

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 127 federal programs administered by six federal departments. The major purpose of the plan is to encourage and facilitate cooperation, coordination and collaboration among programs at state and local levels. The plan extends not only to publicly funded programs, but also such non-governmental programs chosen to participate.

When the plan is approved by the federal government, Indiana will use the Step Ahead Councils already existent in 92 counties to foster the processes provided in the plan. Cities of over 100,000 may also develop individual plans. Step Ahead Councils are non-profit organizations with boards that are broadly representative of the community, but must have non-providers as a majority of their membership. The 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 seamless services.
- ▶ (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.
- ▶ provide for joint accountability through outcome based measures of both the process itself and the individual programs.

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 sixty 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?

Efficiency and effectiveness are the criteria for deciding what will be included in the consolidated plan. It anticipates a great deal more decision making at the community level. The Plan will allow Agencies to use the work of other Agencies rather than repeating the same task, share the costs of serving a specific family, encourage Agencies to jointly operate many supportive services.

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?

The Plan does not call for immediate application of the state-wide consolidated plan. But allows for its gradual implementation as communities develop the skills to put together and operate within the criteria outlined in the plan.

What are Some of the Major Features of the Plan?

- ❖ A State Policy Council on Children, Youth 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.

For Additional Information:

**Peg Smith, Project Coordinator
(317) 232-1145**

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 40 to 50 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 Collaborative Plan, 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.

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



QUESTION AND ANSWERS INDIANA COLLABORATION PROJECT

children and families. The Working Group will collect and evaluate necessary information in order to complete the identified outcomes.

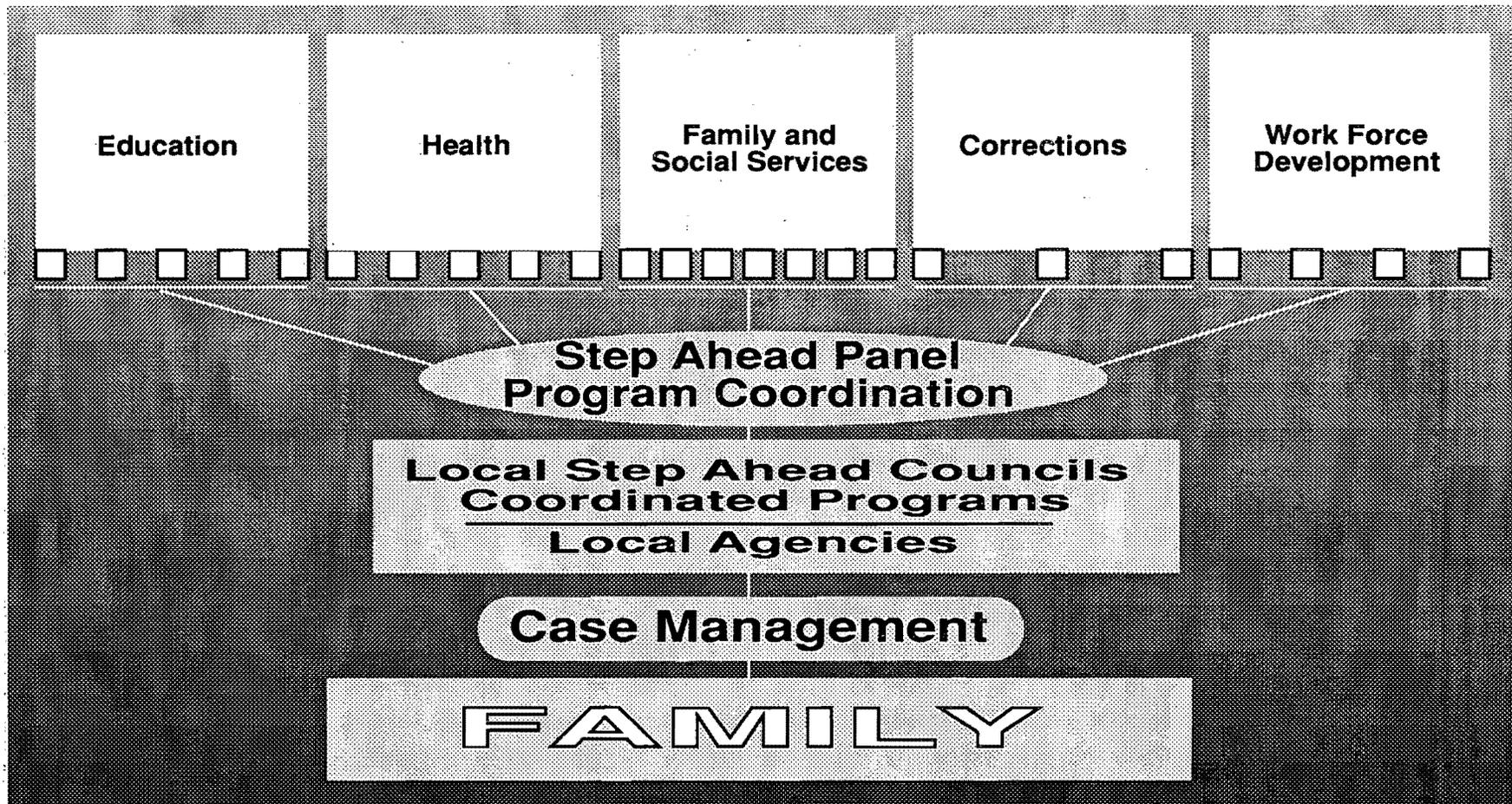
Open Forums: Local constituencies from across the state will have opportunities to meet with Jule Sugarman to share ideas, thoughts, concerns, and recommendations.

