and gathers initial information necessary to complete the standard intake and assessment form used by the agency to make initial determinations of service needs and program eligibility.

Based on the initial interview, it is determined that the Smith Family is experiencing a great deal of stress due to the mother's unemployment and the behaviors of the oldest daughter. Additionally the two and four years olds show signs of delay in their social and cognitive development. More detailed evaluations are made and diagnostic examinations conducted. These confirm that Jason is significantly developmentally delayed in speech/language and also suffers from nearsightedness. Jennifer is experiencing delays in speech development and socialization. Ann is troubled by issues of adolescent adjustment and appears to be mildly depressed. The result is a case plan which identifies all of the services that are needed as well as those services which can be provided by the Family Resource Center and those for which it will have to contract.

The next task is to determine which services can be financed from the blended funding pool (and which federal/state appropriation will be used) Based on financial and other information gathered in the intake interview, Sarah is not eligible for AFDC assistance, but the family is eligible for Emergency Assistance under West Virginia's Title IV-A program. None of the family members currently have health insurance or Medicaid coverage. However, the intake worker has found that the two youngest children are eligible for the EPSDT portion of Medicaid since Sarah's unemployment compensation does not raise the total family income above 100% of the poverty level. Neither Sarah, nor the 14 year old, are eligible, since West Virginia restricts coverage of older children and adults to the AFDC level, which is about 25% of the poverty level. While it is clear that several federally assisted programs can be used to help the family, there are other necessary services for which local or private funding will have to be found.

Once these tasks have been completed the case manager/care coordinator, works with the family to assist them in accessing

services. He/she helps them to complete arrangements for receiving services, works out a budget which will enable them to pay for those services which require family co-payments and helps them to resolve any problems which may arise between the provider and the family or any problem in coordination among providers. Periodically, the case worker will prepare recommendations as to changes which ought to be made in the case management plan. If the family's circumstances change, and therefore their eligibility, but a family continues to need a service, the case worker will develop an alternate source for funding.

Here are some examples of services that might be arranged. Sarah is invited to take part in a parent support group sponsored by the Family Resource Center on Tuesday evenings. A local church provides child care during meetings of the support group.

The Coordinator also assists Sarah to secure job training and placement services from the newly consolidated local employment office.

Counseling and pediatric services as well as a peer group support program are arranged for Ann.

Services are arranged for Jason and Jennifer in a child development center which has the capacity to help them overcome their developmental delays.

Immunizations are provided to all members of the family.

All potentially fundable services are reported to the state administered funding pool which finances the Family Resource Center. Over time, state officials expect federal/state funds to cover 75% of service costs for this family. The remaining 25% will come from local and private funds.

The state uses a capitation method to cover the costs of individual federal/state services. That cost is determined by reviewing the numbers and costs of serving families in poverty during the prior six months and calculating an average cost.

The state funding pool allocates the costs of services to the Smith Family to applicable state and federal funding streams based on the eligibility information and service data reported.

The Smith Family may not be aware of the sources of funding used to help them. From their point of view the link with services is through the case manager/care coordinator.

In the case of the Smith Family costs are allocated as follows:

1. The initial assessment and intake interview with Sarah is

financed from the State's Title IV-A Emergency Assistance plan.

2. Counseling services for Ann are covered under the ADAMHA block grants and state mental health appropriation on a 50/50 basis.
3. Initial screenings and immunizations for Ann are covered by the Preventive Health and Health Services program.
4. Necessary pediatric services for Ann are covered by the Maternal and Child Health Block Grant and the State Pediatrics Program.
5. All direct services to Jason and Jennifer, as well as case management services for them are financed by the Medicaid program.
6. Case management services for Sarah and Ann are paid for from the Social Services Block Grant and state appropriations for social services.

Note: The full costs of the parent support group which Sarah attends and the attendant child care is covered by local contributions.

Based on the nature of the service, funds are transferred from the federal and state governments to the state funding pool and used to reimburse the Family Resource Center and service providers.

Note: As health care reform becomes a reality, it is anticipated that health care funding streams will be rolled into the health alliances and health services supported from this pool. Other applicable costs would continue to be supported by a combination of local and private sources and the state's funding pool established for the financing of Family Resource Centers.

SECTION 3
RELATED INFORMATION

- 0 Step Ahead Councils are seen as the catalysts to developing local collaboration/blended funding agreements at the local level. The Indiana Policy Council is seen as the catalyst to developing collaboration agreements at the state level.
2. The Indiana Policy Council approves each local plan of action (including the amounts proposed for allocation to blended funding pools.) Approval means that the state agencies will reserve specific levels of funds for use by those pools.
3. The local groups develop joint funding and/or shared funding agreements with participating public and private organizations. These agreements specify the amount to be paid to participating agencies and the source of funding for each service. The agreements are specific as to eligibility requirements and the types of services that may be provided.
4. Under a blended funding agreement, decisions to use funds from the pool for a seriously vulnerable family may often be made through a case management/care coordination committee or persons designated as case managers/ care coordinators. The intent is to make it possible for a sensible plan to be developed in cooperation with the family, a plan for which there are assurances that the agreed on services will be available from pooled funds.
5. Funding may be provided in the form of drawing rights which will be redeemed through reimbursements or as permitted by law, cash advances. Normally, funds will be made available by state agencies or their delegates to a blended funding pool to provide services authorized by the agreements. The agency serving as the pool manager will then enter into consistent agreements with providers including a schedule of cash requirements.

In addition to federal funds these agreements and blended funding pools may incorporate non-federal public funds and private funds and may take into account donated or volunteer resources.

6. An state approved organization designated to manage the blended funding pool will approve requests to provide services using blended funding and reimburse costs (or, if permissible, advance funds) in accordance with the shared or joint funding agreements. It notifies the provider agency that it has been granted drawing rights

of a specific amount and that it may claim reimbursement (or seek an advance) upon presentation of the proper documentation that service has been rendered.

7. The organizations providing service invoice the manager of the blended funding pool providing details as to who has been served, to what extent and at what cost. The invoice also provides information on the progress being made by the family and, if needed, a request to extend service or modify the service package.
8. The case manager or case management/care coordination committee periodically reviews the arrangements for each family being served and modifies the approved plan of services accordingly.
9. Participant and financial data is provided to each funding organization so that it can meet federal reporting requirements.
10. Aggregate data is also provided to the Step Ahead Council or the Family Resource Network to assist it in planning, budgeting, managing and evaluating programs.

SECTION 4
FINANCING POLICIES

The states anticipate that the following policies will be applied in blended funding.

- o Commitments to participate in a blended funding pool will most often be made in terms of drawing rights, in effect a promise to reimburse legitimate expenditures after the fact. Thus, the integrity of appropriations will be maintained since the funding agencies retain control of funds until they are assured that they have been spent appropriately.
- o Blending funding will be used, wherever possible, to reduce administrative costs and encourage efficiency. The states intend to emphasize capitated reimbursements for particular services. For example, care coordination may be contracted for and billed on a capitated basis.
- o Appropriated funds may only be used for services to a family who is determined to be eligible under that particular program. Federally assisted organizations will consider whether it may be appropriate, subject to audit, to delegate authority to an entity approved by the state to determine eligibility, provided that all eligibility requirements must be met.
- o The costs charged to a program for service to a specific child, youth or family, may not exceed those costs which would be incurred if the service were operated directly by the federally funded entity. The calculation of such costs may be calculated on an average cost basis or by taking into account the total level of costs that would be fundable for a similarly situated individual or family. For example, if mental health services were being provided the cost cap might be the average cost of services for all categories of children or the costs of serving a comparable child with a very serious form of mental illness.
- o Non-federal public and private funds may supplement available federal funds as the state or community determines to be appropriate. Such funds may be used for matching only if they qualify as matching under the regulations of the particular federal program involved.
- o The arrangements under which reimbursement, or if legally feasible, advances, will be made must be set forth in a written agreement between the organization providing service and the organization funding the service. This agreement may be reached on a case by case basis. The

agreement, or a similar generic agreement, must establish limits on how much funding will be available to the provider agency. That agency must give assurances that it has systems in effect which will prevent the over-obligation of funds.

