



OFFICE OF THE GOVERNOR
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EVAN BAYH
GOVERNOR

October 7, 1993

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Ms. Carol Rasco
Assistant to the President
Domestic Policy Advisor
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Rasco:

It is a pleasure for me to submit for federal approval a Consolidated State Plan for services to children, youth and families in Indiana. The plan encompasses some 199 federal programs administered by six federal departments. The major purpose of the plan is to encourage coordination among programs at state and local levels to streamline services for our families and reduce bureaucracy. The plan extends not only to publicly funded programs, but also to such non-governmental programs chosen to participate.

In accordance with your request to Jule Sugarman and Cheryl Sullivan of my staff last month, I am enclosing a copy of the Indiana State Consolidated Plan. I am eager to present this Plan in early November to President Clinton for federal approval by December 15.

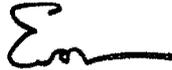
Indiana has already demonstrated tremendous mobilization through my Step Ahead process in developing Step Ahead Councils in all 92 counties to design comprehensive service delivery systems for families and children. I have received Step Ahead plans of action from 85 of our 92 counties; these plans are road maps for improving services and making better use of our taxpayers' dollars.

Our communities are ready to work together in partnership with the State of Indiana and the federal government to reduce the bureaucracy and streamline services.

I hope you can recognize the momentum and enthusiasm in Indiana as I recognize the Administration's commitment to families and children. I am confident that the Indiana State Consolidated Plan will enhance the Administration's efforts to reinvent government.

With best regards.

Sincerely,



Evan Bayh

Carol, Thanks for your assistance
with this. Please let me know
how I can be of help to you
and the President.



SUMMARY OF INDIANA CONSOLIDATED PLAN

Governor Evan Bayh is submitting for federal approval a Consolidated State Plan for services to children, youth and families in Indiana. The plan encompasses some 199 federal programs administered by six federal departments. The major purpose of the plan is to encourage coordination among programs at state and local levels to streamline services for our families and reduce bureaucracy. The plan extends not only to publicly funded programs, but also to such non-governmental programs chosen to participate.

When the plan is approved by the federal government, Indiana will use the Step Ahead Councils already in existence in 92 counties to foster the processes provided in the plan. Cities of over 200,000 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 Step Ahead process was initiated by Governor Bayh in 1991 to provide accessible and affordable services to Hoosier families.

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

- ▶ **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 efficient and seamless services.**

County Step Ahead Councils have developed 85 plans of action based on county developed needs assessments.

- ▶ **(a) establish common application, intake and eligibility determination 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) promote other activities that improve the effectiveness and efficiency of service programs.**

As an example, the Governor's Special Committee on Welfare Property Tax Controls is examining the coordination of services for children among the criminal justice, judicial, education, mental health, family and children, and township trustees systems.

- ▶ **develop outcome based measures and benchmarks for individual programs to document progress, reduce waste, and provide accountability to the taxpayer.**

For example, Governor Bayh reports on progress of meeting the National Education Goals through Meeting the Challenge; it is a statement of where we are and where we need to go.

THE INDIANA CONSOLIDATED STATE PLAN: QUESTIONS AND ANSWERS

What is a Consolidated State Plan?

The Consolidated State Plan is being developed by all participating state agencies under the leadership of Governor Evan Bayh. The plan seeks federal approval for coordination of children, youth, and family services across approximately 199 relevant programs funded by The Departments of Education, Health and Human Services, Housing and Urban Development, Labor, Justice and Agriculture.

What will the Plan Accomplish?

People and resources will be mobilized to work together to meet complex family needs which will result in greater efficiency and effectiveness. The communities will serve as the hub of this mobilization effort. The Plan will allow Agencies to use the work of other Agencies rather than repeating the same task, and share the costs of serving a specific family.

How will families see a difference?

Families will have a stronger role in decision-making, opportunities for choice, and increased access to efficiently managed services. The intent of the Plan is to manage the system, not the family.

How will the Locals be Involved?

There will be a process in each county and cities with populations of over 200,000 to develop local strategies.

When will the Plan Go Into Effect, If Approved?

- Indiana is ready for change. Already 85 plans of action have been developed at the county level demonstrating the commitment to the family and a readiness to work together to reduce the bureaucracy and streamline services. The Plan as an enabling document allows for immediate action by state agencies as policies are chosen and procedures are developed.
- Leadership skills continue to be developed. Counties poised for implementation will be encouraged to move forward. Within six months of federal approval of the Plan, it is anticipated that eight to ten counties can begin to demonstrate improved service delivery for families.
- It is our goal that by the end of 1994, all 92 counties will be streamlining services to families as waste and mismanagement are reduced.

What are Some of the Major Features of the Plan?

- ❖ A State Policy Council on Children, and Families appointed by Governor Bayh to oversee the management of local plans.
- ❖ Opportunity for local communities to plan, develop and operate programs under a local consolidated plan.
- ❖ Provisions for allocation of Federal/State funds to local communities.
- ❖ Permission for agencies to jointly operate and share costs.
- ❖ Use of common application.
- ❖ Permission to establish joint offices and common administrative supervision.
- ❖ Establishment of local criteria for severely vulnerable populations.

QUESTION AND ANSWERS

INDIANA COLLABORATION PROJECT

What are the anticipated outcomes of this project?

- 1. A Consolidated State Plan:** A plan will be prepared which covers 199 Federal and related state programs addressing funding, administration, training, information, and service delivery mechanisms. The plan will be complimentary and supplementary to existing state plans from the individual agencies. The enabling document, however, will be a multi program plan for children, youth, and families and will authorize collaboration among and between services. Governor Bayh will be seeking approval of the plan by the federal government to serve as the confirming authority for all future strategic collaborative efforts.
- 2. *Indiana, Building Local Strategies for Children and Their Families:*** This book will be written for families, communities, agency staffs, providers, advocates and elected officials, all of whom are critical to improving services. The book will offer current activities and strategies as well as a multitude of ideas for communities to consider for decision making and service delivery. The book will provide detailed information as to how local communities can successfully avoid unnecessary duplication of services, maximize available funds, jointly fund activities, share costs, and develop common systems for accountability.
- 3. Systems Development:** Three primary issues have been identified for agency-wide systems development: Family Information Systems; Care Coordination; and Services for Children with Emotional Disabilities. A single collaborative system will be designed across multiple program lines for each issue identified.

What will be the process used to complete the Indiana Collaborative Project?

Policy Council: Overall leadership for the project will be provided by the Policy Council. The Policy Council is chaired by the Governor. The Council includes the superintendent of schools, department heads, and selected executive assistants to the Governor.

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QUESTION AND ANSWERS INDIANA COLLABORATION PROJECT

The Working Group: The Policy Council is supported by the Working Group. The Working Group consists of senior officials from state agencies who work with children and families. The Working Group will collect and evaluate necessary information in order to complete the identified outcomes.

Public Forums: Indiana will host several public forums across the state to share draft materials and provide additional opportunity for input.

INDIANA'S PROPOSAL FOR A CONSOLIDATED STATE PLAN FOR SERVICES TO CHILDREN, AND FAMILIES

EXECUTIVE SUMMARY

There has been a tremendous need for mechanisms by which programs for children and families can work more effectively with one another to promote optimal delivery of services to cut waste and to reduce bureaucracy. The State of Indiana is therefore proposing a State Consolidated Plan (hereinafter "the Plan") designed to foster effective cross-program operations to improve services for our families.

The Plan could affect the operation of 199 Federally financed programs administered by six Federal agencies. It will include programs operating under approved state plans as well as non-state-plan programs which are funded through formula or project grants. This enabling document is being submitted for approval to the administering Federal agencies to the extent that provisions are subject to the jurisdiction of those agencies.

On the state level, the Plan will be approved and implemented by the Governor and members of the Indiana Policy Council on Children and Families.¹ The Plan is modeled on Indiana's legislatively created Step Ahead process which provides for consolidated planning and decision-making within Indiana communities. Families will have a stronger role in decision-making, opportunity for choice, and increased access to efficiently managed services. It will ultimately govern programs which serve children and families from the prenatal period through the high school years. Age limits of those served could be higher, depending on the services provided, e.g., programs authorized under the Individuals With Disabilities Education Act and job training programs.

Although the Plan will go beyond the traditional content of specific state plans, it will not attempt to make any changes in Federal program or eligibility requirements. It will not provide for changes in the flow of funds from Federal agencies to Indiana State agencies or any state or local participating organization. It will, however, allow for agreements among participating organizations which may provide for such changes. No change is contemplated in providing program and financial data to the Federal agencies, although different methods may be used to compile it. The Plan will be consistent with Federal law and will be implemented in conjunction with specific state plans.

The Plan is, however, more innovative than traditional. First, it will be applied at both state and local levels. Local Consolidated Plans developed by Local Planning Authorities pursuant to the Plan may incorporate programs offered by all types of

¹ The Indiana Policy Council on Children and Families will consist of the Governor, the Indiana Attorney General, the Superintendent of Public Instruction, the Commissioner of the Department of Administration, the Directors of the State Budget Agency and State Personnel, and the heads of the Indiana agencies responsible for administering the affected programs.

public and private organizations, even when no Federal funds may be involved. Second, the Plan is based on the idea that coordination and community organizations working together will greatly improve the planning, development and operation of programs for children and families by providing a family or centered perspective unavailable when administering state plans for specific programs. For instance, viewing state, local and private services collectively gives a realistic assessment of community needs, as well as providing a foundation for the provision of services to children and families from multiple programs. The intent of the plan is to manage the system, not the family.

Even though virtually all programs for children and families require cooperation coordination and/or collaboration with other such programs, those requirements have not been emphasized or systematically defined. However, some existing practices demonstrate these concepts on a limited scale. These practices include, but are not limited to:

- setting common service priorities across program lines to serve the seriously vulnerable;
- sharing the costs of serving a particular child, youth or family to avoid unnecessary duplication among agencies;
- jointly conducting program support activities with cost sharing, when it is more efficient and economical to do so;
- providing for reimbursement from one agency to another in order to assure continuity of service;
- where possible, using common application, eligibility determination, information sharing and data management systems;
- accepting the relevant work product of one agency to meet the program requirements of a collaborating agency; and
- sharing confidential information where permitted by law and where necessary for the effective delivery of services.

Rationale

Despite the practices cited above, the record demonstrates that the legal requirements for cooperation, coordination and collaboration have not had sufficient impact on the actual operation of programs for children and families. The general consensus has been that Federal program requirements raise insuperable barriers to collaboration and that it is impossible to achieve cooperation among agencies.

A federally approved consolidated state plan could greatly expand coordination in service delivery. Such a plan could provide the framework for consolidated local plans covering the administrative relationships among programs serving children and families.

Indiana's Consolidated Plan will be submitted pursuant to Exec. Order No. 12372, which applies to federal grant making agencies including the Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Justice and Labor. That executive order allows states to consult with "...local general purpose governments, and local special purpose governments....to review and coordinate proposed federal financial assistance." Exec. Order No. 12372, 47 Fed. Reg. 30959 (1982). States may "...simplify and consolidate existing Federally required State plan submissions.....and [substitute] State plans for Federally required plans." id.

Additionally, the provisions of the Intergovernmental Relations Act, Executive Orders 12606, 12612 and OMB Circular A-87 clearly support the development and implementation of consolidated plans. Our vision is that the Plan would not eliminate, but would supplement and complement approved state plans and grant conditions for specific federal programs. We acknowledge that it may be necessary to amend specific state plans to comply with process requirements and will do so once the Plan is approved. Under the Plan, it will be possible to honor the program objectives and eligibility requirements of a specific state plan, while modifying its administrative implementation locally, to achieve collaboration, cooperation, coordination, efficiency, and effectiveness.

Summary

Indiana's Consolidated Plan will make it possible to work in a coordinated fashion with those children and families who are seriously vulnerable through implementing care coordination for the entire family, streamlining services, sharing information and conducting joint evaluations. The Plan will authorize agencies to share the expenses of serving a particular family. Similarly, it creates opportunities for joint funding of activities such as family information services, common databases, use of common facilities, joint administrative supervision of services, and common handling of applications and eligibility determinations for services and financial assistance.

Consolidated state and local plans would balance specific program requirements with the need for people and resources to be mobilized to work together to reduce bureaucracy and improve services. In our view that balance does not presently exist. Striking such a balance would transform Indiana's plans from simply being recitations of Federal law into dynamic working documents which support state, community and private agencies in performing their jobs effectively.

Indiana's proposal for a State Consolidated Plan is hereby submitted for federal approval.