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

What if I have further questions or want additional information?

Call Peg Smith, Project Coordinator at (317) 232-1145.

NEW SYSTEM

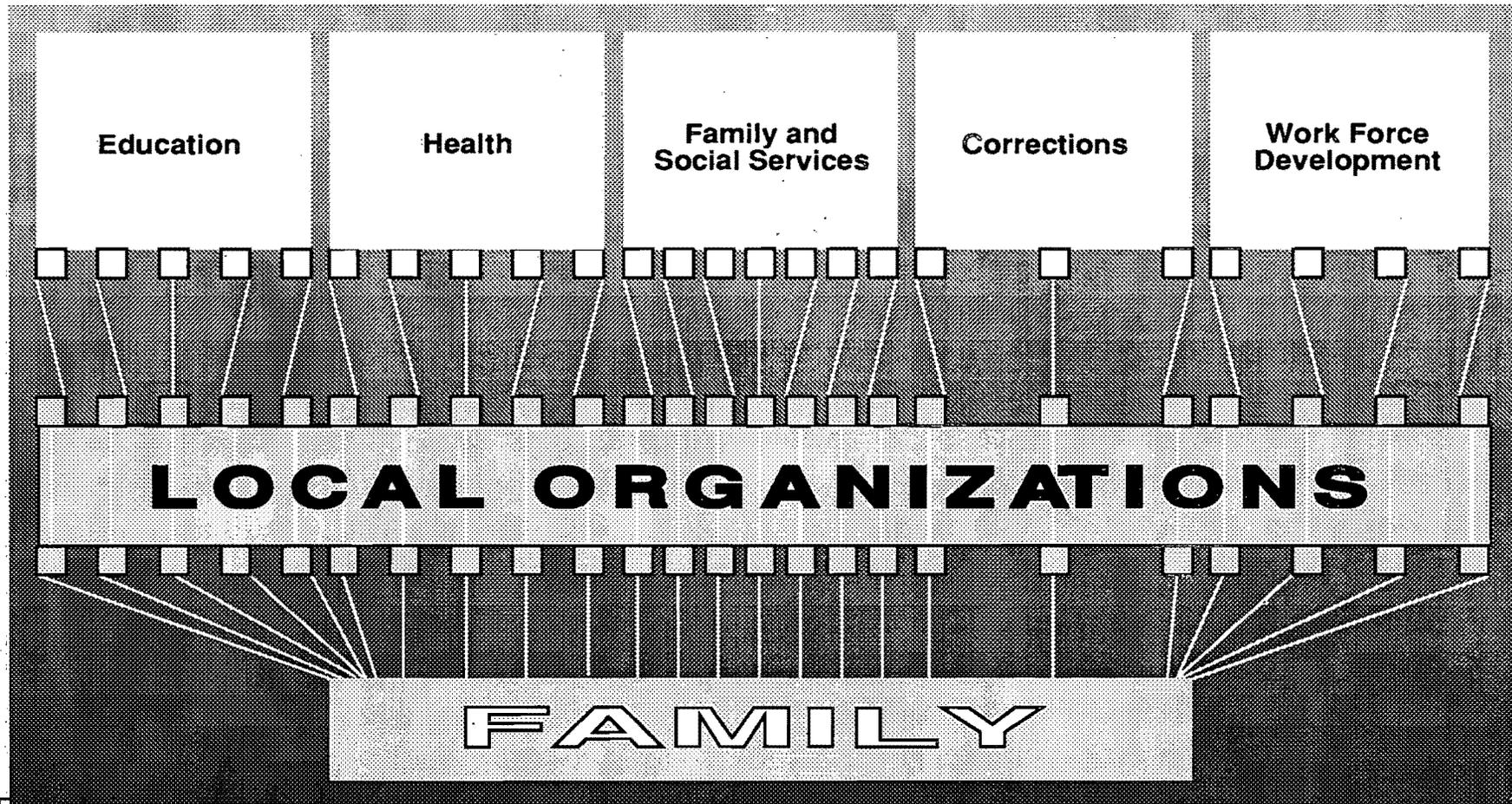


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CHARACTERISTICS

- ▲ Programs family-centered, work together, and use blended funding
- ▲ Coordination among and between state agencies by Step Ahead Panel
- ▲ Community-based Step Ahead Councils facilitate joint planning and priority setting/Stimulate Interagency collaboration/Common application systems
- ▲ Ease management and blended funding allows family a channel to address full range of problems
- ▲ Decision-making mixture of 'bottom up' and 'top down' approaches

CURRENT SYSTEM



CHARACTERISTICS

- ▲ Very categorical approach to problems Individual by Individual/
Programs operate independently of one another
- ▲ Limited communication within and between state agencies.
- ▲ Limited communication within and between local agencies/Few joint activities/
Multiple applications
- ▲ Family must cope with each independent program
- ▲ 'Top down' decision making

August 31, 1993

SUMMARY OF WEST VIRGINIA CONSOLIDATED PLAN

The State of West Virginia is submitting for federal approval a Consolidated State Plan for services to children, youth and families. The plan encompasses 177 federal programs administered by six federal departments. The major purpose of the plan is to encourage and facilitate cooperation, coordination and collaboration among programs at state and local levels. The plan extends not only to publicly funded programs, but also to non-governmental programs that choose to participate.

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

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