- o If federal laws restrict the purposes for which funds can be spent or establish procedures which must be used, the responsible agency must give assurances that it will abide by those rules insofar as federal funds are to be used.
- o In general, but with the right to make exceptions, the state intends to use or encourage local entities to use the following priorities in deciding which funds will be used to serve a specific family.

The first priority will be on using funds in the most efficient and effective fashion.

The second priority will be on using federal entitlement funds which have no caps on them.

The next priority will be on using federal funds which have no or small state matching requirements.

Funds such as Title XX and Title IV-B, which have relatively few limitations on the purposes for which they may be spent, will generally be used to reach families with critical service needs who may not meet eligibility requirements for other programs or to add elements of service which cannot be provided under the programmatic requirements of other programs.

SECTION 5

DOCUMENTATION

The Center on Effective Services for Children is in the process of developing a Unified Planning, Budgeting, Management and Evaluation System for delivery of services to children, youth and families. There have been discussions with senior officials of both states on the approach which the Center is taking. They are interested and wish to pursue the System in greater depth. However, the full development of the system can only be accomplished in the context of actual program operations under consolidated plans.

In the interim the states and communities will be using state approved systems which provide a clear audit trail as to the purposes for which funds have been used, the eligibility of families for those services and the methodologies used in allocating costs. Taking into account the progress already made by the states, they expect to complete and test each of the new systems by the end of federal fiscal year 1995.

The Unified Planning, Budgeting, Management and Evaluation System is aimed at balancing the needs for uniform data which permits comparisons among communities with the needs of communities to have information specific to their own needs.

At the heart of the new system is the concept of a uniform tautology of community goals. These systems, as proposed by the Center, but not yet agreed to by the states, would have twelve generic goals against which the community, state and federal officials would measure progress. These are:

- A. Individuals are prepared to be effective, responsible parents.
- B. Families strive and are assisted to become economically self-sufficient.
- C. Children are born healthy.
- D. Children maintain good health from birth until adulthood.
- E. Individuals with developmental disabilities are helped to achieve their full potential.
- F. Children and youth with special health needs such as mental illness, chronic illness and birth abnormalities are helped to overcome their problems.
- G. Families experiencing difficulties in functioning or

some other form of crisis, or at risk of dissolution receive assistance which improves their situation.

H. Effective services are provided to children and youth with behavioral problems.

I. Child care and development needs are met in ways which advance cognitive, social, physical and emotional development and meet the family's child care needs.

J. Education services are provided in ways that assure that the cognitive, social, physical and emotional developmental needs of students are met. Students develop the knowledge, skills and behaviors that lead to productive lives and lifelong learning.

K. Students make successful transitions to adulthood through work or continuing and higher education.

L. The overall community environment supports the health, growth and development of children, youth and families.

M. Communities promote quality of services through broad participation in decision making, use collaborative service delivery systems, collaborative administrative relationships and multi-program performance (outcome) evaluations.

The Center has also identified an expandable list of 100 sub-goals which communities might choose to use. For each goal and sub-goal the community will propose the community outcomes which it expects to achieve in a specific time period. These goals must be approved by the state. It should be noted that the use of community goals is designed to measure overall community impact as distinct from the accomplishments of individual programs. It may still be necessary to examine the impact of individual programs although the Center is skeptical about the feasibility of doing so.

A critical part of future documentation systems is the development of uniform data input systems which can be used to create a multi-program common data base. In the process the community and the state must be able to identify the changing composition of an individual family and to follow the experiences of individuals over many years. The Center recognizes that there are important issues of confidentiality, but believes that the body of literature now existent demonstrates that common data bases may be used while still protecting the privacy of individuals. The Center currently believes that the social security number and date of birth are the best identifiers. In addition, some method must be devised for identifying family membership.

The Center is also very concerned that whatever documentation

methods are used, they must tie closely to the processes used in planning community and state program plans and preparing community and state budgets. Currently, there are serious disconnects between the act of accumulating program, participant and cost data and the decisions which are theoretically based on that data. Whether it is an issue of common definitions, timing in data collection and analysis or inadequate cross-organizational communications our new systems must be designed to mutually reinforce one another.

The Center is proposing to the states that they utilize four types of standard documentation. These are:

1. Standard Intake and Assessment Forms
2. Standard Service Authorization Forms
3. Standard Invoices and Reports of Services
Rendered
4. Standard Outcome Reports and Reauthorizations
of Services

In addition the multi-program common data base must have a method for periodically validating the accuracy of the information in the base. Doing so will help to identify families who have dropped out of, or otherwise been lost, to the community's service systems.

SECTION 6

EXAMPLE 1

AN ILLUSTRATIVE EXAMPLE OF A JOINT FUNDING AGREEMENT USED TO FINANCE A FAMILY INFORMATION SERVICE

The Sedalia Step Ahead Council finds that there is a great need for a family information service. By this we mean an organization which can provide people with knowledge of the kinds of services which may be available to them, whether they may be eligible for such services and how to go about obtaining them. The Council created a task force to design a Family Information service and to identify those organizations which might be able to help with financing.

The task force recommended and the Council approved the selection of the Sedalia public library as the operating agency. The Council and the Library developed a Joint Funding agreement which was signed by several funding organizations. It constitutes the charter for the Family Information Service.

The provisions of that agreement are set forth below along with explanatory annotations.

JOINT FUNDING AGREEMENT ESTABLISHING THE SEDALIA FAMILY INFORMATION SERVICE

Sec. 1 - The undersigned organizations hereby agree to establish the Sedalia Family Information Service (SFIS). The SFIS shall be a division of the Sedalia Public Library. There shall be an Advisory Committee of nine persons chosen by the organizations providing funding for the SFIS. It will make recommendations to the Director of the Sedalia Public Library. This committee may select up to six citizen members to assist it in overseeing the activities of the SFIS. An individual designated by the Sedalia Step Ahead Council shall be a non-voting member of the Advisory Committee.

The funding organizations are those who have agreed to make cash or in-kind contributions to the operation of the SFIS. The citizen members would include consumer representatives, professionals and persons with expertise in management information systems. The non-voting representative of the Step Ahead Council assures that there will be a free flow of information between the SFIS and the Council.

Section 2 - This Joint Funding Agreement constitutes a contract between the funding organizations and the Sedalia Public Library. All activities of the SFIS shall be conducted in accordance with the terms of this contract.

It is intended that a formal contract exist which sets forth the obligations of all parties.

Section 3 - The Sedalia Public Library shall offer a program of services which includes (a) information centers within the developed areas of the county, (b) a mobile information center within the rural areas of the county, (c) a telephone service available to all callers and (d) a public information campaign through the media. The information centers shall be conveniently located for consumers and may be within or outside a library building. The specific service locations are set forth in an appendix to this contract and may be modified from time to time with the approval of the Advisory Committee.

The contract recognizes that people will have different preferences on how to access the service. Flexibility is built in by allowing the Advisory Board to approve changes in locations.

Section 4 - Services shall be provided at those times which will be convenient to consumers. Specifically, there shall be access during the evening hours and on weekends in accordance with schedules approved by the Advisory Committee.

The contract requires that services be offered at times that are convenient to the consumers, recognizing that many people cannot take time from work or family duties to visit a center.

Section 5 - Each of the participating organizations shall furnish the Library a compendium of information it wishes to make available to the public. The compendium shall include data on the nature of the services available, the purposes for which they are intended, the conditions of eligibility for service, the locations at which the service is available and the times that service is available. The Library will format that information for publications, videos, computer discs and obtain the approval of the organization furnishing the services.