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September 30, 1993

**INDIANA'S PROPOSAL FOR A CONSOLIDATED STATE PLAN
FOR SERVICES TO INDIANA'S CHILDREN AND FAMILIES**

Sec. 101 - Introduction

- (a) The State of Indiana, pursuant to Federal Executive Order 12372, as amended, and Executive Orders 12606, and 12612² will provide a consolidated system for administering and providing certain health, education and social services, as well as the services features of various financial assistance programs (hereafter "Services") to children and families through an Indiana State Consolidated Plan and through Local Consolidated Plans.
- (b) The State Consolidated Plan's goal is to encourage and permit state and local organizations to plan, develop, and operate Services with emphasis on cooperation, coordination and collaboration, as well as proper and efficient administration. Local Consolidated Plans will include State and Federally assisted programs as well as non-Federally assisted and private programs to the extent that each organization providing Services is willing to participate.
- (c) The State Consolidated Plan, insofar as it affects Federal programs with Specific State Plan requirements, or formula or project grants, is complementary and supplementary to the existing Specific State Plan and the grant conditions for particular Services. The provisions of the State Consolidated Plan will be incorporated into those Specific State Plans whenever required by law. Indiana intends to apply the provisions of the State Consolidated Plan where there is a reasonable opportunity to improve cooperation, coordination, and collaboration as well as proper and efficient administration of State and Federal programs. Upon Federal approval of this Proposal for a State Consolidated Plan, Indiana intends to make appropriate conforming amendments to its state policies, procedures, and regulations to achieve broad application of the State Consolidated Plan. Wherever the provisions of the State Consolidated Plan differ from those of a Specific State Plan, the provisions of the State Consolidated Plan shall apply so long as they are not in conflict with the Federal mandates of the Specific State Plan or grant conditions. Nothing in the State Consolidated Plan is intended to limit the state in obtaining waivers of federal mandates. Prior to implementation, the Plan will be submitted for approval to the relevant Federal agencies.

² Exec. Order No. 12372, 47 Fed. Reg. 30959 (1982), as amended; Exec. Order No. 12606, 52 Fed. Reg. 34188 (1987); and Exec. Order No. 12612, 52 Fed. Reg. 41685 (1987)

Sec. 102 - Definitions

Words and phrases used in this document, and for preparation of the State Consolidated Plan and the Local Consolidated Plans, have the following meanings:

- (1) "Administrative Panel" refers to the Step Ahead Statewide Panel established by IC 20-1-1.8-13, and/or any other body designated by the Council to provide administrative support for the Council;
- (2) "Child" refers to an individual under the age of 18 years, except where the State or Federal program requirements allow Services to be provided up to the age of 22 years;
- (3) "Collaboration" is a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently);
- (4) "Community" refers to the area to be served by the Local Planning Authority and is geographically designated by county, unless otherwise designated by the Council. Cities of over 100,000 population may also be designated as a Community for the purposes of development and implementation of a Local Consolidated Plan; however, a city Local Consolidated Plan must be consistent with both the county Local Consolidated Plan as well as the State Consolidated Plan;
- (5) "Confidential Information" refers to information necessary to the effective delivery of Services to a specific Child or Family, the disclosure of which is restricted by State or Federal law;
- (6) "Consolidated Funding Agreement" refers to an agreement by which two or more Organizations jointly fund mutually beneficial activities as described in Sec. 109;
- (7) "Council" refers to the Indiana Policy Council on Children and Families, which will be chaired by the Governor, and will include the Governor, the Superintendent of Public Instruction, the Attorney General, the Director of the State Budget Agency, the Secretary of the Family and Social Services Administration, and the Commissioners of the Departments of Administration, Correction, Higher Education, Health, and Workforce Development/Employment and Training Services;
- (8) "Family" refers to the Child(ren) and their Parent(s);

- (9) "Financial Assistance" refers to cash or the equivalent of cash, provided to a Child or Family pursuant to Federal, State, or local law;
- (10) "Indiana Consolidated Plan" refers to an enabling document that seeks federal approval for coordination of children, youth, and family services across approximately 199 relevant programs funded by the Departments of Education, Health and Human Services, Housing and Urban Development, Labor, Justice, and Agriculture;
- (11) "Local Consolidated Plan" refers to the multi-program plan for Children and Families which has been developed by the Local Planning Authority and approved by the Council;
- (12) "Local Planning Authority" refers to a local entity approved by the Administrative Panel and designated by the Council as the entity to develop and implement a Local Consolidated Plan;
- (13) "Organization" refers to a public or private entity, including those providing Services on a for-profit basis which has agreed to provide Services under the State Consolidated Plan or a Local Consolidated Plan;
- (14) "Parent" may include, but not be limited to the following: individual(s) who are the biological, educational or other surrogate, foster and/or adoptive parents of the Child;
- (15) "Qualifications" refers to the types and levels of experience, education, licensure, and/or certification which a Federal, State, or local regulation requires an individual to possess in order to produce a work product or provide a Service;
- (16) "Services" refers to publicly or privately financed health, education and social services, as well as the services features of various financial assistance programs and other activities for the benefit, support, or protection of a Child or Family through the State Consolidated Plan or a Local Consolidated Plan;
- (17) "Shared Funding Agreement" refers to an agreement by which two or more Organizations agree to participate in the support, use, and funding of Services provided by or through another Organization;
- (18) "Specific State Plan" refers to a state-wide plan for a specific program, which must be developed by a State agency and approved by the Federal government, and that is required in order to receive Federal assistance; and,

- (19) "Supervising Agency" refers to a State or Federal agency which has legal authority to approve a Specific State Plan, or formula or project grant, and/or is responsible for the implementation and administration of Services programs.

Sec. 103 - Purposes of the State Consolidated Plan

The purposes of the State Consolidated Plan are to:

- (a) establish the processes for Local Consolidated Plans for each Community which reflect that Communities' goals and priorities. The Local Consolidated Plans will be family centered, comprehensive, and designed to provide seamless service delivery;
- (b) achieve continuity, efficiencies and greater coordination to avoid overlap, duplication, gaps, and inefficiencies in the provision of Services;
- (c) authorize joint funding of selected Services, on an equitable basis, through Consolidated Funding Agreements (COFAs) as specified in Sec. 109;
- (d) authorize Organizations to share funding for Services to a Child or Family, on an equitable basis, provided the terms are articulated in a Shared Funding Agreement (SFA) as specified in Sec. 110;
- (e) permit the joint operation of multi-program service centers with common administrative leadership;
- (f) permit State or other public agencies, as well as private organizations operating at the local level, to participate in the development and implementation of the Local Consolidated Plan and to contribute to the joint and/or shared funding of selected activities;
- (g) allow the Council, as permitted by law, to define the conditions under which Confidential Information may be shared between and among Organizations and State Supervising Agencies;
- (h) encourage seamless delivery of services to a Child or Family who is no longer eligible for Services from a given organization, when reimbursement for the continuation of the Services is available from other sources;

- (i) encourage Organizations to accept and utilize the work product of a Service from another Organization, when the Qualifications of the preparer meet the standards prescribed by the receiving Organization;
- (j) encourage the development of local criteria to identify targeted populations of persons to receive Services on a priority basis;
- (k) permit and encourage, where possible, the use of common application, intake, and eligibility determination processes, and permit inter-agency assistance in completing and acting on the work product of such processes to the extent permitted by law;
- (l) permit and encourage common procedures for budgeting, reporting, monitoring, accounting and auditing between and among Organizations and Supervising Agencies, provided that such common procedures satisfy State and Federal Supervising Agencies' requirements;
- (m) permit and encourage joint technical assistance and evaluation activities among the participating State Supervising Agencies, and to the extent they agree, the Federal Supervising Agencies; and,

Sec. 104 - The Indiana Policy Council on Children and Families

- (a) The Council will provide policy leadership and oversight for the delivery of health, education and social services to Children and Families;
- (b) The Council may, from time to time, appoint task forces, which may include both public officials and private citizens, to report on specific issues;
- (c) The Council will biennially prepare a State Consolidated Plan, which will be submitted for Federal approval;
- (d) The Council may, from time to time, designate state officials who may or may not be members of the Council, to carry out activities related to the State Consolidated Plan;
- (e) The Council will be assisted by personnel from the agencies represented by members on the Council. The costs of the Council will be paid from appropriations from the agencies represented by members on the Council, in amounts approved by the Governor, and/or private donations;
- (f) The Council may designate the Administrative Panel to conduct its activities as provided in the State Consolidated Plan and this document; and,

- (g) The Council will oversee the implementation of the State Consolidated Plan, will prepare annual amendments to the State Consolidated Plan and approve all Specific State Plans, and necessary amendments to those Specific State Plans, which State agencies propose to submit for Federal approval and which would impact the Services and/or the State Consolidated Plan.

Sec. 105 - The State Consolidated Plan

- (a) The State Consolidated Plan may, at State and local option, include the Federal/State programs enumerated in Appendix A; and, by agreement at the local level may include programs funded directly to local Organizations by the Federal government, State agencies, local or private Organizations;
- (b) The State Consolidated Plan will include information about the needs of Indiana's Children and Families, along with goals, objectives, and strategies for the implementation of Local Consolidated Plans;
- (c) The State Consolidated Plan will establish policies and procedures for the sharing of information and data, including confidential information, between and among Organizations and State Supervising Agencies;
- (d) The State Consolidated Plan, as an enabling document, will establish policies and procedures for a system of care coordination for the family rather than multiple care coordination for each program;
- (e) The State Consolidated Plan will establish policies and procedures for the use of common application, intake, and eligibility determination processes relating to the Services;
- (f) The State Consolidated Plan will develop policies and procedures for a system for the evaluation of the State Consolidated Plan, Local Consolidated Plans and Services;
- (g) The State Consolidated Plan will establish policies and procedures for the operation of multi-program service centers at the state and/or local level, consistent with goals and policies promoting collaboration, coordination and cooperation;
- (h) The State Consolidated Plan will establish policies and procedures for the joint and/or shared funding of Services in which the Organizations will participate;

- (i) The State Consolidated - Plan will establish a system to assure regular consultation between and among the Council, the Administrative Panel, the Local Planning Authorities, and the State and Federal Supervising Agencies;
- (j) The State Consolidated Plan will establish policies and procedures for the use of other Organizations' work product in determining eligibility or compliance with an Organization's requirements;
- (k) The State Consolidated Plan will establish policies and procedures for a family information service program; and,
- (l) The State Consolidated Plan will establish Local Planning Authorities whose purpose is to develop Local Consolidated Plans.

Sec. 106 - The Administrative Panel

- (a) The Administrative Panel will supervise the development and implementation of the Local Consolidated Plans, and other activities as directed by the Council which may be provided for under the State Consolidated Plan;
- (b) The Administrative Panel will review the Local Consolidated Plans and make recommendations to the Council regarding the Local Consolidated Plans' consistency with the State Consolidated Plan. Further, the Administrative Panel will advise the Council as to whether the Local Consolidated Plans are contrary to law, constitute a threat to Federal or State funding, or are against public policy or the policies of a State Supervising Agency;
- (c) The Administrative Panel will be assisted by personnel from the agencies represented by members on the Council. The costs of the Administrative Panel will be paid from appropriations from the agencies represented by members on the Council in amounts approved by the Governor, and/or private donations;
- (d) The Administrative Panel will review and make recommendations to the Council regarding all Specific State Plans and necessary amendments to those Specific State Plans which agencies propose to submit for Federal approval, and which would impact the Services and/or the State Consolidated Plan; and,
- (e) The Administrative Panel will, upon request from the Local Planning Authority, provide assistance in the development of Local Consolidated Plans.

Sec. 107 - Local Planning Authority

- (a) For each Community recognized by the Administrative Panel; there will be a Local Planning Authority which will be designated by the Council as the entity charged with the responsibility for preparation and implementation of the Local Consolidated Plan. Each Local Planning Authority will consist of public officials, business, civic and religious leaders, neighborhood and community based organization leaders, experts in relevant fields, and family advocates. The composition of the Local Planning Authority will reflect the ethnic diversity of the Community and will include persons interested in multi-cultural and intergenerational issues;**
- (b) Each Local Planning Authority may also include individuals who are representative of organizations providing public and/or private job training, financial assistance, health, dental health, mental health, education, child care and development, social and family support and other services. Each Local Planning Authority may offer, at a minimum, the opportunities for such individuals to participate in planning and evaluation activities, including, but not limited to program oriented study groups or task forces and neighborhood oriented projects;**
- (c) Each Local Planning Authority will annually prepare and submit to the Administrative Panel for review, and to the Council for approval, a Local Consolidated Plan for the next state fiscal year, as well as for such subsequent additional years as may be designated by the Council; and,**
- (d) The Local Planning Authority will provide opportunities for public participation before making final policy decisions and in the preparation of the Local Consolidated Plan.**

Sec. 108 - Local Consolidated Plans

A Local Consolidated Plan will be prepared by each Local Planning Authority in accordance with the provisions and requirements set forth in the State Consolidated Plan which will be consistent with the procedures, policies, and goals, as set forth in the State Consolidated Plan.

- (a) The Local Consolidated Plan will include information about the Community's assessment of the needs of its Children and Families, along with goals, objectives, and implementation plans of action;**

- (b) The Local Consolidated Plan will provide for the sharing of information and data, including confidential information, between and among Organizations and State Supervising Agencies;
- (c) The Local Consolidated Plan will provide for the implementation of a care coordination system for the family;
- (d) The Local Consolidated Plan will provide for the use of a common application, intake, and eligibility determination process relating to the Services;
- (e) The Local Consolidated Plan, will provide for the development and implementation of a family information service program, to provide for such information and Services as are approved by the Council;
- (f) The Local Consolidated Plan will provide for evaluation of the Local Consolidated Plan and the Services;
- (g) The Local Consolidated Plan will provide for the operation of multi-program service centers staffed by employees from the Organizations;
- (h) The Local Consolidated Plan will provide for the joint and/or shared funding of the Services to be provided by the Organizations; and,
- (i) The Local Consolidated Plan will provide for the implementation of a system to assure the regular consultation between and among the Council, the Administrative Panel, the Local Planning Authorities, and the State and Federal Supervising Agencies.