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

-end-



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August 25, 1993

WEST VIRGINIA CONSOLIDATED PLAN

QUESTIONS AND ANSWERS

1. Q. What is the West Virginia Consolidated Plan For Services to Children, Youth and Families?

A. The plan is a description of how the state intends to administer some ~~179~~ federally assisted programs in order to enhance cooperation, coordination and collaboration.
2. Q. Are non-federal programs covered by the plan?

A. Yes. On a voluntary basis state financed, locally financed and privately funded programs may participate. The federal government would have no jurisdiction over these programs.
3. Q. What kinds of federally assisted services are covered by the plan?

A. The plan covers education, health, mental health, nutritional, social, family support, parent education, financial assistance and related services.
4. Q. Is the plan limited to those programs which require state plans?

A. No. The plan covers all types of programs including formula grants, project grants and entitlement grants to the extent that they relate to cooperation, coordination and collaboration as well as proper and efficient administration.
5. Q. Does the plan apply only to programs for which the state receives and or passes through federal money?

A. No. The plan contemplates voluntary participation at state and local levels of all types of public and private funds.
6. Q. Does the plan replace existing state plans?

A. No. The plan is complementary to the program provisions of existing state plans and the latter remain in effect with respect to such matters as eligibility for service and program services to be provided.
7. Q. Does the plan apply to local communities?