Section 6 - Each participating organization shall pay an annual base service fee to the Library for operation of the Family Information Service. This fee is to cover the basic costs of maintaining the system. In addition to the base fee the participating organizations shall pay the Library an additional fee based on the usage of the service; e.g. the proportion of services which are rendered to people relative to a specific program. This fee shall be established in advance on the basis of available information and shall be adjusted annually based on actual experience. The fees are set forth in an Appendix to this document. (Not provided)

This section sets forth the basis for sharing costs among the programs. The Library develops an annual budget for the Family

Information Service along with the fees it expects from each participating organization. The participating organizations must agree to these fees. The fees must have a reasonable relationship to the level of service anticipated to be provided to potential consumers of a particular service. For example, if child care consumers represent 10% of the people to be served and it takes twice as long, on average, to service that consumer, the child care programs would pay 20% of the costs involved.

Section 7 - The Library shall provide a standard application for service to each interested family and shall assist the family to complete the application. The participating organizations shall pay the Library \$_____ for each satisfactorily completed application. Participating organizations may, by a separate agreement delegate approval of applications for service to the Library. This delegation shall spell out the amount to be paid to the Library for each application on which it acts.

This section establishes the fees to be paid to the Library by the participating organizations which are above and beyond those funds which are provided for general information dissemination.

EXAMPLE 2

ILLUSTRATION OF A BLENDED FUNDING AGREEMENT TO BE USED AT THE NEIGHBORHOOD LEVEL FOR A MULTI-SERVICE PROGRAM

The Evergreen Housing Project requests the local Family Resource Network to develop a multi-service program for residents of the Project. Working in conjunction with the Housing Project's Tenant Management Advisory Committee, a plan of action is developed and a blended funding agreement is formulated. The Board of Directors of the Family Resources Network agrees to incorporate the proposal in its annual plan of action. The proposal is finally approved by the West Virginia Governor's Cabinet on Children and Families.

The provisions of that agreement are set forth below along with explanatory annotations.

BLENDED FUNDING AGREEMENT ESTABLISHING THE EVERGREEN HOUSING PROJECT MULTI-SERVICE PROGRAM FOR CHILDREN AND FAMILIES

Sec. 1 - The undersigned organizations hereby agree to establish the Evergreen Housing Project Multi-Service Program for Children and Families. The Evergreen Housing Project shall serve as the Multi-Service Program Manager and administer the pooled funding system authorized by this agreement.

Sec. 2 - The Evergreen Tenant Management Advisory Committee shall serve as the Advisory Committee to the program and shall have the right to approve the selection of a director, the formulation of the annual budget and the annual report on the program.

Sec. 3 - The Evergreen Housing Project agrees to provide office space, telephone service and a full time program director agreeable to the participating organizations and the Tenant Management Advisory Committee.

Sec. 4 - The appropriate area offices of the participating organizations agree to provide support to the program as specified below:

(a) The Department of Health and Human Resources shall provide a full time eligibility worker, a full time public health nurse and a half time child protective worker. Each worker shall be available on four weekdays and Saturdays.

(b) The Department of Commerce, Labor and Environmental Resources agrees to provide the services of an employment counselor on each Tuesday from 4:00 p.m. to 10:00 p.m and each Saturday from 8:00 a.m. till noon.

(c) Senior High School 12 agrees to provide three national service corps volunteers and a national service corps supervisor after school, on weekends and during those times which the school is not in session. The volunteers shall assist students resident in the Project with homework and other educational activities.

(d) The Community Mental Health Center agrees to accept project residents in accordance with its normal priorities and to counsel up to twenty families a month whose behavior the Evergreen Housing Project determines are seriously disruptive.

(d) Community Elementary School 17 agrees to provide a program of parent education for up to 100 parents each quarter of the year.

(e) The Department of Recreation agrees to conduct recreational activities on Saturday, Sunday and two nights a week.

(f) The Downtown Business Association agrees to provide \$1,000 per month to assist families in obtaining transportation to health care providers, where such funding is not otherwise available.

All of the participating organizations agree that their staffs assigned to this project shall be subject to administrative supervision by the Project Director, adjust their normal procedures

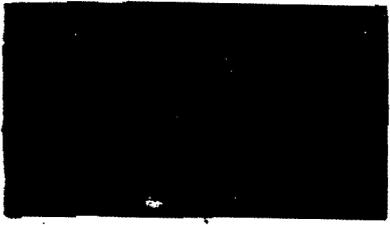
to increase collaboration and shall utilize the uniform systems developed by the Family Resource Network.

Sec. 5 The Project Director shall annually develop a budget for administrative costs and services not provided through Section 4. The costs include in this budget shall be approved by the participating organizations and pro-rated on a basis which takes into account the relative numbers of persons eligible for service from each organization and the level of support being provided to them through this budget.

Sec. 6 - The Department of Health and Human Resources hereby reserves \$25,000 of Title IV-B child welfare funds and \$25,000 of Title XX Social Services Block Grant funds which may be used to cover costs not financeable from other funds which meet the state plan requirements for those titles.

Sec. 7 - Qualified residents of the Project shall have priority in employment by the program.

File WVA/End.



The President wants
an update on this
program from

Carol Rasco ✓ 1-6-94

Rasco
copied
zw



THE WHITE HOUSE

WASHINGTON

January 5, 1994

The Honorable Evan Bayh
Governor of Indiana
206 State House
Indianapolis, Indiana 46204

Dear Governor ~~Bayh~~ Bayh:

I congratulate you on the creative, innovative and practical approach of the Indiana Consolidated State Plan on Service to Children and Families. This plan should enhance collaboration among federal, state and local programs as well as between the public and private sectors. Through the Indiana Policy Council on Children and Families and the Step Ahead Councils, you have created a mechanism which encourages community based planning and management working together to transform the state, federal and local response to children and families.

Vice President Gore joins me in the belief that the reinvented relationship of all levels of government to the delivery of services is essential to the process of community empowerment. We are pleased that the development of community values and goals is a priority under your plan, and we are particularly enthusiastic about the family focused, comprehensive and preventive principles of service. We urge you to carefully consider the ways in which public funding can be used to leverage private funding. We also encourage you to establish clear benchmarks of progress, evaluating and measuring success.

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We hope that one measure of success will be in preventing the problems which necessitated the need for these services.

We look forward to learning, through the Indiana Consolidated State Plan, important lessons about effectiveness, economy and cooperation. The Community Enterprise Board will provide an effective forum in which to review your trials and triumphs.

Best wishes in your initiative.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. B. M.', written in a cursive style.

THE WHITE HOUSE

WASHINGTON

January 5, 1994

The Honorable Gaston Caperton
Governor of West Virginia
State Capitol Complex
Charleston, West Virginia 25304-0370

Dear Governor ~~Caperton~~ ^{Caperton}:

I congratulate you on the creative, innovative and practical approach of the West Virginia State Plan on Service to Children and Families. This plan should enhance collaboration among federal, state and local programs as well as between the public and private sectors. Through the Governor's Cabinet on Children and Families and the Family Resource Centers, you have created a mechanism which encourages community based planning and management working together to transform the state, federal and local response to children and families.

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Best wishes in your initiative.

Sincerely,

Bob

THE WHITE HOUSE
WASHINGTON

*Sent FedEx
"Priority"
1/6/94 jw
4:40pm*

January 6, 1994

W. Don Weston, M.D.
Vice Chancellor for Health Sciences
University System of West Virginia
1018 Kanawha Boulevard East
Suite 700
Charleston, WV 25301-2827

Dear *Don* Dr. Weston:

Several months ago, Governor Caperton approached President Clinton about some innovative thinking in your state about a Consolidated State Plan. Subsequent to that visit, Jule Sugarman contacted the Domestic Policy Council, in your behalf, and sent us copies of the plan which you have been working on.

Since then, you have visited with me and several members of an interagency Core Group on this matter, and we have developed a wonderful rapport and working relationship. I congratulate you and members of your team on the creative, innovative and practical approach on Service to Children and Families. You have created an encouraging mechanism which supports and inspires community based planning and management working together to transform the state, federal and local response to children and families.

The goals of this plan, more effective and seamless services to children and families, are laudable and the methods proposed are right on target with this Administration's belief in community empowerment, government intervention, bottoms up grant consolidation and improved service delivery to American citizens.