Sec. 109 - Joint Funding

- (a) To the extent permissible under State Law, Supervising State Agencies are encouraged to enter into Consolidated Funding Agreements (COFAs) in order to provide for the pro-rata funding of Services or activities, to the extent that funds have been appropriated to each State agency for such Services or activities;
- (b) The State Consolidated Plan will encourage the appropriate use of COFAs to accomplish the purposes listed in Sec. 103, above. To the extent that improved continuity, efficiencies and coordination in service delivery can be better accomplished by the use of COFAs than by individual agency activities, the State Consolidated Plan will strongly recommend the use of COFAs for activities such as:

- (i) planning;
- (ii) public information;
- (iii) family information resource and referral services;
- (iv) family participation activities;
- (v) family support activities;
- (vi) training, staff development and technical assistance activities;
- (vii) data and information management;
- (viii) budgeting, accounting, auditing, purchasing, warehousing and reporting services;
- (ix) food services;
- (x) transportation services;
- (xi) case management and/or care coordination services;
- (xii) joint use of translators and interpreters;
- (xiii) joint use of facilities;
- (xiv) joint monitoring and outcome evaluation activities; and,
- (xv) other activities approved by the Council.

Sec. 110 - Shared Funding

- (a) Organizations will be encouraged to enter into Shared Funding Agreements (SFAs) to enable the sharing of the costs of providing Services to a Child or Family;
- (b) Organizations may contribute cash or in-kind services or provide a portion of the needed Services to the other Organizations if the Organizations are party to an approved SFA;
- (c) State Supervising Agencies will recognize and give appropriate credit for the work product and/or Services of the Organizations which are parties to the SFA when determining compliance with the various program requirements; and,
- (d) When the need for continuity of Services to a Child or Family cannot otherwise be met, each Organization will be encouraged to make any lawful and available funding available for the continued delivery of Services to such Child or Family as provided in the Local Consolidated Plan.

Sec. 111 - Conformance with Specific State Plans and Federal Grants

Following approval by the Federal government of the State Consolidated Plan, Indiana will submit any required conforming amendments to existing Specific State Plans and formula and/or project grants.

Sec. 112 - Concurrence of State Supervising Agencies

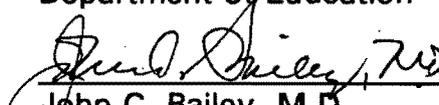
The Governor of Indiana, heads of Indiana State agencies which administer and/or oversee health, education and social services to Indiana Children and Families, do hereby submit this proposal to the Federal government for a Consolidated State Plan.

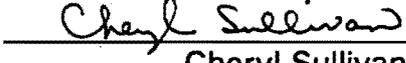
The undersigned support and concur with the goals and policies as set forth in this proposal of cooperation, coordination, and collaboration to bring about increased and improved efficiencies and outcomes of the Services, and are committed to the preparation and implementation of a State Consolidated Plan as set forth in this document.

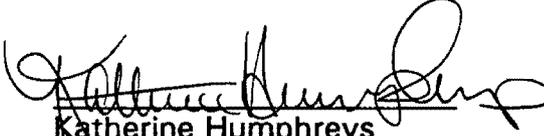
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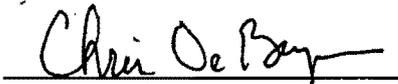

Suellen Reed, Ed. D.
Superintendent of Public Instruction
Department of Education

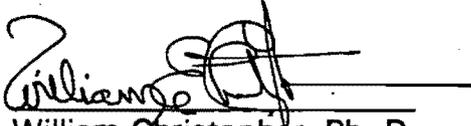

Pamela Carter
Attorney General

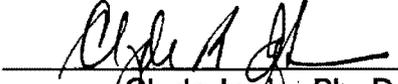

John C. Bailey, M.D.
Commissioner
Department of Health


Cheryl Sullivan
Secretary
Family and Social Services Administration

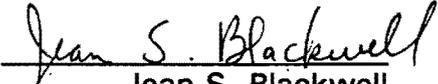

Katherine Humphreys
Commissioner
Department of Administration

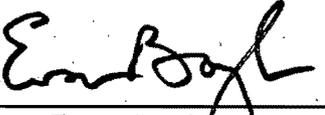

H. Christian DeBruyn
Commissioner
Department of Correction


William Christopher, Ph. D.
Commissioner
Workforce Development


Clyde Ingle, Ph. D.
Commissioner
Commission on Higher Education


Sheriee Shanklin
Director
Office of State Personnel


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State Budget Agency


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State of Indiana

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Human Services

Henry Cisneris
Secretary of Housing
and Urban Development

Janet Reno
Attorney General,
Department of Justice

Robert Reich
Secretary of Labor

William Jefferson Clinton
President of the United States

APPENDIX A

This Appendix lists the programs which may be incorporated in the consolidated state and local plans. The program names and legal citations are taken from the 27th edition of the Federal Domestic Catalog, June 1993. The Catalog is jointly published by the federal Office of Management and Budget and the General Services Administration. The number at the end of each program is the number assigned to the program in the Domestic Catalog.

Department of Agriculture

Food and Nutrition Service

1. Food Distribution [Food Donation Program] (Sec.32, Public Law 74-320, as amended) 10.550

2. Food Stamps (Food Stamp Act of 1977, as amended) 10.551

3. School Breakfast Program (Child Nutrition Act of 1966, as amended) 10.553

4. National School Lunch Program (National School Lunch Act of 1946, as amended) 10.555

5. Special Milk Program For Children (42 U.S.C. 1772 and 1779) 10.556

6. Special Supplemental Food Program for Women, Infants and Children [WIC Program] (42 U.S.C. 1786)

10.557

7. Child and Adult Care Food Program (42 U.S.C. 1758, 1759a, 1765 and 1766) 10.558

8. Summer Food Service Program For Children (42 U.S.C. 1758, 1761 and 1762a) 10.559

9. State Administrative Expenses for Child Nutrition (42 U.S.C. 1776, 1779) 10.560

10. State Administrative Matching Grants for Food Stamp Program (7 U.S.C. 2025, Public Law 100-77, 101 Stat 573) 10.561

11. Nutrition Education and Training Program [NET program] (42 U.S.C. 1788) 10.564

12. Commodity Supplemental Food Program
(Agriculture Consumer and Protection Act of 1973, as amended)
10.565

13 Temporary Emergency Food Assistance Administrative Costs
(Temporary Emergency Food Act of 1983, as amended) 10.568

14. Temporary Emergency Food Assistance - Food Commodities
(Temporary Emergency Food Act of 1983, as amended, Hunger
Prevention Act of 1988 as amended) 10.569

15. Food Commodities for Soup Kitchens (Hunger Prevention Act
of 1988, as amended) 10.571

Extension Service

1. Cooperative Extension Service (Smith-Lever Act as amended)
10.500

Department of Education

1. Adult Education - State-Administered Basic Grant Program (20
U.S.C. 1201 et seq.) 84.002

2. Bilingual Education (20 U.S.C. 3281-3341) 84.003

3. Desegregation Assistance, Civil Rights Training and Advisory
Services (Civil Rights Act of 1964, Title IV, as amended) 84.004

4. Education of Handicapped Children in State Operated or
Supported Schools (20 U.S.C. 2791)

84.009

5. Chapter 1 Programs, Local Education Agencies [Chapter 1.
Basic and Concentrated Grants] (20 U.S.C 2701 et seq.) 84.010

6. Migrant Education - Basic State Formula Grant Program (20
U.S.C 2781 et seq.) 84.011

7. Educationally Deprived Children - State Administration [Chapter
1 State Administration](20 U.S.C. 2851 et seq.) 84.012

8. Chapter 1 Program for Neglected and Delinquent Children (20 U.S.C. 2801 et seq.) 84.013
9. Follow Through (Follow Through Act, Title II, as amended) 84.014
10. Special Education - Innovation and Development [Research and Demonstration Projects in Education for the Disabled] (20 U.S.C. 1441-1442) 84.023
11. Early Education for Children With Disabilities [Early Education Program] (20 U.S.C. 1423) 84.024
12. Services for Deaf-Blind Children and Youth [Services for Children with Deaf-Blindness (20 U.S.C. 1422) 84.025
13. Media and Captioning for Individuals with Disabilities [Media Materials; Technology for the Disabled] (42 U.S.C. 1451-1452) 84.026
14. Special Education - State Grants, Part B [Individuals With Disabilities Education Act] (20 U.S.C. 1401 - 1419) 84.027
15. Special Education - Special Education Personnel Development and Parent Training [Training Personnel For The Education of Individuals With Disabilities] (20 U.S.C. 1431, 1432 and 1434) 84.029
16. Impact Aid - Maintenance and Operations [ImpactAid/Disabilities Assistance] (Public Law 81-874) 84.041
17. Student Support Services (20 U.S.C. 1070d-1b) 84.042
18. Talent Search (20 U.S.C. 1070d-1) 84.044
19. Upward Bound (20 U.S.C. 1070d-1a) 84.047
20. Vocational Education - Basic Grants to States (20 U.S.C. 2331 to 2342) 84.048
21. Vocational Education - Consumer and Homemaking Education (20 U.S.C. 2361-2363) 84.049
22. Vocational Education - State Councils (20 U.S.C. 2322(a)-(f) 84.053

23. Indian Education - Formula Grant to Local Education Agencies [Indian Education Act - Support] (25. U.S.C. 2601) 84.060

24. Indian Education-Special Programs and Projects [- Indian Education Act - Subpart 2] (25 U.S.C. 2621) 84-061

25. Bilingual Vocational Training (Carl D. Perkins Vocational and Applied Education Act, Title IV)

84.077

26. Post-Secondary Programs for Persons with Disabilities (20 U.S.C. 1424a) 84.078

27. Special Education - Severely Disabled Program [Program for Children with Severe Disabilities] (20 U.S.C. 1424) 84.086

28. Rehabilitation Services - Basic Support. [Vocational Rehabilitation Services Program] (29 U.S.C. 720-724 and 730-731) 84.126

29. Rehabilitation Services - Service Projects [Rehabilitation Service Projects] (29 U.S.C. 770, 770a(a)(1), 777b, 777f, and 795g) 84.128

30. Rehabilitation Training (29 U.S.C. 774) 84.129

31. Centers for Independent Living (29 U.S.C. 796e)

84.132

32. Migrant Education - High School Equivalency Program [HEP] (20 U.S.C. 1070d-2) 84.141

33. Migrant Education - Coordination Program (20 U.S.C. 2783) 84.144

34. Supported Employment Services for Individuals With Severe Disabilities [State Supported Employment Services Programs] (29 U.S.C. 795j-q)

84.147

35. Federal, State and Local Partnerships for Educational Improvements [Chapter 2- State Block Grants] (20 U.S.C. 2911-2952 and 2971-2976) 84.151

36. Secondary Education and Transitional Services for Youth With Disabilities (20 U.S.C. 1425) 84.158

37. Disabled - Special Studies and Evaluation (20 U.S.C. 1488) 84.159

38. Rehabilitation Services - Client Assistance Program [CAP] (29 U.S.C. 732) 84.161

39. Emergency Immigrant Education (Elementary and Secondary Education Act, Title IX, Part D, as amended) 84.162

40. Eisenhower Mathematics and Science Education - State Grants (Elementary and Secondary Education Act of 1965, Title II, Part A, Public Law 100-297, as amended) 84.164

41. Magnet Schools Assistance Desegregating Districts (Public Law 100-297) 84.165

42. Dwight D. Eisenhower National Program for Mathematics and Science Education (20 U.S.C. 2994)

84.168

43. Independent Living Services [Comprehensive Services, Part B] (29 U.S.C. 796a-e) 84.169

44. Special Education - Preschool Grants (Individuals With Disabilities Education Act, Part B) 84.173

45. Vocational Education - Community Based Organizations (20 U.S.C. 2301 et seq.) 84.174

46. Grants for Infants and Toddlers with Disabilities [Early Intervention Grants - Part H (20 U.S.C. 1471-1485) 84.181

47. Drug Free Schools and Communities - National Programs (Elementary and Secondary Education Act, as amended, Title V, Part D, Section 5132; Drug-Free Schools and Communities Act of 1986, as amended) 84.184

48. Drug Free Schools and Communities - State Grants (Drug Free Schools and Communities Act of 1985, as amended; Title V, Part B, ESEA as amended) 84.186

49. Grants for State and Local Activities - Education for Homeless Children and Youth (Stewart B. McKinney Homeless Assistance Act of 1987, Sec. 722, as amended) 84.196

50. Drug Free Schools and Communities and School Personnel Training [Drug Free Schools and Communities Act of 1985, as amended) 84.207

51. First Schools and Teachers (20 U.S.C. 4801-4812) 84.211

52. First Family School Partnership (4821- 4823 and 4832-4843) 84.212

53. Even Start - State Education Agencies (20 U.S.C. 2741 et seq) 84.213

54. Even Start - Migrant Education (20 U.S.C. 2741 et seq; National Literacy Act of 1991, Public Law 102-73 84.214

55. The Secretary's Fund for Innovation and Education [F.I.E.] (20 U.S.C. 3151, 3157) 84.215

56. Student Literacy Corps and Student Mentoring Corps Programs (Higher Education Act of 1965, Title XI, Part B, Subpart 2, as amended; Public Law 102-325) 84.219