A. Yes. One of the major purposes of the plan is allow for more extensive involvement in planning at the local level. State agencies retain their responsibility for the use of federal funds, but their actions will generally be responsive to plans and recommendations submitted by the Local Family Resource Networks.

8. Q. What is a Family Resource Network?

A. A Family Resource Network is a private non-profit organization created under the authority of West Virginia law and approved by the Governor's Cabinet on Children, ~~Health~~ and Families. It must have both public and private members including representatives of families. A majority of its members must be non-providers.

9. Q. What is the philosophy behind the Family Resources Networks?

A. FRNs promote family focused, community based, comprehensive services which are seamless to the extent possible and fully coordinated.

10. Q. What does a Family Resource Network do?

A. The FRN prepares annual plans including budget recommendations for its geographic area (one or more counties); mobilizes the entire community in support of families, stimulates collaboration among provider organizations including the development of shared and joint funding agreements; promotes inter-program training and staff development; encourages the operation of multi-service facilities; promotes the use of common intake and eligibility determination systems; and facilitates the use of multi-program case management systems with emphasis on serving seriously vulnerable families.

11. Q. What are some of the specific provisions of the Consolidated Plan?

A. The plan makes clear that it is legally possible for programs to collaborate through a) jointly funding activities with common purposes such as family information services, b) share in the costs of serving a particular family, c) develop protocols which permits sharing confidential information on a need to know basis, d) use the work of another agency rather than having to repeat that work, e) develop common intake, application and eligibility determination systems, f) operate multi-agency facilities under common administrative supervision, g) develop common data management, budgeting, reporting and evaluation systems and h) develop multi-program transportation, food service and administrative support systems.

12. Q. How can organizations pool funds to create a different way of delivering services?

A. An FRN may work with several organizations to develop a pooled funding arrangement and service delivery organization. For example, a community might wish to have a general purpose family support center in a neighborhood which could provide

general and specialized health services as well as mental health services, parent education, social and family support. That center might be open to all families in the community with different financing arrangements depending on individual circumstances. Thus, some families might pay for their own services while others might draw upon Medicaid, Title XX Social Services and substance abuse funds,

13. Q. What are some of the goals of the Consolidated Plan approach?

A. Goals include more fully involving families, reducing costs of services, enhancing preventive activities, more effective services and enhancing public/private cooperation.

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WVA/lead → file

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THE WHITE HOUSE
WASHINGTON

November 22, 1993

MEMORANDUM FOR CAROL RASCO
SUZAN JOHNSON COOK

FROM: SHERYLL CASHIN

SUBJECT: DRAFT "PR" DOCUMENT FOR THE REVIEW PROCESS OF
file: INDIANA AND WEST VIRGINIA CONSOLIDATED PLANS

Attached is the draft that Nancy Hoit, Bill Galston and I came up with for responding to informational requests about the Community Enterprise Board and its review of the Indiana and West Virginia Consolidated Plans. You will recall that you asked us to complete this draft several weeks ago. I apologize for the delay.

As you will see, the draft focuses primarily on procedural issues. Nancy Hoit has drafted a document that focuses on some of the normative/policy goals we might try to achieve in the family policy and other arenas with this effort.

cc:
Bill Galston
Nancy Hoit

NOV 23 REC'D

left msg.

Call Sheryll, tell her this came

after I left,

I will review

early next

week.

CH

THE COMMUNITY ENTERPRISE BOARD
Breaking Down Government Barriers and
Encouraging Community-driven Solutions

DRAFT

I. The Community Enterprise Board

Real economic and human development will not take root in a distressed community without that community being directly involved in developing their own rebirth and revitalization strategies. Thus, community empowerment must include a revolution in the way the federal government relates to communities in delivering both economic and human development funds and services. On September 9, President Clinton signed a presidential memorandum which created the Community Enterprise Board ("the Board"). Chaired by Vice President Gore, the Board is comprised of the heads of 15 government agencies and policy offices, including the departments of Treasury, Justice, Interior, Agriculture, Commerce, Labor, HHS, HUD, Transportation, Education, EPA, SBA, and the Office of National Drug Control Policy. The Assistant to the President for Domestic Policy, Carol Rasco, and the Assistant to the President for Economic Policy, Robert Rubin, are serving as vice-chairs of the Board.