Where appropriate, letters have been sent from our agencies to those regional offices which would be affected by your plan. In addition, we have made available to you a contact person from my office, as well as each office and agency represented. This arrangement will still exist as we work together through the varying complexities and matters which may need more research and development. A list of those persons is attached.

The President will be writing to Governor Caperton within the next few days to share similar thoughts and to applaud the continuation of this effort, as we embrace the concept. A member of my staff will be in contact with you shortly to explore the possibility of site visits from various members of the Core Group and their designees, and to suggest ways that we might proceed

W. Don Weston, M.D.
January 6, 1994
Page 2

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Suzan Johnson Cook will be in contact with you within the next few weeks.

Sincerely,

Carol

Carol H. Rasco,
Assistant to the President for
Domestic Policy

CHR:ram

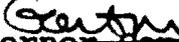
*I really look forward
to following this
work in a collaborative
manner!*

THE WHITE HOUSE

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Best wishes in your initiative.

Sincerely,

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THE WHITE HOUSE
WASHINGTON

*Sent Fedex
"Priority"
1/6/94 pr
4:40pm*

January 6, 1994

Cheryl Sullivan
Secretary
Indiana Family & Social Services Administration
402 West Washington Street
P.O. Box 7083
Indianapolis, IN 46207-7083

Dear Ms. ~~Sullivan~~ ^{Cheryl}:

Several months ago, Governor Bayh approached President Clinton about some innovative thinking in your state about a Consolidated State Plan. Subsequent to that visit, Jule Sugarman contacted the Domestic Policy Council, in your behalf, and sent us copies of the plan which you have been working on.

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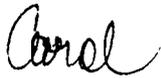
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Cheryl Sullivan
January 6, 1994
Page 2

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Sincerely,



Carol H. Rasco,
Assistant to the President for
Domestic Policy

CHR:ram

I genuinely look forward to following this work in a collaborative manner.

THE WHITE HOUSE

WASHINGTON

January 5, 1994

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Governor of Indiana
206 State House
Indianapolis, Indiana 46204

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THE WHITE HOUSE

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January 6, 1994

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A handwritten signature in black ink, appearing to be 'JRM' or similar, written in a cursive style.

The White House
Washington

FAX COVER SHEET

OFFICE OF DOMESTIC POLICY

Old Executive Office Building
Washington, DC 20500
FAX: (202) 456-7028

TO: ROZ

FAX No. 2878

FROM: Suzanne JC PHONE: 6-6402

DATE: 1/8/94

NUMBER OF PAGES (including cover sheet) 7

COMMENTS:

Happy New Year!
Carol asks that you format these
for her signature + put "under her name"
today

Secretary
Ind Fam. & Soc Sec Adm
402 W. Wash St.
P.O. Box 7083
Indianapolis, IN 46202-7083

W. Donald Weston, M.D.
Vice Chancellor - Health Science
& Systems Univ
1018 Kanawha Blvd. East
Suite 708
Charleston, WV
25301-2829

This letter must go first

FINAL DRAFT LETTER FOR CHERYL SULLIVAN, DR. WESTON

TO: Carol H. Rasco,
Assistant to the President for
Domestic Policy

FROM: Suzan D. Johnson Cook

DATE: January 3, 1994 (Corrections as per your request)

Dear Ms. Sullivan/Dr. Weston:

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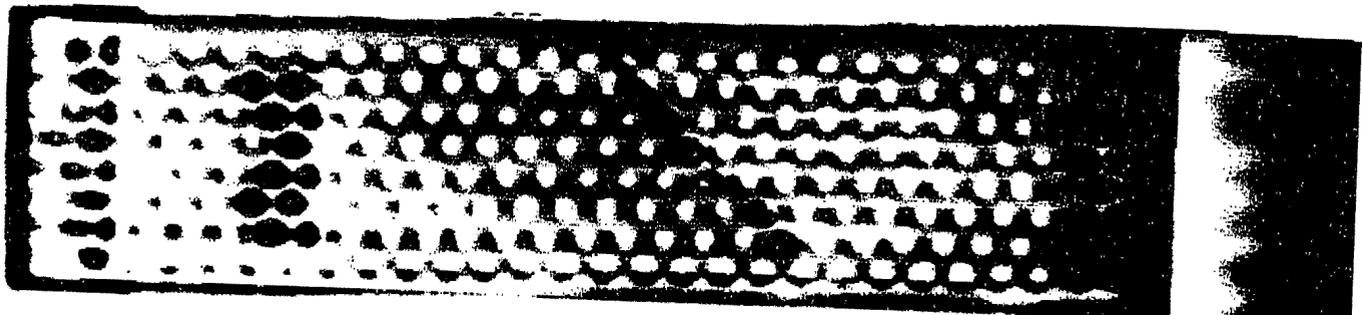
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Suzan Johnson Cook will be in contact with you within the next few weeks.

Sincerely,

Carol H. Rasco,
Assistant to the President for
Domestic Policy

cc: Governors



CONTACT PERSONS FOR CONSOLIDATED STATES PLAN

Suzan Johnson Cook Domestic Policy Council
Old Executive Office Building
Room 213 1/2
Wash. 20500
(202) 456-6402/7777 (Fax) 7028

Nancy Hoit Consultant to NPR/Advisor to the V.P.
1175 Main Street
Hingham, Ma. 02043
(617) 749-5563 (Fax) 5638

Bill Galston Domestic Policy Council
The White House , West Wing 2nd Fl.
Wash. 20500
(202) 456-2216

Sheryll Cashin National Economic Council
Old Executive Office Building
Room 225
Wash. 20500
(202) 456-2800 (Fax) 2223

Paul Dimond National Economic Council
Old Executive Office Building
Room 225
Wash. 20500
(202) 456-7604 (fax) 2223

Lucia Gilliland Office of the Vice President
(Tipper Gore's Staff)
Old Executive Office Building
Room 271
Wash. 20500
(202) 456-2327

Elaine Kamarck Office of the Vice President
Old Executive Office Building
Room 273 1/2
Wash. 20500
(202) 456-2816

Belle Sawhill Office of Management and Budget
Old Executive Office Building
Room 250
Wash. 20500
(202) 456-4844

Page Two:CONTACT PERSONS FOR CONSOLIDATED STATES PLAN

Ann Rosewater HHS/Administration for Children and
 Families
 901 D Street,S.W.
 Room 600
 Wash 20201
 (202) 401-5180 (Fax) 4678

Jerry Britten HHS/Asst. to Ann Rosewater(this project)
 700 Independence Ave.,S.W.
 Room 801
 Wash. 20201
 (202) 690-8774 (Fax) 8252

Shay Bilchik Department of Justice
 Room 4216
 10th St. & Constitution Ave.,N.W.
 Wash. 20530
 (202) 514-4637 (Fax) 6897

Julie Bernell U.S. Dept. of Agriculture
 4th St. & Independence Ave.,N.W.
 Bldg. F, Room 240
 Wash. 20250
 (202) 720-7711 (Fax) 690-3100

Maureen Kennedy U.S. Dept of Housing and Urban Development
 451 7th Street,S.W. 20410
 Room 8106
 Wash. 20410
 (202) 708-3896 (Fax) 619-8000

Joseph Smith U.S. Dept. of Housing and Urban Development
 451 7th Street,S.W.
 Wash. 20410
 Room 7208
 (202) 708-1286 (Fax) 3363

Don Kulik U.S. Dept. of Labor
 200 Constitution Ave.,N.W. 20210
 Room N44459
 Wash.
 (202) 219-6236 (Fax) 7190

Mike Smith/
Jessica Levin U.S. Dept. of Education
 400 Maryland Ave.,S.W.
 Room 4169
 Wash. 20202
 (202) 401-3389 (Fax) 3095

WVA - Caperton
W. Don Weston
Ind. Bayh
cc: Cheryl Sullivan

DATE: DEC. 20, 1993

Corrected Version 1/3/94

RE: Draft Letter from President to Governors Bayh and Caperton

Dear Governor _____:

I congratulate you on the creative, innovative and practical approach of the Indiana/West Virginia State Plan on Service to Children and Families. This plan should enhance collaboration among federal, state and local programs as well as between the public and private sectors. Through the Indiana(WV) Policy Council on Children and Families (Governor's Cabinet on Children and Families, WV) and the Step Ahead Councils (Family Resource Centers), you have created a mechanism which encourages community based planning and management working together to transform the state, federal and local response to children and families.