57. School Dropout Demonstration Assistance [Dropout Prevention Program] (Public Law 100-297, Elementary and Secondary Education Acts of 1965, Title VI, Parts A and C, as amended) 84.201

58. State Program Improvement Grants [Chapter 1] (20 U.S.C. 2825) 84.218

59. English Literacy Program (Public Law 100-297, as amended and Public Law 102-73, Part C, Section 372) 84.223

60. Educational Partnerships (20 U.S.C. 5031-5039) 84.228

61. Technology Education Demonstration [Technology Education] (20 U.S.C. 5101-5106) 84.230

62. Drug Free Schools and Communities Emergency Grants (Public Law 101-647) 84.233

63. Children and Youth With Serious Emotional Disturbance (20 U.S.C. 1426) 84.237

64. Training Program for Educators - Alcohol Abuse (20 U.S.C. 3156.1(b)) 84.238

65. Program of Protection and Advocacy of Individual Rights (42 U.S.C 10801 et seq) 84.240

66. Counselor Training (Drug Free Schools and Communities Act; Elementary and Secondary Education Act of 1965, Title V, Part C, Section 5129; Public Law 101-647; Public Law 98-502) 84.241

67. Tech-Prep Education (20 U.S.C. 2394) 84.243

68. Business and Education Standards (20 U.S.C. 2416) 84.244

69. Demonstration Projects for the Integration of Vocational and Academic Learning (20 U.S.C. 2420)

84.248

70. Foreign Language Assistance (Hawkins-Stafford School Improvement Amendments of 1988, Public Law 100-297) 84.249

71. State Literacy Resource Centers (20 U.S.C. 1203 et seq) 84.254

72. Literacy for Incarcerated Adults (20 U.S.C. 1211 et seq) 84.255

73. Training in Early Childhood Education and Violence Counseling (Higher Education Act Amendments of 1992, Subpart 5, Public Law 102-325) 84.266

Department of Health and Human Services

(a) Public Health Service

1. Field Initiated Small Grants in Minority Health (42 U.S.C. 300u et seq.; Public Law 101-527) 93.100

2. Maternal and Child Health Federal Consolidated Programs [Special Projects of National Significance - SPRANS] (42 U.S.C. 702) 93.110

3. Adolescent Family Life Research Grants (42 U.S.C. 300z-7, as amended, Appropriation Act of 1991, Public Law 101-517) 93.111

4. Acquired Immunodeficiency Syndrome (AIDS) Activity (Public Health Services Act, Sections 301(l), 307, 311, 317, 327, 352, and 1102, as amended) 93.118

5. Mental Health Planning and Demonstration Projects (42 U.S.C. 2906b-32) 93.125

6. Emergency Medical Services for Children (Public Health Services Act, Section 1910, as amended, Public Law 102-410) 93.127

7. Primary Care Services - Resource Coordination and Development Cooperative Agreements [Primary Care Services Cooperative Agreements] (Public Health Services Act, Section 333(D), as amended, Public Law 100-177) 93.130

8. Protection and Advocacy for Individuals with Mental Illness [Individuals with Mental Health P&A Services] ((Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended, Public Law 99-319, Public Law 100-509) 93.138

9. Demonstration Grants for the Prevention of Alcohol and Other Drug Abuse Among High-Risk Youth (Public Health Service Act, Section 509A, as amended, Section 4005, Public Law 100-690) 93.144

10. State Data Collection - Uniform Alcohol and Drug Abuse Data (Public Health Service Act, Section 509D, as amended, Section 2052, Public Law 100-690) 93.179

11. Community Partnership Study Demonstration Program (Public Health Service Act, Section 508 (b)(10), 42 U.S.C. 290aa-6(b)(10), as amended) 93.194

12. Cooperative Agreements for Drug Abuse Treatment Projects in Target Cities (Public Health Service Act, Title V, Part A, Section 509G, 442 U.S.C. 290aa-14) 93.196

13. Community Health Centers (Public Health Services Act, Section 330, as amended, Public Law 99-280) 93.224

14. Migrant Health Centers Grants (42 U.S.C. 247d, as amended) 93.246

15. Family Planning - Personnel Training (Family Planning and Population Research Act of 1970, as amended) 93.260

16. Childhood Ommunization Grants [Section 317, Public Health Service Act; Immunization Program] (42 U.S.C. 247b, as amended) 93.268

17. Model Comprehensive Drug Abuse Treatment Programs for Critical Populations [Critical Populations] (42 U.S.C. 290aa-14) 93.902

18. Model Criminal Justice Drug Abuse Treatment for Incarcerated Populations, Non-Incarcerated Populations and Juvenile Justice Populations [Criminal Justice Treatment Program] (42 U.S.C. 290aa-14) 93.903

19. Rural Health Services Outreach (42 U.S.C. Public Law. 101-517) 93.912

20. HIV Emergency Relief Project Grants [Ryan White Grants] 42 U.S.C. 201 et seq.) 93.914

21. HIV Emergency Relief Formula Grants (Ryan White Comprehensive Care Act of 1990) 93.915

22. HIV Care Formula Grants (42 U.S.C. 201 et seq.) 93.917

23. Grants to Provide Outpatient Early Intervention Services With Respect to HIV Disease (42 U.S.C. 300ff-51 - 330ff-67) 93.918

24. Healthy Start Initiative [Targeted Infant Mortality Initiative] (43 U.S.C. 241) 93.926

25. Residents of Public Housing Primary Care Program (42 U.S.C. 254 et seq) 93.927

26. Special Projects of National Significance [SPNS] 42 U.S.C. 300ff-28 93.928

27. Comprehensive Residential Drug Prevention and Treatment Projects for Substance-Using Women and Their Children (Public Health Service Act, Section 509F, Public Law 102-141) 93.937

28. Cooperative Agreements to Support School Health Education to Prevent the Spread of Acquired Immunodeficiency Syndrome (42 U.S.C. 243(b)) 93.938

29. Prevention Activities - Non-Governmental Organization Based (42 U.S.C. 247b(a), as amended) 93.939
30. HIV Prevention Activities - Health Department Based (42 U.S.C. 241, as amended) 93.940
31. Assistance Program for Chronic Disease Prevention and Control (42 U.S.C. 247(b)(k)(3), as amended) 93.945
32. Cooperative Agreements to Support State-Based Infant Health Initiatives [Infant Health Initiative; PSC, PRAMS, CHIPS] (42 U.S.C. 2476(k)(3)) 93.946
33. Block Grants for Community Mental Health Services [CMHS Block Grant] (42 U.S.C. 300X) 93.958
34. Block Grants for Prevention and Treatment of Substance Abuse [Prevention and Treatment (SAPT) Block Grant] (42 U.S.C. 300X) 93.959
35. Preventive Health Services - Sexually Transmitted Disease Control Grants (42 U.S.C. 247c) 93.977
36. Mental Health Disaster Assistance and Emergency Mental Health [Mental Health Disaster Assistance] (Disaster Relief Act of 1974, as amended) 93.982
37. Preventive Health and Health Services Block Grant [PHHS Block Grants] (Public Health Service Act, Public Law 100-607) 93.991
38. Maternal and Child Health Services Block Grant to the States (42 U.S.C. 701, as amended) 93.994
39. Adolescent Family Life - Demonstration Grants (42 U.S.C. 300z-2, as amended) 93.995
40. Alcohol and Drug Abuse and Mental Health Services Block Grant (42 U.S.C. 300x)

b. Administration for Children and Families

1. Transitional Living for Homeless Youth [Transitional Living Programs] (42 U.S.C. 5714) 93.550

2. Abandoned Infants (42 U.S.C. 670) 93.551
3. Emergency Protection Grants - Substance Abuse (42 U.S.C. 5106a-1, Public Law 100-294, Public Law 102-295) 93.554
4. Family Support Payments to States - Assistance Payments [AFDC Maintenance Assistance - State Aid] (24 U.S.C. 321-329, Public Laws 93-35, 87-248, 97-300, 98-369 and 100-485) N.B. Includes related child care 93.560
5. Job Opportunities and Basic Skills Training [JOBS] (42 U.S.C. 681) N.B. Includes related child care 93.561
6. Assistance Payments - Research (42 U.S.C. 401-433, 601-615, 1310, 1381-1383c) 93.562
7. Child Support Enforcement [Title IV-D] (42 U.S.C. 1315) 93.563
8. Child Support Enforcement Research [OCSE Research] (42 U.S.C. as amended, Public Laws 96-265, 98-3778, 100-485, and 100-517) 93.564
9. State Legalization Impact Assistance Programs [SLIAG] (8 U.S.C. 1381, as amended) 93.565
10. Refugee Entrance and Assistance - State Administered Programs (8 U.S.C. 1381, as amended) 93.566
11. Refugee Assistance - Voluntary Agency Programs (8 U.S.C. 1522, as amended) 93.567
12. Low Income Home Energy Assistance (Low Income Home Energy Assistance Act of 1981, as amended) 93.568
13. Community Services Block Grant (42 U.S.C. 9901b and 42 U.S.C. 9801 as amended) 93.569
14. Community Services Block Grant - Discretionary Awards (42 U.S.C. 9910b and 9801 and 42 U.S.C. 9910b and Public Law 101-501) 93.570
15. Community Services Block Grant Discretionary Awards - Community Food and Nutrition (42 U.S.C. 9904, 9910 and 9910(a) and Public Law 101-501) 93.571

16. Emergency Community Services for the Homeless (Stewart B. McKinney Homeless Assistance Act of 1987, as amended) 93.572

17. Community Services Block Grant Discretionary Awards - Demonstration Partnerships (42 U.S.C. 9910b Public Law 101-501) 93.573

18. Child Care for Families At-Risk of Welfare Dependency [At-Risk Child Care] (42 U.S.C. 603n) 93.574

19. Payments to States for Day-Care Assistance [Child Care and Development Block Grant Act] (Child Care and Development Block Grant Act of 1990, as amended, Public Law 101-158 and Public Law 102-586) 93.575

20. Homeless Families Support Services Demonstration Program [Family Support Centers] (Department of Labor, Health, Education and Related Agencies Appropriations Act, 1992 as amended) 93.578

21. Family Resource and Support Program (Claude Pepper Young Americans Act of 1980, Title IX, Augustus Hawkins Human Services Reauthorization Act of 1990, Subtitle A, Chapter 2, Section 933, Public Law 101-501) 93.580

22. Head Start (42 U.S.C. 9801 et seq.) 93.600

23. Child Welfare Research and Demonstration (42 U.S.C. 626) 93.608

24. Native Americans Programs (442 U.S.C. 2991 et seq.) 93.612

25. Child Development Associate Scholarships (Child Development Act of 1985, as amended; Human Services Reauthorization Act of 1990) 93.614

26. Runaway and Homeless Youth (42 U.S.C. 5701 et seq) 93.623

27. Developmental Disabilities Basic Support and Advocacy Grants (42 U.S.C. 6042-6043) 93.630

28. Developmental Disabilities - Projects of National Significance (42 U.S.C. 6081-6083; Public Law 101-496) 93.631

29. Developmental Disabilities University Affiliated Programs (42 U.S.C. 6061-6077) 93.632
30. Children's Justice Grants to States (42 U.S.C 5106c) 93.643
31. Child Welfare Services - State Grants (42 U.S.C. 620-625 and 627-628) 93.645
32. Social Services Research and Demonstration (42 U.S.C. 1310) 93.647
33. Child Welfare Services Training Grants (42 U.S.C. 626 (a)(1)(c), as amended) 93.648
34. Adoption Opportunities (43 U.S.C. 5113 et seq.) 93.652
35. Temporary Child Care and Crisis Nurseries (42 U.S.C. 5117a, 5117b and 5117c) 93.656
36. Drug Abuse Prevention Program for Runaway and Homeless Youth [Drug Abuse Prevention and Education](42 U.S.C. 11821-11825) 93.657
37. Foster Care - Title IV-E (42 U.S.C. 670 et seq.) 93.658
38. Adoption Assistance (42 U.S.C. 670 et seq.) 93.659
39. Drug Abuse Prevention and Education Relating to Youth Gangs (42 U.S.C. 11801-11805) 93.660
40. Comprehensive Child Development Centers (42 U.S.C. 9871 et seq.) 93.666
41. Social Services Block Grant [Title XX Social Services] (42 U.S.C. 1397 et seq.) 93.667
42. Child Abuse and Neglect - State Grants (42 U.S.C. 5101 et seq., as amended and P.L. 101-226 and P.L 101-645) 93.669
43. Child Abuse and Neglect - Discretionary Activities (42 U.S.C. 5101 et seq) 93.670
44. Family Violence Prevention and Services (42 U.S.C. 10401) 93.671

45. Child Abuse and Neglect State Prevention Grants (42 U.S.C. 5116 et seq.) 93.672

46. Grants to States for Planning and Development of Dependent Care Programs (42 U.S.C. 9871 et seq.) 93.673

47. Independent Living (42 U.S.C. 677) 93.674

(c) Health Care Financing Administration

1. Medical Assistance Program [Title XIX Medicaid] (42. U.S.C. 1396 et seq, as amended) N.B. Includes Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program 93.778