The Board is charged with assisting in the implementation of the President's empowerment zones and enterprise communities legislation, which was passed in July, 1993. In addition, the Board will reward communities that develop innovative human and economic development strategies by affording a process for federal approval of plans that propose community-designed and community-administered mechanisms for integrating existing federal, state, local and private sector programs and funds in a way that meets identified community needs. For both efforts, the Board is exploring strategies for providing communities with flexibility and relief from overly complex, categorical mandates that inhibit innovation.

II. The West Virginia and Indiana Consolidated State Plans

Already, two states have submitted proposals to the Board for consolidating and integrating services to children, youth and families. Indiana and West Virginia have submitted very similar Consolidated State Plans that encompass 199 federal programs administered by six federal departments. The proposed plans are intended to provide a framework for collaboration among local service agencies through joint funding of support services, common administrative procedures, joint operation of service facilities, and more continuous care for families and children. The plans extend not only to publicly funded programs, but also to non-governmental programs and funding sources.

Each Consolidated State Plan contemplates that in each county or metropolitan area across the state, a local council or network that is broadly representative of the community will develop individual consolidated plans to be approved by the state. These locally-developed plans will reflect the views of the community on goals and priorities and will be

family-centered, comprehensive and geared to providing efficient, seamless services. To facilitate seamless delivery and cross-program coordination at the local level, the Consolidated State Plan will serve as an enabling document authorizing state agencies to take immediate action to approve and support the locally-developed plans. The Consolidated State Plans will, for example, permit local social service agencies to operate jointly and share costs, to use a common intake application, to share information and to establish joint offices and common administrative supervision.

The Consolidated State Plans will be approved and implemented at the state level by a coordinating body that will consist of the state's governor, relevant state cabinet members, and the heads of state agencies responsible for administering the affected programs.

Indiana and West Virginia have sought the Clinton Administration's approval of their state plans. Both states maintain that their plans do not require any changes in, or exemptions from, federal laws or regulations. In addition, they do not contemplate any changes in providing program and financial data to the federal agencies, although they may use new methods to compile the data. Instead, they seek federal approval to ensure federal cooperation and support for these innovative, integrated strategies.

These plans are currently being reviewed by a sub-group of the Community Enterprise Board and the Board is working with both states to help them realize their goals.

III. Strategies for Community Empowerment

Indiana and West Virginia have chosen to pursue community empowerment strategies aimed at improving the delivery of children and family services and to do so within existing laws. The Community Enterprise Board is intended to provide a single point of access to the federal government for states and communities that wish to pursue comprehensive, coordinated, and community-driven economic and human development strategies for distressed urban and rural communities.

The Board itself is not currently vested with waiver authority. However, the September 9 presidential memorandum which created the Board directs the Board's members to "[c]onsult with the Board regarding exemptions from regulatory mandates for which the member agency has jurisdiction and inform his or her decisions regarding such exemptions with the recommendations of the Board." In addition, on October 26, 1993, the President signed an executive order requiring each federal agency to review its waiver application process and take appropriate steps to streamline that process. The order also requires each agency, to the fullest extent practicable and permitted by law, to render a decision on a complete waiver request within 120 days of receipt of such application by the agency.

Although waiver authority rests with individual agencies, the Board can serve as an inter-agency forum for reviewing and processing integrated (i.e., multiple-agency) waiver strategies. The Board is currently exploring additional mechanisms for improving its ability to serve as such a forum. We encourage state and local governments to make use of the

Board when seeking to pursue multiple-agency waiver strategies.