Vice President Gore joins me in the belief that the reinvented relationship of all levels of government to the delivery of services is essential to the process of community empowerment. We

are pleased that the development of community values and goals is a priority under your plan, and we are particularly enthusiastic about the family focused, comprehensive and preventive principles of service. We urge you to carefully consider the ways in which public funding can be used to leverage private funding. We also encourage you to establish clear benchmarks of progress, evaluating and measuring success.

As you know, under the leadership of Carol Rasco ^{of} and the Domestic Policy Council, several federal agencies and members of a sub-group of the Community Enterprise Board have been available to your representatives (Cheryl Sullivan and Dr. Weston) as the plan was introduced. Amongst them were the National Economic Council; Vice President's Office and the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Justice and Labor. They have reviewed the plans and met several times, and are hopeful that your initiative will provide them with an opportunity to learn more about successful service integrations and about the barriers created by categorical funding, eligibility requirements and regulations. In addition, they have also contacted their regional offices, where appropriate and sent letters indicating that your representatives have met with us. This relationship will continue as the plan and processes develop and continue to evolve. You will have at each agency and office someone available to you to answer continuing questions that we will need to resolve.

As I have frequently said, 'governments don't raise children, families do'. An emphasis on learning directly from families about their needs will lead to reforms that will enable families to become stakeholders in their own future and that of their children and communities. It is our hope that the reinvented service delivery to children and to families will lead to comprehensive plans for economic and human development, since we believe that economic self-sufficiency is essential to the revitalization of communities.

We hope that one measure of success will be in preventing the problems which necessitated the need for these services.

We look forward to learning, through the Indiana/West Virginia Consolidated State Plan, important lessons about effectiveness, economy and cooperation. The Community Enterprise Board will provide an effective forum in which to review your trials and triumphs.

Best wishes in your initiative.

Sincerely,

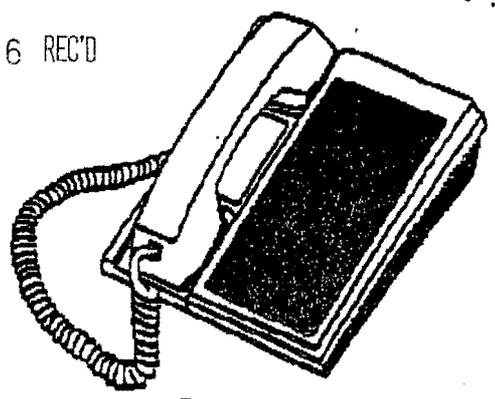
Bill Clinton

cc: Cheryl Sullivan (Adm) (initials)
Dr. Weston (initials)

JAN 6 REC'D

USDA, Food and Nutrition Service
Office of Analysis and Evaluation
3101 Park Center Drive
Alexandria, VA 22302

(703) 305-2019 (Office)
(703) 305-2576 (Fax)



Please deliver the following FAX to:

NAME: Carol H. Rasco - FYI

OFFICE: _____

PHONE:(OFC) _____ (FAX) 202-456-2878

NO. OF PAGES: 3 (INCLUDING COVER SHEET)

FAX FROM: Rutha Harrah 703-305-2017

COMMENTS: FYI Copy



DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20250

12 7 DEC 1993

SUBJECT: Consolidated State Service Plans

**TO: Regional Administrators
All Regions
Food and Nutrition Service**

Last summer, the President was contacted by Governor Bayh of Indiana and Governor Caperton of West Virginia at the National Governor's meeting regarding plans for Consolidated State Service Plans for their States in line with our community empowerment initiative. For the past several weeks, representatives of USDA and the White House have been meeting with leaders of this effort from the States.

Although there are still several questions that need to be addressed before we move forward with this initiative, I want you to know that the Administration is supportive and open to discussion with the States. As discussions progress, we will involve each of your offices, as appropriate, in the development of implementation plans. If you have any questions or would like further information, please contact Julie Bernell at (202) 720-7711.

A handwritten signature in cursive script that reads "Ellen Haas".

Ellen Haas
Assistant Secretary

✓ CC: CAROL H. RASCO

THE WHITE HOUSE

WASHINGTON

December 8, 1993

*For
GSA's
Signature*

MEMORANDUM FOR DISTRIBUTION

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy

SUBJECT: Consolidated State Service Plans

As you know, the President was contacted by Governors Bayh and Caperton last summer at the National Governor's meeting regarding plans for Consolidated State Service Plans for their states in line with our community empowerment initiative. For the past several weeks, representatives from your agencies, along with the Vice President's office and my office, have been meeting with the leaders of this effort from the states. Governor Bayh from the state of Indiana has already had a press conference announcing that they have met with us, and both governors are eager to proceed and receive our endorsement.

Although there are still several questions that need to be answered for us, the Interagency Staff Group feels enormous progress has been made. Because of the possibility of strain between the States and regional offices indicating that you send a letter to your Regional offices indicating that dialogue has opened and that our Administration is supportive and open to discuss with the States. You may certainly personalize it since each of you has your own relationship with regional offices. We ask that you send it out on your letterhead (with a copy to my office) to ensure as smooth a transition as possible when the Plan is ready for initial implementation. It would be helpful if this task could be completed by the close of business Monday, December 13.

Should you have any questions, please feel free to contact Suzan Johnson Cook of my staff at 456-2216 or 7777.

Thank you for your attention.

CENTER ON EFFECTIVE
SERVICES FOR
CHILDREN



JULE SUGARMAN
CHAIRMAN

P.O. Box 27412, WASHINGTON, D.C. 20038-7412 (202) 785-9524



August 26, 1993

Ms. Carol Rasco
 Assistant to the President
 For Domestic Policy
 The White House

Dear Carol,

Thank you very much for agreeing to see the Indiana and West Virginia officials on Tuesday. I thought it might be helpful to give you some background.

Within the next thirty days both states intend to submit a Consolidated State Plan for approval by the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Justice and Labor. The plans affect in excess of 125 federal programs. A summary of each plan is attached.

These two states, through their cabinets, recommended to Governors Bayh and Caperton that major changes be made in the way services are delivered to children, youth and families. Essentially, they see the consolidated plan as a major asset in their efforts to stimulate cooperation, coordination and collaboration within their states. Additionally, the plans are precedent to a significant shift of decision making to local communities.

Basically, Indiana and West Virginia are asking approval to become laboratories for innovation. We expect their efforts to reinvent government will lead to increased individual and community acceptance of responsibility for children., significant increases in public/private partnerships and, most importantly, much more effective services for families.

Carol, our concern is that the numbers of agencies and sub-agencies which must act is large and we see no mechanism for them to work in a collaborative fashion with us. We need your help in creating an arrangement for expeditious consideration of the plans with the hope they can be approved within sixty days. Thank you.

Sincerely,

John Sugammon

August 19, 1993

SUMMARY OF WEST VIRGINIA CONSOLIDATED PLAN

The State of West Virginia is submitting for federal approval a Consolidated State Plan for services to children, youth and families. The plan encompasses some 127 federal programs administered by six federal departments. The major purpose of the plan is to encourage and facilitate cooperation, coordination and collaboration among programs at state and local levels. The plan extends not only to publicly funded programs, but also such non-governmental programs as choose to participate.

When the plan is approved by the federal government, West Virginia will use the Family Resource Networks, already existent in several areas of the state (and to be established in all areas) to foster the processes provided in the plan. Family Resource Networks are non-profit organizations with boards that are broadly representative of the community.