(d) Social Security Administration

1. Social Security Disability Insurance (42 U.S.C. 401, 420-425) 93.802

2. Social Security -Retirement Insurance (42 U.S.C. 401-433) 93.803

3. Social Security Survivors Insurance (42 U.S.C 401-433) 93.805

4. Special Benefits for Disabled Coal Miners [Black Lung](42 U.S.C. 901-945) 93.806

5. Supplemental Security Income (42 U.S.C. 1381-1383c) 93.807

Housing and Urban Development

1. Housing Counseling Assistance Programs (Housing and Urban Development Act of 1968, as amended) 14.169

2. Community Development Block Grant/Entitlement Grants (Title I, Community Development Act of 1974, as amended) 14.218

3. Community Development Block Grants/Small Cities Program [Small Cities] (Community Development Act of 1974, Title I, as amended) 14.219

4. Community Development Block Grants/Special Purpose Grants/Technical Assistance Program (Housing and Community Development Act of 1974, as amended, 42 U.S.C. section 107(b)(4), as amended) 14.227

5. Community Development Block Grant/State's Program (Title I, Housing and Community Development Act of 1974, as amended, 42 U.S.C. 5301) 14.228

6. Community Development Work-Study Program (Housing and Community Development Act of 1974, section 501(b)(2) as amended, Public Law 100-242) 14.234

7. Supplemental Assistance for Facilities to Assist The Homeless [SAFAH], (Stewart B. McKinney Homeless Assistance Act of 1978, as amended, Title IV, Section D, Public Law 100-77) 14.236

8. Public Housing Resident Management Program (42 U.S.C. 5301) 14.853

9. Public and Indian Housing Drug Elimination Program (42 U.S.C. 11901 et seq, National Affordable Housing Act of 1990, Sec.581) 14.854

Department of Justice

1. Juvenile Justice and Delinquency Prevention - Allocation to States (42 U.S.C. 5601 et seq.) 16.540

2. Juvenile Justice and Delinquency Prevention - Special Emphasis (42 U.S.C. 5601 et seq.) 16.541

3. Missing Children's Assistance (Juvenile Justice and Delinquency Prevention Act of 1974. Title IV as amended) 16.543

4. Part D - Juvenile Gangs and Drug Abuse and Drug Trafficking (Juvenile Justice and Delinquency Prevention Act of 1974, sections 281-282, as amended, Public Law 93-415 as amended) 16.544

5. Judicial Child Abuse Training (Victims of Child Abuse Act of 1990, Section 223(a), Public Law 101-647) 16.545

Department of Labor

1. Apprenticeship Training (29 U.S.C. 50, 50a 50b)

2. Employment Service (42 U.S.C. 1101 et seq.) 17.207

3. Job Training Partnership Act [JPTA] (29 U.S.C 1501 et seq.)
17.250

-end-

Working Draft -- Is this the right depth? I will probably have about 4-5 items highlighted from the many potential issues I could raise. Will try to get something polished to you tomorrow. Stan

MEMORANDUM FOR CAROL H. RASCO

FROM: Stanley S. Herr

Date: October 19, 1993.

Subject: Disability and Health Care Reform

You asked me to prepare a comprehensive, but concise review of disability questions raised by the health care initiative. Here are some key issues which require better responses if we are to satisfy the Health Reform Proposal's call for "comprehensive benefits . . . including primary, preventative and specialized care." These questions also implicate the plan's bedrock ethical foundations of equality, community, justice and universal access. In his address to Congress, President Clinton made prominent mention of full coverage for persons with disabilities and the affected advocacy groups and their Congressional allies will continue to press for refinements in the American Health Security Act (AHSA) to accomplish that goal.

1. Dental services for adults with disabilities. Persons with serious disabilities need special measures to ensure access to dental services. At present the standard package only refers to preventive dental services for children. But children and adults with serious disabilities may not be able to receive any dental care without anesthesia, transportation service, and additional dental time and staff to manage these so-called difficult-to-serve or medically compromised patients. Even in the absence of across-the-board dental benefits for adults, the plan could define a supplemental benefit service for them to ensure this especially vulnerable population. For an analogy, see the description of such supplemental benefits for dental services for veterans, [this is not part of the comprehensive benefit package] (at page 207 of the 9/7/93 Health Reform Proposal specifications). Without such a benefit, and without additional rates of reimbursement for dentists willing to serve such disabled children and adults, their dental needs will go unmet until they require truly emergency and more expensive levels of treatment.

2. Outpatient rehabilitation services limitation. p. 26.

3. Medicaid for children.

4. Discontinuance of Medicaid for cash recipients under age 65.
Q: non-cash assistance see p. 14, 200, 201.

- 4a. Home health care limitation. p. 24.
5. Civil rights protections under ADA or Section 504.
Q: state action immunity p. 171. see MHLP booklet
- 5a. Mental health benefits. Q: p. 28.
- 5b. vagueness of risk adjustment provision re disability p. 70,
83, 84.
- 5c. Gatekeeper function re referral p. 76.
- 5d. Factors related to unique problems of MR and related DD p. 83
see 200. parity with MI.
6. Access to transportation for disabled like poor in rural areas
p. 87.
7. Performance reports: is disability among them? the 50 measures
p. 102.
8. Licensing uniform standards INC MR p. 106.
9. New health work force silent re disability specialists p. 125.
10. High lead level exposures p. 148.
11. Type of personal assistance. p. 154.
- 12 Specialized habitation services p. 164.
13. Health Care access initiative --- doing what for serious
disability 180, eg addressing persistent barriers p. 182.
- 13a. Supplemental services? 183 see veterans, post traumatic
stress p. 207.
- 13b. transportation as outreach services. p. 183.
14. Mental health see transportation and supplemental services p.
188.



October 14, 1993

To: Carol Rasco

From: Jule Sugarman (785-9524)

Subject: Indiana and West Virginia Consolidated Plans

I understand that Governors Bayh and Caperton have now transmitted 10 copies of their consolidated state plans directly to you.

State officials hope that a briefing of federal officials can occur next week and are prepared to be in D.C. any day Monday through Thursday.

Could you please have someone confirm that documents have been received and talk to me about meeting dates. Thanks very much.

West Virginia is looking forward to your visit this weekend.

Jule

THE WHITE HOUSE

WASHINGTON

Roz:

Kamika, VP's off
7021

re: CHL's 10-5 memo
on Community
Empowerment -

- o "proceed as you like
- o approach looks good
- o apologize for taking so long to respond

BR/GS/SM

TO: Vice-President Gore
Bob Rubin

FROM: Carol H. Rasco

SUBJ: Enterprise Board

DATE: October 5, 1993

Attached is a memo I have received as a follow up to the meeting I have shared with you where I met with officials from West Virginia and Indiana along with their consultant, Jules Sugarman. You will remember this meeting was set up after President Clinton had visited with Governors Bayh and Caperton in Tulsa about their plans for the consolidation of services to families and children within their respective states. This meeting was held prior to the formal establishment of the Enterprise Board. However, in that meeting with the states and Mr. Sugarman I did explain this Board would probably be established and very likely their plans would need to go to that Board.

I would propose that I meet with the staff group we have working on the Board implementation plans and outline what these states are proposing and decide upon a course of action to pursue. Please let me know if you agree with that strategy.

} agreed
per
Bob
Rubin

In the meantime, I am calling Mr. Sugarman to explain again about the Board and that we are in the formation stages, that I cannot promise a meeting on the 13th but that we will be back with him soon.

cc: Paul Weinstein
Paul Dimond
Sheryll Cashin
Kumiki Gibson
Suzan Johnson Cook

ROZ (Beth x1124)

URGENT - Pls. call
Jack Quinn &
get me update
on this — I
have Rubin's answer



October 4, 1993

MEMORANDUM FOR: CAROL RASCO

FROM: JULE SUGARMAN (202-785-9524) *JMS*

SUBJECT: UPDATE ON INDIANA AND WEST VIRGINIA CONSOLIDATED PLANS

Since you met with Indiana and West Virginia officials on their proposed consolidated state plans, considerable progress has been made. We now expect that Governor Bayh will sign the plan and transmit it to you this week and West Virginia will follow within a week.

At our last meeting you indicated that you would assign White House staff to work with us. I would like to request a briefing meeting with them for myself and an official from each state on October 13th.

We hope that you could arrange a meeting with senior officials (e.g. Deputy Secretaries) to allow state officials to present plan on October 18 or 19.

We expect that Governors Bayh and Caperton will request a meeting with the President during the week of November 7-11 and hope that would be followed by a supportive statement from the President.

Our objective is to have plans approved by December 15. This could require a White House organized meeting between states and agencies to resolve any issues after mid-November.

We will gladly adjust dates suggested above to your convenience, but strongly urge that we strive to complete approval process by December 15.

Please let me know whether the briefings next week are agreeable to you as well as who will be participating. (202-785-9524).

Roz-

Roz left
this message
on the answering
machine 10/5/93
MAM

Call Sugarman & tell him
I am booked solid
next week, that I
am consulting with
VP & Bob Rubin as this
will very likely (as I
shared with his group)
go before the Enterprise
Board. We'll get back w/
Sugarman very soon
about a first meeting.

TO: Vice-President Gore
Bob Rubin

FROM: Carol H. Rasco

SUBJ: Enterprise Board

DATE: October 5, 1993

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Facsimile Cover Sheet

To: Carol Rasco
Company: White House
Phone: 456-2213
Fax: 456-2878

From: Margaret A. Siegel
Company: National Governors' Association
Phone: 624-5340
Fax: 624-5313

Date: 10/15/93

**Pages including this
cover page: 4**

Comments:

Carol, attached is the draft letter of invitation for the children's initiative working group that you and Ray talked about this morning. As you can see, this version is for Hill leadership to designate their representatives, and we'd tailor the letter to whomever is appropriate in the Administration.

I look forward to talking about it with you.

October , 1993

Dear :

This letter is to invite you to join the National Governors' Association as we seek to create new partnerships between all levels of government, citizens, businesses, and consumers. We have launched a new initiative to help states move beyond the rhetoric of reform to actual implementation in a number of important areas -- health care, education, welfare, children and family services, the environment, and technology and telecommunications. "Partnerships for Progress" will require working together to harness the energy and awareness of the American people and finding ways to foster positive cooperation and collaboration at every level.

We would like you to work with us in creating a new intergovernmental framework for a system that encourages and facilitates comprehensive, prevention-oriented, family-focused, community-based services for children and families in need. We also will strive to create a framework for federal legislation and for state legislation that could substitute for existing categorical programs and become the vehicle for coordinated federal and state efforts to support community initiatives.

To accomplish these goals, we are convening a small work group of representatives from federal, state, and local government that will meet several times over the course of the year to:

- identify federal and state barriers to integrated programs for children and families,
- develop strategies for coordinating programs.

**NGA Initiative
Partnerships for Progress
Page Two**

- find new and better ways to organize the Intergovernmental responsibilities of the three levels of government, and
- develop model legislation for a more efficient system.

Achieving these objectives will require the collective expertise of a range of people and organizations. We are turning to you in your capacity as Majority Leader/Minority Leader/Speaker to ask that you appoint a representative to serve on the working group. Since we intend to look across existing programs, we hope you will recommend a representative with broad interests in children and family issues, who are searching for ways to strengthen and improve services to those in need.

We have asked Margaret Siegel and Linda McCart of NGA to coordinate this effort. Please complete the attached form by designating an appropriate staff member to serve on the work group. The form should be returned to Linda McCart by close of business on October 27, 1993. We would like to have the first meeting in early November. Please indicate the most convenient dates for your staff's participation.

Please call Margie at (202) 624-5340, or Linda at (202) 624-5336 if you or your staff have any questions. We look forward to working with you during the coming year.

Sincerely,

**Governor Carroll A. Campbell, Jr.
Chairman**

**Governor Howard Dean
Vice Chairman**

PARTNERSHIP FOR PROGRESS
International Organization of Chambers and Unions

Organization Decision - C. 10/1/1993

1. **Subject:** [Illegible text]

2. **Background:** [Illegible text]

3. **Analysis:** [Illegible text]

4. **Recommendation:** [Illegible text]

5. **Comments:** [Illegible text]

6. **Conclusion:** [Illegible text]

7. **Notes:** [Illegible text]

8. **References:** [Illegible text]

9. **Attachments:** [Illegible text]

10. **Other:** [Illegible text]

11. **Final Decision:** [Illegible text]

12. **Implementation:** [Illegible text]

13. **Monitoring:** [Illegible text]

14. **Reporting:** [Illegible text]

15. **Review:** [Illegible text]

16. **Approval:** [Illegible text]

17. **Signature:** [Illegible text]

18. **Date:** [Illegible text]

19. **Location:** [Illegible text]

20. **Other:** [Illegible text]

November 12, 1993

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

FROM: CHERYL SULLIVAN, Vice-Chair, Indiana Policy Council on
Children and Families
DONALD WESTON, M.D., Vice-Chair, Governor's Cabinet on
Children and Families, State of West Virginia
JULE SUGARMAN, Chairman, Center on Effective Services
for Children

SUBJECT: RESPONSE TO QUESTIONS ON CONSOLIDATED STATE PLANS

Introduction

This memorandum responds to questions raised by the cognizant agencies about Indiana and West Virginia's proposals for consolidated state plans.

Before responding to individual questions it might be helpful to describe the general rationale for the proposal. We had several concepts in mind as we designed the proposals.

- o We believe that major progress in the delivery of services to children, youth and families could be made in our states if there were effective mechanisms for cooperation, coordination and collaboration (hereafter collaboration) among programs. To be successful there must be active participation of those organizations responsible for education, health, mental health, nutrition, juvenile justice, family support and social services as well as professional, business and voluntary organizations, families who receive services and advocacy organizations.
- o We see that progress as dependent on the degree to which collaboration is achieved at both state and local levels. The latter are the actual point of most service delivery and, therefore, need to have sufficient authority and responsibility to develop approaches which are right for particular communities.
- o We also see that progress as dependent on the degree to that programs which rely on non-federal funding can be encouraged to voluntarily participate in collaborative activities. Particularly in a time of severely constrained resources, it becomes essential that responsibilities among public, voluntary and, in some cases, proprietary organizations be worked out by local communities.
- o We believe that existing law encourages and, in many

cases, requires collaboration, but that this is not well understood by many. Therefore, we are seeking explicit federal approval to collaborate in the ways which are defined in our proposals. We believe that this will create a very different environment for those of us who are trying to make progress in improving services delivery.

- o We want to develop family centered systems which will permit us to address the needs of the entire family rather than those specifically identified with one member of the family or a specific categorical problem. We want, wherever it is legally possible, to blend funds in ways which will permit comprehensive services and continuity, or seamlessness, in the delivery of services. We have a dual focus in mind; i.e. an emphasis on prevention as well as on those families who are most seriously vulnerable.

- o We recognize that our proposal does not deal with all of the obstacles to collaboration. The definitions of eligibility vary widely among programs as do such factors as the required program elements, the methods of delivery and the mechanisms for consumer participation. Similarly current federal policies on accounting, reporting and costs allocation create administrative burdens which we believe can be significantly reduced. Indiana and West Virginia are prepared to work with federal officials in rationalizing current provisions of law and regulations, but we do not think we should delay taking those actions which are already possible under law.

To put it bluntly, every day that we delay in improving services within existing law, we may damage the lives of additional children, youth and families.

- o Federal approval of the proposal is only one stage in the kinds of change we propose to undertake. Among these are

Redefining and retraining state officials to operate within the new environment

Installing an extensive system of training and technical assistance for communities including the creation of multi-program state teams to work with the Step Ahead Councils and the Family Resource Networks

Developing a unified system for planning, budgeting, managing and evaluating services; an effort which is already underway with a strong emphasis on outcome related evaluation measures.

Revision of administrative systems such as contracting, reporting, data base management, accounting and auditing, personnel management and others to correspond to the new environment.

Work has already begun on many of these areas. Once again, we would welcome the opportunity to cooperate with this Federal Working Group, or some other appropriate federal body, to improve these systems.

To sum up, Indiana and West Virginia seek federal confirmation that the collaborative efforts which they are undertaking are permissible and acceptable to the six cabinet administering agencies. With that approval, we are prepared to move on an urgent basis to do everything that is possible within existing law to improve service delivery. We are eager to work with federal officials to develop legislative and regulatory proposals on those issues which cannot be resolved through consolidated state plans. We believe that using the full authorities available under current law now, will enhance the possibilities for legislative changes in the future.

Specific Questions and Responses

At this writing we have received questions from the Departments of Agriculture, Education, Housing and Urban Development, Labor and Justice. There is considerable overlap in the questions raised; therefore, we have grouped and rephrased them in our responses below.

1. Q. What is the ultimate goal of this initiative?

A. our ultimate goal is to help families cut through the bureaucratic forest that has kept them from receiving effective services and to arrange for those services at the least cost to the taxpayer. Within that context we seek to;

Increase emphasis on family and community decision-making and choice of services purchased.

Make it possible for families to file a single application for services rather than the multiple applications which must now be filed.

Enable people to find out what services are available through a single telephone call or visit rather than having to make countless calls or repeatedly travel long distances.

Encourage state and local public and private organizations to work together rather than ignoring each other

Facilitate the sharing of expenses for serving a

particular family and providing common support services

Make common arrangements for processing applications and making eligibility determinations.

2. Q. How will federal dollars be integrated to support this goal?

A. Federal dollars, as well as other public and private resources, will be blended through the execution of shared and joint funding agreements among service delivery programs. Agreements will be backed by documented rationales for allocation of costs as well as reporting and accounting systems which create an audit trail.

3. Q. How will the entire system of resources be used differently to support this goal?

A. Planning and budgeting activities will now be based on an understanding of service availability from all programs including, to the extent they are willing to participate, state, locally and privately financed services.

Duplication of work will be minimized through sharing of information and effective case management/care coordination activities.

Resources will be used to support programs demonstrating positive outcomes for families served.

Contracts will be consolidated in situations where several programs are supporting an activity.

4. Q. Will collaboration be primarily project or system oriented? Are they intended to produce real and long term changes in the way individual agencies function, interact, make decisions and are structured? If so, how will this occur?

A. Our long term objective is system and process change. For example, we think that decisions about use of Chapter 1 funds by a local school system should henceforth be made in concert with community decisions about the use of Head Start and other child care and development funds. Similarly, providing health care through use of EPSDT funds will take into account the potential roles of child care centers, family day care homes and the schools.

It is likely that, along the way toward systemic and process change, there will be many project type changes as communities try to assess what is best practice in their particular situation.

The organization of state agencies may change as they move toward more functional or team structures rather than being organized exclusively by program.

5. Q. Can a consolidated plan and joint efforts overcome inherent fragmentation and inefficiencies of separate programs and separate delivery entities?

A. The consolidated plan can make major contributions to overcoming fragmentation through state policies which mandate collaboration in planning, managing, budgeting and evaluating service delivery.

The plan cannot solve all of the problems inherent in present systems as we suggested in the introductory section. We would also observe that the virtues of large, consolidated service delivery mechanisms are very much in question today. The movement to school based management and charter schools reflect dissatisfaction with larger entities. Big and comprehensive administrative entities have yet to demonstrate their value as compared to smaller organizations which find effective ways to work with one another.

Successful joint efforts will require multi-program training at all levels of state government and within communities. A culture change is required within organizations to change the focus from "numbers served" to "positive outcomes realized".

6. Q. Will it help to have a consolidated plan without waivers of federal eligibility, accounting and other requirements? Can this plan provide the needed framework and catalyst for change?

A. Yes, to all of these questions. We are simply not using the available authorities because people are not sure they are really available and acceptable. Responses from regional federal officials often discourage, rather than encourage collaboration.

Experience gained under the consolidated state plans will help to document the need for legislative changes in some areas.

7. Q. What will be the actual role of each state under the consolidated plan? What will it do differently? Will state agencies still develop and seek approval for specific state plans? If so, why?

A. State agencies remain legally accountable and responsible for developing and administering specific state plans (e.g. Maternal and Child Health, Foster Care and Adoption, Chapter 2 of the Education Consolidation

and Improvement Act). However, their roles are shifting from the regulatory mode to a new mode in which local arrangements and priorities for service delivery are generally honored; evaluations are more concerned with improved outcomes for families rather than conformity to specific input requirements; and state agencies provide truly helpful training and technical assistance on a multi-program basis.

Agencies will work together on priorities for Indiana children and families and develop unified solutions for problems.

There will be an increased emphasis on family and community decision making and choices of services purchased.

There will be reduced administrative costs for developing multiple contracts and processing multiple claims., Savings can be transferred to expanded service delivery.

Agencies will be permitted and encouraged to share the expenses of serving a particular family.

8.

Q. What kinds of technical assistance, if any, is being provided to each state as it develops its consolidated state plan.?

A. Technical assistance to date has come primarily from the Center on Effective Services for Children. The states would very much welcome the opportunity to work with federal regional officials or other individuals who are thought to have relevant expertise. We would be particularly interested in arrangements which involve collaborative participation by several federal agencies or program experts.

Both states are involved in developing proposals for an Interstate Coalition on Collaborative Services with several other states (e.g. California, Washington, Michigan, Kansas and Florida). Up to three local communities in each participating state will also be involved. Thus far the states have been working on an ad hoc basis with an interagency group on school health which is based in the Public Health Service. The Interstate Coalition will involve the National Alliance of Business, the Alliance for Redesigning Government, the Center on Effective Services for Children as well as faculty from groups like the Council of Governor's Policy Advisors and various experts on issues such as data base management, and intelligent computer systems.

The Council of Governor's Policy Advisors selected Indiana as one of six state agencies to participate in a

two year intensive process to examine family policy, strategic planning, budgeting and public accountability. The Indiana team included the present Attorney General, Commissioners of Correction and Workforce Development, the Secretary of Family and Social Services, a member of the state Board of Education and members of the Governor's staff.

9. Q. What will be the relationship between the Consolidated State Plan and the Local Consolidated Plan?

A. First, it may be helpful to clarify how the word "plan" is used. Traditionally state plans for specific programs describe how and under what conditions the state will offer particular services. In many cases these plans essentially recite the provisions of federal law and promise that the state will conform to them. The state consolidated plan now proposed by Indiana and West Virginia add material describing how programs will collaborate with one another. The consolidated plan does not replace or substitute for the state's specific program plans. In most cases, there is no comparable "plan" at the local level and local programs will operate under the provisions of both the program specific and the consolidated plans adopted by the state.

However, there is a further meaning for "plan" which is applicable in our proposals. This meaning is best described as a "plan of action" or an "operating plan" for a particular time period(s). That plan includes selecting the goals which the state and the community seek to achieve expressed in terms of the numbers of people to be served and the service priorities to be used during a particular time period, the arrangements under which services will be provided, the approaches to collaboration which will be used, the allocations and priorities in using both public and private funding on either a discrete or blended basis, the use of other resources such as volunteers, the benchmarks by which the program will be evaluated and related matters. In effect these plans set the agenda for what each community will do during that time period. Much of what the Step Ahead Councils and the Family Resource Networks will do relates to the development and monitoring of these plans of action or operating plans.

Both states contemplate that there will be continuing dialogue between the state and its communities in the formulation of "plans of action". The Indiana Policy Council on Children and Families and the West Virginia Cabinet on Children and Families have the final approval for a local plan of action. In granting that approval they must examine whether it is consistent with the state program specific and consolidated plans. The states

intend to defer to local judgements whenever possible. However the states retain the authority to promulgate specific program goals, as necessary, to respond to federal requirements or state policy. For example, in order to meet the federal goal of servicing 85% of all EPSDT eligible children, the state may have to adopt policies which bind communities to include certain activities in their plans of action.

The states often take a top-down approach to goal setting with the state agency unilaterally determining what the state's plans of action will be for each time period. We see two vectors of change for the future: first, there will be a more bottoms-up approach in which state plans of action are strongly influenced by community plans of action; and, second in which plans of action are established on a multi-program rather than an individual program basis.

10. Q. What will be the relationships between the Step Ahead Councils and Family Resource Networks and the local government administrative structures?

A. The Councils and Networks are organized independently of the local government structure(s). Most Councils and Networks already include elected and appointed officials and we expect this type of representation to increase. Training by states will strongly emphasize the importance of developing working relationships with Commissioners, City Council members, School Boards and other relevant bodies.

11. Q. How will the Networks and Councils gain the authority, resources, and training to fulfill the role envisioned for them in the state plan?

A. Both states are already providing limited funds for the organization and development of these bodies. State agencies will determine the degree to which Council and Network activities are legitimately reimbursable as administrative expenses. Private funding is also being developed in many communities.

The authority of the Networks and Councils essentially depends on two factors; the degree to which public and private officials and members of the community develop confidence in them, support their recommendations and use them to address problems and the degree to which state agencies accept their recommendations. Awareness of these realities will be part of the fundamental training offered by the states. The Indiana Policy Council and the West Virginia Cabinet will have the responsibility for seeing that individual agencies give appropriate deference to local views.

12. Q. How will the Councils and Networks effectively engage the entire community in their activities?

A. Both states require broad representation on the Boards of Directors, with a majority of members being non-providers. Both envision extensive use of working groups and task forces with even broader representation for addressing particular issues and/or developing detailed plans of action for specific geographic areas. Public hearings will be required on important decisions such as the submission of the proposed annual plan of action.

13. Q. Will each state move in the direction of performance-based accountability systems? If so, what will be the outcomes it will measure?

A. Yes. Preliminary work has been done which contemplates each state establishing a standard tautology of community goals. Within these goals communities would specify sub-goals important to them, the degree to which they expect to attain those sub-goals in specific time frames and the benchmarks which they intend to use in measuring progress. The emphasis is on how the status of children and families within communities changes, rather than on the detailed evaluation of each individual program. For example, evaluations would focus on whether children are born more healthy as distinct from how many pregnant women received prenatal care.

This process will involve considerable interaction between communities and the state. It is highly dependent on the ability to attract needed funding from federal and other sources.

14. Q. What is the role of education programs and personnel in this initiative?

A. They are a critical ingredient of the proposal. The Chief State School Officers are signatories to the proposal and key staff members from the departments are part of the state level working groups. Local Networks and Councils must include education representatives on their Boards of Directors.

We consider education reform to be an important ingredient of the initiative along with collaborative arrangements for providing services. These two concepts and the issues which they raise sometimes overlap and we feel they must be addressed on an interactive basis. We are especially interested in issues related to continuity of services among education institutions and programs and those offered by other public and private entities. These would include activities involving parent education and family support services, child protection,

health and mental health care, nutrition, child care and development, support to children with disabilities, and work with seriously emotionally disturbed children. An important element of concern is the development of case management/care coordination systems which cut across organization lines.