The West Virginia Consolidated Plan clearly delineates the authority of state agencies to approve local activities that:

- o develop local consolidated plans which reflect the views of the community on goals and priorities. These plans are to emphasize prevention, and be family centered, comprehensive and geared to providing seamless services.
- o (a) establish common application, intake and eligibility determinations processes; (b) encourage organizations to share the costs of serving a particular family, child or youth; (c) provide for the joint funding of data management and family information, transportation, food service and evaluation systems; (d) allow agencies to use work already done by another agency rather than having to repeat it; (e) create protocols for the sharing of confidential information; (f) provide for common approaches to case management or care coordination; (g) encourage the joint use of facilities and administrative supervision of programs operating in those facilities by a single individual; and, (h) includes other activities that improve the effectiveness and efficiency of service programs.
- o provide for joint accountability through outcome based measures of both the process itself and the individual programs.

-end-

August 19, 1993

SUMMARY OF INDIANA CONSOLIDATED PLAN

The State of Indiana is submitting for federal approval a Consolidated State Plan for services to children, youth and families. The plan encompasses some 127 federal programs administered by six federal departments. The major purpose of the plan is to encourage and facilitate cooperation, coordination and collaboration among programs at state and local levels. The plan extends not only to publicly funded programs, but also such non-governmental programs as choose to participate.

When the plan is approved by the federal government Indiana will use the Step Ahead Councils already existent in 92 counties to foster the processes provided in the plan. Cities of over 100,000 may also develop individual plans. Step Ahead Councils are non-profit organizations with boards that are broadly representative of the community, but must have non-providers as a majority of their membership.

The plan clearly delineates the authority of state agencies to approve local activities that:

- o develop local consolidated plans for each county which reflect the views of the community on goals and priorities. These plans are to be family centered, comprehensive and geared to providing seamless services.
- o (a) establish common application, intake and eligibility determinations processes; (b) encourage organizations to share the costs of serving a particular family, child or youth; (c) provide for the joint funding of data management and family information, transportation, food service and evaluation systems; (d) allow agencies to use work already done by another agency rather than having to repeat it; (e) create protocols for the sharing of confidential information; (f) provide for common approaches to case management or care coordination; (g) encourage the joint use of facilities and administrative supervision of programs operating in those facilities by a single individual; and, (h) other activities that improve the effectiveness and efficiency of service programs.
- o provide for joint accountability through outcome based measures of both the process itself and the individual programs.

-end-

What Will Step Ahead Do?

- ❖ Step Ahead will enhance a parent's ability to identify quality early childhood programs.
- ❖ Step Ahead will bring together all services for children available in the county.
- ❖ Step Ahead will promote collaboration to determine local needs and identify resources available in the community.
- ❖ Step Ahead will be locally tailored to meet each county's needs.
- ❖ Step Ahead service dollars will follow the child to ensure that services are not interrupted or delayed.
- ❖ Step Ahead will promote early screening to identify health and developmental problems for early intervention.
- ❖ Step Ahead will prevent costly services in the future through coordination of services.
- ❖ Step Ahead will increase the availability of services statewide.



How Will Step Ahead Strengthen Families?

Step Ahead will strengthen families by:

- ❖ Supporting parents as their children's first and most important teachers.
- ❖ Enhancing parental involvement in planning and implementation of services.
- ❖ Preventing job disruption for employed parents
- ❖ Providing parent-selected care for children within the community

In big cities and small towns in every corner of Indiana, Step Ahead will help to assure that quality preschool, child care, and health and family services are accessible, affordable, and available to all Hoosier families.

We can help ensure that all Hoosier families--regardless of family income--are ready to meet the challenges of a new century through quality, accessible services provided through the Step Ahead process.

For more information, contact:
Step Ahead
402 West Washington St.
Room W386
Indianapolis, Indiana 46204
(317) 232-1144



STEP AHEAD

INDIANA FAMILIES, REACHING OUR POTENTIAL



Kenny, age 7

Helping Hoosier Children Step Ahead

What Is Step Ahead?

Step Ahead is a process for Indiana counties to network available resources for children and families to improve quality, accessibility and availability of services.



Governor and Mrs. Bayh share a story with a group of children in Evansville, IN.

In January of 1991, Governor Evan Bayh presented the "Step Ahead" initiative in his State of the State address. The Indiana General Assembly passed the initiative to provide for planning grants and implementation grants to help counties develop local Step Ahead systems. These grants, along with a plan for distributing state and federal financial resources through local fiscal agents, act as strong incentives for local leadership forums to implement county-level systems.

At the state level, Step Ahead is a system for coordinating funding streams for like services. This involves removal of barriers to local providers and consumers so that matching these groups to funding sources becomes an administrative issue rather than a problem for the provider or the affected family.

Through this locally driven system of collaboration, local Step Ahead Councils will bring services together that families utilize to meet their diverse needs every day.

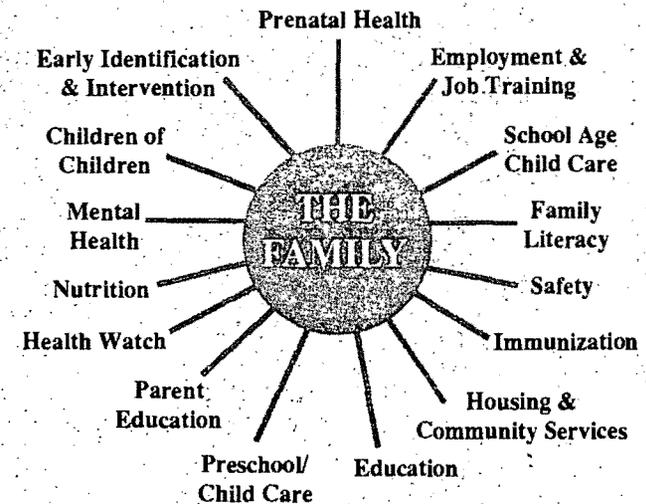
Advantages of Step Ahead

- ❖ Each county will design its own Step Ahead System based on its unique needs and resources.
- ❖ Step Ahead will improve available information for parents about the many different program choices.

- ❖ Step Ahead will provide families with special needs the opportunity to receive a full range of services.
- ❖ Step Ahead will increase collaboration and decreases duplication among service providers.
- ❖ Step Ahead will use public, private, federal, state, and local funding to ensure a broad based, widely available range of services.

Who Will Be Involved?

Step Ahead will promote the involvement of many groups including, but not limited to:



forum for local communities to develop a comprehensive plan and a governance structure that ensures fairness.

Local convening:

In order to participate in Step Ahead, one of four local entities (the local schools, United Way, the county extension agent, or the Community Action Program) convenes a diverse local group that must include county health departments, local coordinating councils for special needs children, Head Start, private Industry Councils, public schools and WIC clinics. Local conveners are encouraged to also invite representatives of thirty-five other entities, ranging from Child Protective Services and universities to consumers.

Local needs assessment and plan:

The local convening group selects a Step Ahead Council, which in turn designates a fiscal agent and a county coordinator. Once the Council notifies the state that a coordinator and fiscal agent have been named, the county is eligible to receive planning funds. The coordinator, using state funds at the Council's direction, conducts a needs assessment and develops a plan of action for addressing those needs.

State role:

The state responds to the plan through the Kitchen Cabinet, composed of representatives of all agencies providing services to families and children. It is the responsibility of this group to review each plan and coordinate in order to provide resources to counties to implement their plans.

State convening:

Just as local leaders convene in local Step Ahead Councils, state agency heads convene in order to facilitate the state's response to local needs. The State Convening Group must assume leadership in removing barriers to collaboration, coordinating resources and overcoming turf issues.

Governance:

Step Ahead is governed by the Step Ahead Panel, established by statute and appointed by the governor and superintendent of public instruction. The governor appoints the Chairperson, five members from the private sector and six members representing various state agencies. The superintendent appoints four members. The Panel is responsible for policy and fiscal decisions. An Advisory Council consisting of professionals, providers and consumers advises the Step Ahead Panel.