15. Q. If education reform is a goal, how will the proposed Consolidated Plans support the goal?

A. First, the plans create the opportunity for communities to plan on a multi-program basis. No longer will issues like child care be addressed independently by the schools and those organizations offering child care. Similarly, the burden of schools in trying to do all of those things important to successful education, will be shared on an organized basis with entities providing other services. Thus, a school might jointly consider the development of an early childhood program with those organizations offering Head Start, Follow Through and services under the Child Care and Development Block Grant and Title XX of the Social Services Act.

There will be opportunities for curriculum redesign to incorporate community service and preparation for employment within other institutions as well as in the schools.

16. Q. The Administration's proposed Elementary and Secondary Education Act calls for the integration of a State's Title 1 plan with its plan developed under the Goals 2000: Education America Act. It also allows states and local communities to develop one consolidated ESEA plan in place of separate programs. How can this initiative support these aspects of the new ESEA proposal? What will be the relationships between consolidated plans and Goal 2000 plans?

A. We believe the enactment of the Administration's education proposals will be helpful in addressing the objectives of our proposal. The ability to consolidate education funds from several programs into a single program would be of major assistance in developing overall community and family issues.

However, there are many other types of services which are also critical that are not specifically incorporated into the legislation. Our proposals offer the opportunity, subject to any legal restrictions, to incorporate these services into community plans.

We envision joint efforts at the local level to develop consistent approaches to overall service collaboration and those aimed at the goals of the Education America

Act. To the extent that these cannot be satisfactorily harmonized at the local level we would see the Indiana Policy Council and the West Virginia Governor's Cabinet working to bring the recommendations together.

Similar kinds of issues exist in other areas where people are working to produce more effective services such as single locations and consolidated programs for employment services and welfare reform efforts which require collaboration in training, cash assistance, job creation, health care and child care.

17. Q. Please elaborate how, at the operational level you will coordinate the delivery of services yet maintain separate financial management systems and separate financial and program reporting systems.

A. Let us use, as an example, developmentally oriented child care for preschool children. Federal funds are available under Title IV-A of the Social Security Act the JOBS program, Head Start, the Child Care and Development Block Grant Act, Chapter 1 of the Education Consolidation and Improvement Act and Title XX of the Social Security Act. However, eligibility requirements, reimbursement rates and some program requirements may vary.

A community might decide to create a blended funding arrangement under which each of the responsible agencies agrees to provide specified levels of funding for serving those individuals who qualify under their rules. They may agree that a local resource and referral agency will be the coordinator for the program. All individuals needing child care will be processed by the R&R agency. When a manpower, welfare, educational or social service agency or the family feels that child care is needed it will so inform the R&R agency. The R&R agency will work with the family to determine its needs, to identify service providers which best meet those needs and to determine all of the potential sources of reimbursement for that particular family.

The R&R agency will then authorize a provider to serve the family including the rates to be paid and the extent of service to be provided. Where a family may wish additional hours of service or other special arrangements provisions will be made for the family to pay the additional costs. From the viewpoint of the family it may not know what the source of reimbursement is; only that funds are available.

From the viewpoint of the R&R agency it will make its determination of the source of funding based on determinations as to (1) which agencies may legally reimburse the costs of that particular family; (2) where

funding is not an entitlement, whether there are still available funds within the sums provided by the funding agency; (3) the extent to which state matching funds may be required; and (4) the costs to the family. Certain types of funding such as that under Title XX of the Social Security Act are less bound by regulations and those funds may be used to continue service to families who have no eligibility under other programs or who require a level of service beyond that which can be reimbursed.

From a management point of view there will be an agreement between the R&R agency and the provider that sets forth the service to be provided and the amounts which will be paid. In some cases vouchers may be provided to families. The provider will invoice for the services provided. The invoice will then be used to charge back to the appropriate account for the services provided as well as to complete any required statistical information. Implicit in this system is the fact that services of a particular family may be charged to different programs at different times as the R&R tries to maximize the funds available to it.

18. Q. What were the criteria for selecting federal programs to be included in the state proposals?

A. We used several criteria for determining which programs ought to be included. These are set forth below.

The program authorizes services to children, youth or families. In general we were interested in services through the high school years, but some services such as those provided to individuals with disabilities might extend beyond those years.

In the case of financial assistance programs there are actions which the state or a local community might take that would benefit families

Demonstration types of programs were included because they might be a significant part of services in a particular community and because the way in which services were provided under the demonstration program might help communities to see alternative ways to provide services.

Programs such as Head Start were included even though funds did not flow through the state government because they could be significant at the local level.

Where a statute covered programs relevant to children, youth and families and other programs as well we did not

try to exclude those other programs. We would welcome any suggestions from the Working Group as to whether the citations should be modified.

19. Q. Is it a local call as to whether the Job Improvement Council, the PIC or the state employment Council should be represented on the local Board of Directors.

A. As proposed, it is a local call as to whether the cited groups must be represented on the Board of Directors. However, they must be involved in working groups and task forces which consider issues of importance to them. They must also have the opportunity to participate in public hearings on the Community's Annual Plan of Action.

20. Q. Are you certain that your plans present no legal obstacles, even at the implementation stage. Why, precisely? What measures will you take to ensure that the implementation of your plan is consistent with all federal laws and regulations?

A. The Attorneys General of both states are signatories to the plan. Their staffs and attorneys within the agencies have concluded that the proposals are legally permissible.

In response to an inquiry from Senator Rockefeller, the General Accounting Office states that "it has found nothing in the proposed plan that inherently conflicts with federal law". GAO cautions that the requirements of each affected federal program must of course, still be met.

In order to assure that legal requirements are met during the implementation stage, each local plan of action will be reviewed and approved by the Indiana Policy Council or the West Virginia Cabinet on Children and Families. These bodies include all of the officials with legal responsibility and accountability for the expenditure of federal funds.

21. Q. What potential obstacles could arise at the implementation stage that might, although not currently contemplated, require a waiver?

A. As explained in the introductory section we do not believe that our proposals solve all of the problems which exist in the delivery of services. However, the process of developing plans of action at the local and state level provides an excellent opportunity to clearly define those barriers which will require waivers or changes in law if we are to overcome them. The states are committed to pursuing waiver requests that are determined

to be necessary. Indiana and West Virginia are very supportive of the recommendations contained in the Vice President's National Performance Review to improve and speed up the processes for granting waivers.

22. Q. How do the states anticipate dealing with any barriers which may emerge as a result of existing federal rules? For example one would anticipate that a common application form unless extremely lengthy or computer assisted could require adjustment of current rules. How can we facilitate consideration of issues which cross program and agency lines?

A. We strongly recommend that the Federal agencies create an ongoing Working Group of some nature to work on the modification of rules, OMB Circulars and, to the extent necessary, legislation. There have been episodic efforts in this direction, but they have not had sufficient stature or support to do the job.

Indiana and West Virginia, along with several other states are working with the Center on Effective Services for Children, the National Alliance of Business and the Alliance for Redesigning Government to create an Interstate Coalition on Collaborative Services which could develop comprehensive and unified recommendations in these areas.

23. Q. Is there a plan for phasing in each of the 199 programs?

A. The 199 programs are really an inventory of programs which a community might find it desirable to utilize to meet its identified goals. Based on the planning which has been done over the last year in Indiana and West Virginia, we expect that, initially, the greatest interest will be in areas like child care and development programs, health care, family support services, case management/care coordination and better information and eligibility determination systems.

24. Q. Do the states plan on providing more detail on program and service priorities or would details be left up to the local planning process?

A. The Center on Effective Services for Children is working with each state to prepare a handbook for local communities. Included in that Handbook will be a descriptive catalog of federal and state programs, a description of the priorities of each state agency, and a number of chapters designed to help each community develop its local goals, priorities and recommendations for change. We anticipate that plans of action will vary considerably in accordance with local community

situations and needs. There will be continuing dialogue between states and communities in an effort to balance statewide and local priorities, but the state agencies are prepared to defer to local judgements in many cases.

25. Q. If it were possible, which administrative regulations or statutory provisions would you like modified to assist you in working with your consolidated state plans?

A. We have not done a detailed study of such changes, but would like to suggest certain categories of changes which might be addressed. For example there are a ton of inconsistencies in financial eligibility requirements and how eligibility is measured. We think it might be possible to group eligible persons into three financial categories and to use common measurements of financial status within each category. Possible categories would be a) families in poverty, b) working, but poor families, and c) all other families.

Second, it would be most helpful if common time frames for reporting could be established as well as standardizing definitions of age categories and the object classes used in budgets and accounting.

Third, we would like for program managers to have some discretion in applying eligibility requirements. For example, they might be permitted to enroll 5% of participants on the basis of demonstrated need even though the individual might not quite qualify on the basis of financial need. Similarly, officials might have discretion to extend the period of service for a few people if it were clear that doing so would improve the outcomes for an individual.

26. Q. What level of federal involvement in the development of a consolidated state plan do you anticipate?

A. We would welcome the opportunity to work with federal regional officials on the implementation of our consolidated state plans. We request that the federal Working Group reviewing our proposals consider forming multi-agency regional teams to work with us in the same fashion that Indiana and West Virginia plan multi-agency state teams to work with local communities.

27. Q. Would the reallocation proposals present potential intra-program conflicts within statutory grant allocations.

A. Yes. States will have to manage local allocations so that, on a statewide basis, aggregate spending against a particular statutory allocation is controlled. However, the state could vary the proportionate allocations among

communities. For example, the law might say that at least 30% of funds had to be spent for one purpose and up to 70% could be sent for another purpose. However, the state could allow one community to spend only 20% for the first purpose, providing that other communities would spend enough more for that purpose to make sure aggregate spending was at least 30% of available funds.

28.

Q. Is Executive Order 12372 a sufficient authority upon which to base the objectives of the proposed plans.

A. We and our state attorneys believe that the Executive Order does provide the basic needed authority to submit consolidated plans in a format developed by the state. In addition, we believe that the many statutory provisions directing federal agencies to assure that there will be cooperation, coordination and collaboration as well as their generic authority to provide for proper and efficient administration create an adequate statutory basis for what we propose.

Local Consolidated Plans Minimum Requirements

1. Local plan must define an integrated service delivery model to be implemented within prototype community.
2. Local plan must define local case management system which is family centered and assists families in accessing needed services across programs and categorical service systems. Case management services for seriously vulnerable persons must be consistent with Family Resource Coordination standards previously adopted by Cabinet.
3. Local plan must address how "seriously vulnerable" children and families will be adequately served through the reconfigured service system defined in initial plan.
4. Local plan must address financing issues and contain financing methodology to support integrated service delivery and cross-system case management.
5. Local plan must identify any policy or regulatory barriers to implementation with recommendations for necessary actions to remove barriers.
6. Local plan must identify all costs associated with implementation, local resources to be redirected toward implementation, any projected savings over time resulting from more efficient delivery of services, and any need for additional funding beyond what is currently available within the prototype community.
7. Local plan must address how family outcomes will be improved and how new service models will be evaluated.
8. Local plan must contain any necessary arrangements, agreements, and/or contracts among local and state participating agencies which are necessary to implement plan.
9. Local plan must outline future priorities within the FRN service area and plans for extending pilot programs throughout the service area.

*Exhibit II***"Integrated Early Childhood Development Services"**

- Located within a defined community although may involve services delivered at a variety of sites.
- Services available to all families with young children (ages birth through 5yrs.).

Required service elements:

screening and evaluation
head start
early childhood development
day care
parenting classes
counseling services
early intervention services
(developmentally delayed)
specialized preschool services
(developmentally disabled)
well child care
preventive health and health education
information and referral
family outreach
entitlement eligibility determination

**Applicable Federal programs contributing to financial support:
Illustrative (not intended to be definitive)**

Medicaid
Preventive Health and Health Services Block Grant
Even Start
Head Start
Child Welfare Services
 Comprehensive Child Development Centers
Child Abuse and Neglect State Prevention Grants
Child Care for Families At Risk of Welfare Dependency
Child Care and Development Block Grant
Healthy Start Initiative
ESEA Part H - Early Intervention Services
Administrative Match for Various Entitlement Programs

*Exhibit III***"Family Resource Center"**

- Located within community with services accessible to children and families. May be school based or school linked.
- Available to all families wishing to receive services.

Required service elements:

screening and evaluation
primary and preventive health care
prenatal care
mental health services
parent skills training
specialized services for prevention of
child abuse/neglect
family preservation services
information and referral
entitlement eligibility determination
child care and development services

**Applicable Federal programs contributing to financial support:
Illustrative (not intended to be definitive)****Medicaid****Preventive Health and Health Services Block Grant****Alcohol Drug Abuse and Mental Health Block Grant****Emergency Assistance -Title IV-A(EA)****ESEA Chapter I****Secondary Education and Transitional Services
for Youth with Disabilities****Even Start****Head Start****Child Welfare Services****Comprehensive Child Development Centers****Social Services Block Grant****Juvenile Justice and Delinquency Prevention****Family Resource and Support Program**

Exhibit IV

Examples of Integrated Service Delivery Models which may be developed:

"School Based Health Center"

- Located within public school or on school campus.
- Services available to children enrolled in the school (and their families).
- Required service elements:

screening and evaluation services
preventive health care
primary health care
mental health services
parent skills training
information and referral
entitlement eligibility determination

Applicable Federal programs contributing to financial support:
Illustrative (not intended to be definitive)

Medicaid

Maternal/Child Health Block Grant

Alcohol Drug Abuse and Mental Health Block Grant

Drug Free Schools and Communities

Community Health Centers

Migrant Health Centers

Childhood Immunization Grants

Rural Health Services Outreach

Preventive Health and Health Services Block Grant

Emergency Assistance -Title IV-A(EA)

*Exhibit V***"Comprehensive Cross-system Case Mangement Services"**

- Responsible for serving all families in need within a defined service area.
- Service available to all families at level of need.

level 1 - information and referral
level 2 - paraprofessional assistance
level 3 - professional assistance in coordination of services
level 4 - intensive professional assistance and advocacy as defined in "Family Resource Coordination Standards"

Required service elements:

informal assessment of needs
coordination of service planning
linkage with all needed services
assistance in accessing services
monitoring of service provision
maintenance of master records
advocacy

**Applicable Federal programs contributing to financial support:
Illustrative (not intended to be definitive)**

Medicaid
Head Start
Social Services Block Grant
ESEA Part H
Family Resource and Support Program

MEMORANDUM

TO; CAROL H. RASCO

FR; Suzan D. Johnson Cook 

Date: Nov. 12, 1993

Re: Update

I received your letter and rest assured that all has been covered. Here is information on items you should know:

HOMELESS ISSUE: The memo you received on Andrew Cuomo's letterhead was the one Jacquie Lawing drafted, to go out on Monday morning. She will initial for you, as you directed. As for next steps, it is her understanding that you, she, Andrew and Marsha will sit down for an update and common understanding, followed by the ICH's monthly meeting, both dates which she will try to secure next week.

The letter to Rep. Gonzalez which I faxed you earlier today is to be signed sometime today. Joseph Firschein of OMB has been the author of it. He, Jacquie and I have been in constant communication and will continue to do so.

VIOLENCE: I have forwarded to Bruce Reed some suggestions and an update on the violence issue and the President/First Lady's involvement. This was the follow-up from last Monday's meeting in Roy Neel's office. I think it's wonderful that the President and Mrs. Clinton want to be involved. The crime/violence tour(s) is a great idea.

CONSOLIDATED STATES:

The meeting was held this afternoon in OE0B 211. I had packets available for everyone, with all of the submitted questions by agencies. Jule Sugarman, Cheryl Sullivan and Dr. Weston were present from the States. The only agency not represented internally was HHS. Messages have been left and confirmations received. Belle let us know they were heavily involved with welfare reform right now, but Mary Jo Bane should send a designee. It's critical to the project. The group suggests a call from you to them to let them know the importance and urgency of this request for their presence.

Overall, the session went well. Our Core Group asked many questions and received many answers. Of particular concern to all was the development of a prototype (or several)

where we could actually see how the Consolidated States Plan can be implemented from start to finish; how cash streams can be blended, look at the question of waivers, etc. They are very eager to do that and have as an outside deadline Dec. 1st. HUD is particularly concerned because they have some questions which are unique to HUD. I suggested that Mike Stedman visit with them and raise all questions pertinent to their agency.

Belle Sawhill also suggested that there is some needed talent from here that needs to be invited to the table, to answer such questions as: the revision of Circular 87; the audit component and other areas(systems design perspective). She will get me the right person from her agency; Elaine Kamark will get me names of IG's and others from their office, and the entire group suggested that Peter Edelman and Phil Heymann be invited, for both substantive and legal concerns, and that this model can be used well for violence initiatives on a collaborative basis..

Shay Bilchik is concerned, as am I, that we not get them caught in bureaucracy so that it will be months before they receive any response from us. He suggests that people like Mike visit their states and walk through some models to see exactly how it would impact on their agencies.

The last suggestion was in response to the States reps concern about their regional offices receiving information that they had met with us. Internally, we wanted to be sure that agencies were satisfied before their Secretaries sent out a letter, but there are still many unanswered questions. It was suggested that you draft a memo for them, simply stating that our message as an Administration is generally supportive and that they would like regional offices to be supportive and to be open to discussion with the States. This memo can be sent to our agencies and then they can personalize it with their own flavor.

I informed the group that you may wish to have a meeting with the Core Group prior to Dec. 1st, when we meet with the States again. We are asking the States to send their prototypes in advance so our responses can be formed early and to keep their travel to a minimum.

Your attention is appreciated. Have a great weekend. I will be in NYC as of late tonight

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U.S. Department of Justice

Office of the Deputy Attorney General

Associate Deputy Attorney General

Washington, D.C. 20530

November 4, 1993

MEMORANDUM

TO: Suzan Johnson Cook
Office of Domestic Policy
The White House

FROM: Shay Bilchik
Associate Deputy Attorney General

SUBJECT: Next Consolidated State Plan Meeting: Areas of Inquiry

- 1) Can you give examples of specific program development and implementation situations which would be impacted by the Federal coordination and cooperation you contemplate?
- 2) If it were possible, which administrative regulations or statutory provisions would you like modified to assist you in working with your consolidated plan?
- 3) What level of Federal involvement in the development of a Consolidated State Plan do you contemplate?
- 4) Would the reallocation proposals present potential intraprogram conflicts with grant allocation provisions built into the OJDP statute?
- 5) Have the issues of potential auditing and accounting problems been addressed in relation to aggregating of funds?
- 6) Is Executive Order 12372 a sufficient authority upon which to base the objectives of the proposed plans? E.O. 12372 revoked OMB Circular 95, which applied to the grant clearinghouse plan.

I look forward to seeing you next Tuesday.

THE WHITE HOUSE

WASHINGTON

November 4, 1993

MEMORANDUM FOR CAROL RASCO
SUZAN JOHNSON COOK

FROM: SHERYLL CASHIN
PAUL DIMOND

SUBJECT: QUESTIONS FOR WEST VA. AND INDIANA ON CONSOLIDATED
PLANS

1. Please explain, as concretely as possible, how you intend to achieve the cost sharing and joint delivery of services that you describe in your plan. For example, what accounting or other methods will you use to achieve such integration while complying with reporting and program requirements applicable to each agency and funding stream involved? Will each contributing social service agency keep its own records to meet reporting and other requirements? Will the state assume responsibility for such accounting?
2. Can you provide a drawing or diagram which reflects the anticipated mechanisms or structures you describe in answering question 1?
3. Are you certain that your plans present no legal obstacles, even at the implementation stage. Why, precisely? What measures will you take to ensure that the implementation of your plan is consistent with all federal laws and regulations?
4. What potential obstacles could arise at the implementation stage that might, although currently not contemplated, require a waiver?

U.S. Department of Labor

Employment and Training Administration
200 Constitution Avenue N.W.
Washington, D.C. 20210



November 5, 1993

MEMORANDUM FOR:

CAROL H. RASCO
Domestic Policy Council

Attention:

Roslyn Miller

FROM:

Don Kulick *Don Kulick*
Department of Labor

SUBJECT:

IN and WV Consolidated State Plan Proposals
for Children, Youth, and Families

As requested, the Department of Labor poses the following questions/comments regarding the proposals:

1. Please elaborate--perhaps by using three or four Federal grant programs as an example--as to how, at the operational level, you will coordinate the delivery of services, yet maintain separate financial management systems and separate financial and program data reporting systems for each grant.
2. Please elaborate--again, by illustration if possible--as to how you will ensure that the eligibility criteria for each grant will be met.
3. The Job Training Partnership Act (JTPA) has several distinct titles with distinct (albeit relatively broad) target groups. Do you intend to include all JTPA titles in the consolidated plan and operations?
4. The West Virginia proposal states: "A Family Resource Network also includes individuals who are representative of the organizations providing public and private job training. . . . It is not necessary for each category to be represented on the Family Resource Network." Is it a local call as to whether the local JTPA program (or Private Industry Council) or the State Employment Service local or area office is represented on the Network? For practical purposes, does it matter much if JTPA or ES is an "official" member of the Network?

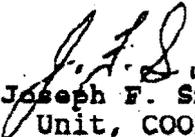


U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410 7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

NOV 5 1993

MEMORANDUM FOR: Maureen A. Kennedy, Deputy Assistant Secretary,
Office of Policy Development and Research, TP

FROM:  Joseph F. Smith, Acting Director, Policy Coordination
Unit, COOP

SUBJECT: West Virginia and Indiana - State Consolidated Planning
Proposal

Comments on the West Virginia/Indiana Consolidated Planning
Proposal

1. Overall it appears to fit in very nicely with the Department's and CPD's goal of streamlining planning, application and reporting requirements.
2. As Assistant Secretary Stegman indicates, the role of CPD programs is unclear. The states' laws indicate that this plan would be complimentary to existing federal requirements for State and local governments.
3. State and Entitlement CDBG programs, both included in this package have State and local planning requirements. This plan would clearly supplement these documents, but it may be an additional burden on individual recipients.
4. Are the States looking for waivers for these planning requirements?
5. The CDBG programs fund activities that support more than children and families. It would be difficult to waive the requirements for these programs (State and Entitlement) due to the narrow focus of these State plans.
6. Since this is clearly in line with CPD's thinking, we certainly favor the concept envisioned by the States of West Virginia and Indiana.

Consolidated State Plans (for West Virginia and Indiana)
Questions from the Department of Education

November 2, 1993

General Questions:

- What is the ultimate goal of this initiative? How will federal program dollars be integrated to support this goal? How will the entire system of resources be used differently to support this goal?
- Will the collaborations supported by the Consolidated Plans primarily be project-oriented or systemic? i.e., Are they intended to produce real -- and long term -- change in the way individual agencies function, interact, make decisions, and are structured? If so, how will this occur?
- Can a Consolidated Plan and "joint" efforts across agencies and institutions overcome the inherent fragmentation and inefficiencies caused by the existence of separate programs and separate entities to deliver those programs? If so, how?
- How will it help to have a general Plan if there will be no waivers of federal eligibility, accounting and other requirements? Can this Plan provide the needed framework and catalyst for change?
- What will be the actual role of each State under this initiative? What will it do differently? Will State agencies still develop and seek approval for specific State plans? If so, why?
- What kind of technical assistance, if any, is being provided to each State as it develops its Consolidated Plan?
- What will be the relationship between the Consolidated State Plan and Consolidated Local Plans?
- What will be the relationship between the Family Resource Networks and Step Ahead Councils and the local governance and administrative structures? How will the Networks and Councils gain the authority, resources, and training to fulfil the role envisioned for them in the State plan? How will they effectively engage communities in their efforts?
- Will each State move in the direction of a performance-based accountability system? If so, what will be the outcomes

that it will measure?

Education-Specific Questions:

- What is the role of education programs and education personnel in this initiative? Will the initiative focus principally on health and social services for children and families and use education resources to support these services or is education reform envisioned as a principle goal in itself?
- If education reform is a goal, how will the proposed Consolidated Plans support this goal?
- The Administration's proposed Elementary and Secondary Education Act calls for the integration of a State's Title I plan with its plan developed under the GOALS 2000: Education America Act. It also allows States to develop one consolidated ESEA plan in place of separate program plans. Locals can do the same. How can this initiative support these aspects of the new ESEA proposal? What will be the relationship between the Consolidated State and Local Plans under this initiative with a GOALS 2000 plan? a consolidated education plan?

**COMMENTS FROM USDA REGARDING THE WEST VIRGINIA AND INDIANA
PLANS FOR THE CONSOLIDATION OF SERVICES TO CHILDREN AND
FAMILIES**

We support the overall concept of improving the targeting and coordination of services to children and families at the delivery level. We agree that states and local communities can go a long way toward meeting this goal within current federal laws and regulations and USDA looks forward to working with the states to help them accomplish this challenging goal.

QUESTIONS:

- o How do the states anticipate dealing with any barriers which may emerge as a result of existing federal rules? For example, one would anticipate that a common application form, unless extremely lengthy or computer-assisted could require some adjustments of current program rules. How can we facilitate consideration of issues which cross program and agency lines?
- o Is there a plan for phasing in each of the 199 programs?
- o Do the states plan on providing more detail on program and service priorities or would the details be left up to the local planning process?
- o How will the states ensure the local plans are consistent with federal statutes and regulation?
- o How would the states propose to evaluate the success of this effort? Do the states intend to assess changes in client outcomes as well as changes in the service delivery system?



U.S. Department of Justice

Office of the Deputy Attorney General

Associate Deputy Attorney General

Washington, D.C. 20530

November 4, 1993

MEMORANDUM

TO: Susan Johnson Cook
Office of Domestic Policy
The White House

FROM: Shay Bilchik
Associate Deputy Attorney General

SUBJECT: Next Consolidated State Plan Meeting; Areas of Inquiry

- 1) Can you give examples of specific program development and implementation situations which would be impacted by the Federal coordination and cooperation you contemplate?
- 2) If it were possible, which administrative regulations or statutory provisions would you like modified to assist you in working with your consolidated plan?
- 3) What level of Federal involvement in the development of a Consolidated State Plan do you contemplate?
- 4) Would the reallocation proposals present potential intraprogram conflicts with grant allocation provisions built into the OJJDP statute?
- 5) Have the issues of potential auditing and accounting problems been addressed in relation to aggregating of funds?
- 6) Is Executive Order 12372 a sufficient authority upon which to base the objectives of the proposed plans? E.O. 12372 revoked OMB Circular 95, which applied to the grant clearinghouse plan.

I look forward to seeing you next Tuesday.