Future goals of Step Ahead are to:

- ↳ Enhance and coordinate services identified through Step Ahead plans of action, developed at the county level
- ↳ Leverage local, state, federal, and private resources to effectively ensure accessibility, availability, and quality services to all Indiana children

STEP AHEAD • STEP AHEAD



Support the creation of evaluation standards to test the effectiveness and performance of the outcomes of local efforts



Ensure all children reach their full potential

STATE LEVEL INITIATIVES

Step Ahead's collaborative model hopes to facilitate the development of procedures which ensure all entities that affect the lives of Indiana children and families will measure all action per policy, funding, and services. This model is based on a common mission, thus reducing redundancy, fragmentation, and duplication.

Collaborative partnerships are critical for the success of the Step Ahead initiative. Partnerships must be facilitated and modeled from the state level as we support and develop local leadership forums (the Step Ahead councils) to deliver direct services to families with children twelve years and under. Since the inception of the initiative, there have been several projects that have been developed and are currently being implemented.

Public Broadcast System: The State of Indiana, through Step Ahead, has entered into a partnership with public broadcasting stations to provide professional knowledge about child care and education to child care personnel statewide via distance learning.

Bureau of Family Resources: Title IV-A At-Risk child care funds were distributed through the Division of Family and Children to each county under collaborative arrangements between the Bureau of Family Resources and Step Ahead.

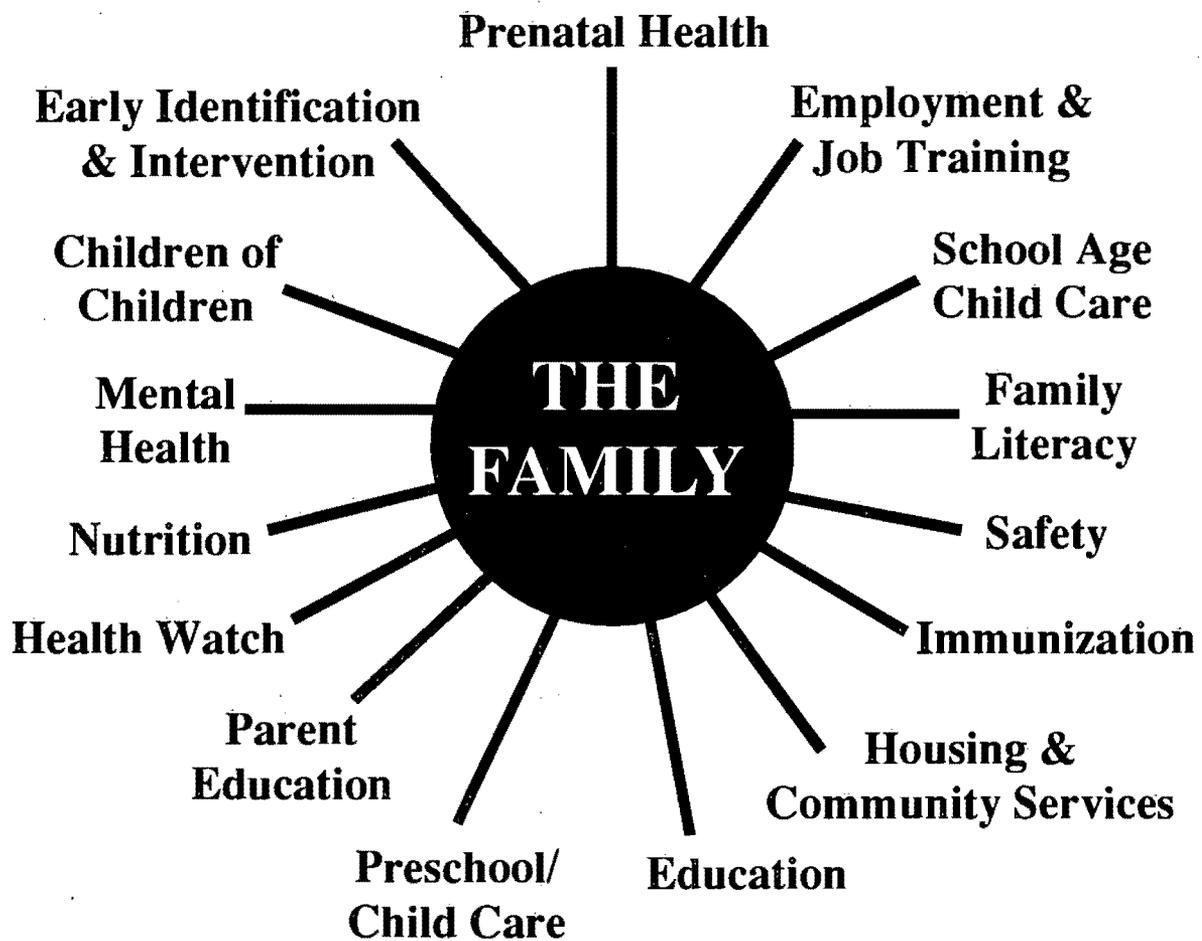
Division of Mental Health and Department of Education: A cooperative agreement between Department of Education, Division of Mental Health, and Step Ahead which provided all 92 counties access to school age child care start-up dollars for drug awareness.

Job Training Partnership Act (JTPA): A cooperative agreement between Workforce Development and Step Ahead which has provided valuable training opportunities for JTPA eligible clients in the field of early childhood development.

Child Development Associate (CDA): The Step Ahead office has entered into an agreement with the McDonald's Corporation to train people to serve as CDA advisors. CDA scholarships have increased by over 50% from the previous year.

Department of Correction (DOC): A cooperative agreement between the Indiana State Department of Correction and Step Ahead provides age-appropriate toys for children in low-income, non-profit child care centers.

State Convening Meeting: In April 1992, the heads of state agencies gathered to discuss strategies which the state can implement in order to model the Step Ahead process for counties. These meetings will continue as a state plan is developed.



FORMER FEDERAL HEAD START DIRECTOR VISITS INDIANA

Jule Sugarman, Chair of the Center on Effective Services for Children, Washington, D.C., visited Indiana on January 28th and 29th. The former head of the nationwide Head Start program was invited to meet with consumers, state officials, local Step Ahead participants, and advocates during his stay.

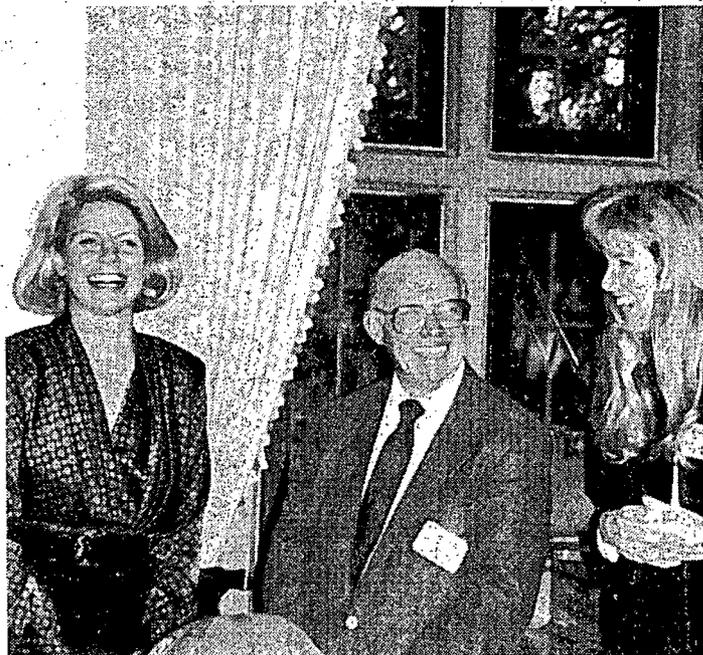
Sugarman noted that trends in federal legislation have required that states become more active participants in the development and implementation of programs for families and children. "I think it's fair to say that during the '60s and '70s it was the federal government which really dominated the development of new services...throughout the country and, in fact, provided substantial funding."

"That picture has changed. The action today is very much at the state level. Some of the most innovative programs are coming out of state government. I have to tell you, what you are doing here with Step Ahead, as well as First Steps, is much noticed around the country."

Sugarman pointed out that Governor Evan Bayh's Step Ahead initiative has identified Indiana as a leader in the nation: "People are aware of it and are pointing to Indiana as somebody that is in the forefront of thinking about, 'Where are we going from here?'"

Sugarman urged the audience to continue the process of coordinating those services which are currently available to children and their families. He stressed that we all must maintain a sense of ur-

(Continued on third page, **SUGARMAN**)



Ms. Peg Smith (right) introduces Mr. Jule Sugarman to Mrs. Susan Bayh (left) and other guests at a reception at the Governor's Residence during Mr. Sugarman's visit to Indiana.

HEALTHY FAMILIES INDIANA

A fundamental change is needed in the way in which child abuse and neglect are perceived and managed. It is time to do more than just report and investigate the problem. The first and most important step in responding to this crisis is to focus on prevention. The model of prevention the US Advisory Board recommends is a voluntary home visitor service for all new parents.

Healthy Families America (HFA) is an initiative by the National Committee for the Prevention of Child Abuse in connection with the Ronald McDonald Children Charities to replicate Hawaii's Healthy Start home visitor program nationwide. At the end of May 1992, 36 states had efforts underway to introduce HFA. Healthy Families Indiana is among these states.

(Continued on last page, **HEALTHY FAMILIES**)

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MISS INDIANA U.S.A., SPENDS DAY WITH STEP AHEAD

Lisa Higgins, Miss Indiana U.S.A. spent January 29th with the Step Ahead staff and Jule Sugarman. Ms. Higgins is a member of the National Association for the Education of Young Children (NAEYC) and is very devoted to early childhood issues. Her goal as Miss Indiana U.S.A., is to have a positive impact on the young people of Indiana, by helping them realize how their goals can be attained. She wants each individual to have the opportunity to strive toward human excellence through her program. Her theme is: "There's A Miracle In Store For You". The goals she has outlined for young people to have the opportunity to achieve success in life include:

- ☞ Having a healthy body, mind, and spirit
- ☞ Surrounding yourself with loving family and true friends
- ☞ Caring about what happens to your community, to the people and environment
- ☞ Believing in oneself and going after what you want with a plan
- ☞ Enjoying what you are doing
Staying positive

Following are answers to questions we asked Lisa during her visit.

What is your life ambition?

To be an advocate for child care and have my own child care center.

Where in the world would you like to travel and why?

Africa (Zimbabwe), because I would like to meet the child and family I have sponsored through the Child Reach Program.



Lisa Higgins, Miss Indiana U.S.A. and Jule Sugarman, former national Head Start Director discuss their thoughts on child development.

What is your career ambition?

I want to continue to have longevity within my career by being an advocate for child care.

What would you do with the cash prize, should you win the Miss U.S.A. pageant?

I would open my own child care center.

Why did you choose early childhood for your platform?

I want the opportunity to address early childhood needs in a national forum.

Ms. Higgins is clearly committed to making a difference in the lives of our children and families in the State of Indiana. At the end of her reign, a scholarship will be given to someone in need, to a college of her/his choice. We are proud to have someone such as Lisa Speaking out on children's issues. It is befitting to conclude with a quote from Ms. Higgins "I will represent Indiana to the best of my ability throughout my reign and at the U.S.A. Pageant".

.....

PLANS OF ACTION

Currently 23 counties have submitted a Plan of Action (POA). Congratulations to: Allen, Clinton, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Hamilton, Harrison, Jackson, Lake, Lawrence, Marion, Martin, Morgan, Orange, Owen, Porter, Pulaski, Union, Washington, and White.



Step Ahead
STATUS REPORT

92 Conveners
92 Coordinators
92 Fiscal Agents
23 Plans of Action
18 Coordination Grants
Submitted:

Adams, Allen, Blackford, Clinton, Delaware,
Elkhart, Lawrence, Madison, Marion, Martin,
Morgan, Orange, Porter, Ripley, Starke,
Wabash, Washington, White

Following their completion, the plans are submitted to The Kitchen Cabinet. Representation on this Cabinet consists of representatives from the State such as The Department of Health, IMPACT, Housing, Even Start etc. The Cabinet is responsible for the development of a comprehensive response to each county's POA. The Kitchen Cabinet will work on common goals and objectives to develop an integrated State service delivery system, collaborating efforts directly with the Step Ahead Staff.

Packets are prepared for each cabinet member. These contain selected portions from the POA's and review sheets prepared by the Step Ahead Staff. The Kitchen Cabinet members are given a

worksheet for each goal and strategy pertaining to county's requests. A coordinator and/or spokesperson from each county is encouraged to attend to highlight and personalize aspects of their POA. The Kitchen Cabinet is divided into 4 component areas—Educare and Educare Personnel Development, Health and Nutrition, Mental Health, and Family Support. The coordinator moves from each group discussing selected items from that component area. Facilitators from the Step Ahead Staff contribute to the flow of discussion and record information and comments.

The Kitchen Cabinet compiles all the data into a comprehensive response which is mailed to the counties to administer. Monthly, the Step Ahead staff reports trends to the Step Ahead Panel. As state created barriers are identified, the Panel will review them and make recommendations for policy and procedural amendments as well as legislative changes.

.....

SUGARMAN

(Continued from front page)

gency about these issues and services which affect our communities to maintain forward momentum.

A unique aspect of the Step Ahead initiative that Sugarman noted is the interplay between state and local officials.

Step Ahead is open to a diverse representation that helps participants gain a healthy respect for the various roles they each play in the community, according to Sugarman. Because Step Ahead encourages parent input and parents empowerment, families will be more actively involved in both planning and implementation. Social service professionals also benefit from parent participation and "expand [their] capability to be successful".

He is currently working on a book entitled, Building Local Strategies for Young Children and Their Families.

Sugarman's book entitled Building Early Childhood Systems has been widely used in developing the Step Ahead process.

HEALTHY FAMILIES INDIANA

Data from the Healthy Start Program in Hawaii shows that abuse and neglect were prevented in families identified as "high risk" 99.8 percent of the time. Control group studies show that abuse and neglect occurs in up to 20 percent of high risk families who do not receive services. Incredible as it may seem, child abuse and neglect were all but eliminated in those families served by the Healthy Start model.

Healthy Families Indiana is based on Hawaii's home visitor model. Over 60,000 children were reported as abused or neglected in Indiana in 1991. There were 51 children in Indiana who died from child abuse and 40 of them were under the age of three. Child abuse is an issue that must be dealt with immediately.

Studies show that the single most effective strategy for preventing child abuse is to provide parents with education and support around the time the child is born. Early intervention programs that are home-based have a solid and expanding, evaluative and theoretical basis on which to build and replicate.

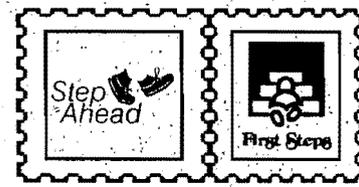
Healthy Families Indiana is off to an impressive start, with the organization of a Healthy Families Think Tank in October 1992. Recently with the hosting of an introductory workshop. The guest speaker for the workshop was Betsy Pratt, the Program Development Specialist of Hawaii's

Healthy Start program.

The workshop was a great success with discussions about Hawaii's Model, the promotion of non-abusive behavior, and successful case presentations. The same day there was also an open exchange with Betsy Pratt, Think Tank members, and attendees of the workshop.

"Since early detection and prevention is a critical component of the Step Ahead comprehensive service delivery plan, the Healthy Families initiative is a wonderful opportunity for community partnerships," says Peg Smith, BCD Deputy Director.

For more information about Healthy Families Indiana, please call the Office of Prevention of Child Abuse, Indiana Chapter at 1-800-962-2798 or 317-634-9782.



Our offices have moved to:

**402 West Washington Street
Room W386
Indianapolis, Indiana 46204**

***Please note this at your next
council meeting.***

Step Ahead®

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
BUREAU OF CHILD DEVELOPMENT
402 Washington Street, W386
Indianapolis, Indiana 46204



CHERYL SULLIVAN
SECRETARY

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

402 W. WASHINGTON STREET
P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083



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