Listed below are broad principles that reflect the mission and emphasis of the Community Enterprise Board. If your state or community is contemplating pursuing a strategy for empowering distressed communities, these principles may help you determine whether the Board is an appropriate forum for reviewing and approving your proposal:

- **Reflecting the Principles of the National Performance Review:** the needs of distressed communities must be met through a performance-measured, customer-driven philosophy and a cross-agency approach.
- **Bottom-Up Planning:** local residents, organizations and agencies that are closest to the needs and problems intended to be addressed should drive the content and direction of community empowerment strategies. The residents of the affected community in particular must be directly engaged and involved in the assessment of their needs and the planning to meet those needs. State and local governments should listen to ideas of community residents, identify the governmental and other barriers they face and mechanisms for transcending those barriers.
- **Facilitating Innovation and Coordination:** where communities have come forth with innovative, thoughtful proposals to meet needs they have identified, the Board will strive to work with them as a responsive facilitator. The challenges and assets of each community vary, as will the solutions. However, we encourage communities to consider partnership strategies. Ideally, the resources of the federal, state, local, private-sector, non-profit sector, etc., should be marshalled in a coordinated, synergistic, and efficient way.
- **Performance Measures:** each community should be invited to identify its performance objectives and the measures for success of its empowerment strategies. These desired results and outcomes should be the focus of planning and coordination efforts and the benchmarks for federal evaluation and monitoring of approved plans.

JAN 26 REC'D

January 26, 1994

MEMORANDUM TO CORE GROUP ON CONSOLIDATED STATES PLAN *fill*

FROM: Suzan Johnson Cook

SUBJECT: Letters to Governors and State Reps

Thank you for your help in the first phase of the work with the Consolidated States Plan. As I shared with you on the phone, during the first week of January, there were two letters sent. One was to Governors Bayh and Caperton from President Clinton. The second was sent from Carol to the representatives from West Virginia and Indiana, Dr. W. Donald Weston and Cheryl Sullivan, along with copies of your agency's letters to the regional offices. (The President's letter is attached; you already have Carol's.)

Many of you indicated verbally and in writing that you would like to have representatives from your agency to visit some of the sites to see the "plan in action" and to see how we would directly relate to the plan. Both Ms. Sullivan and Dr. Weston are very eager to assist in this endeavor and have been given your name(s) as contacts. They will probably be in touch with you in the next few weeks, however, you can also feel free to contact them.

If you have concerns or suggestions as we work through this, please get them to me and I will share them with Carol.

We know there are still many unresolved questions which only experience can answer. We thank you for your attention.

✓ cc: Carol H. Rasco
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NEC

ATTENDEES OF THE WEST VIRGINIA/INDIANA MEETING
ON THE ISSUE OF CHILDREN AND FAMILIES

Wednesday, October 20, 1993

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5. Olivia Golden	Dept. of Health & Human Svcs	205-8572
6. Don Kulick	Dept. of Labor	219-6236
7. Michael Stegman	Dept. of Housing & Urban Development	708-1600
8. Ron Blackley	Dept. of Agriculture	720-3631
9. Paul Dimond	National Economic Council	456-7624
10. Isabel Sawhill	Office of Management & Budget	395-4844
11. Nancy Hoit	Office of the Vice President	456-7020 or (617)749-5563
12. Attorney General Janet Reno	Dept. of Justice	514-2001
13. Carol H. Rasco	Domestic Policy Council	456-2216
14. Suzan Johnson Cook	Domestic Policy Council	456-6402 or 456-7777
15. Bill Galston	Domestic Policy Council	456-2216
16. Lucia Gilliland	Tipper Gore's staff	456-2327
17. Shay Bilchik	Dept. of Justice	514-4637

18. Bill Mercer	Dept. of Justice	514-4137
19. Sheryll Cashin	National Economic Council	456-6410
20. Kathi Way	Domestic Policy Council	456-7777
21. Julia Burnell	Dept. of Agriculture	720-7711
22. Mike Schmidt	Domestic Policy Council	456-7777
23. Jim Ivery	Dept. of Health & Human Svcs.	690-6156
24. Tom Corwin	Dept. of Education	401-0318
25. Stan Herr	Domestic Policy Council	456-2372
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*read to J. Sugarman
10/19/93
RAM*

October 19, 1993

TO: CAROL RASCO
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SUBJECT: OCTOBER 20 CABINET BRIEFING

OMB is already included in the W. House team

WAVED for Wed p.m. & Thurs. a.m. RAM

This is fine.

May I suggest that you might want to have an OMB representative at the cabinet briefing. Some OMB Circulars are important to what we are trying to do. Possible individuals would be Leon Panetta, Alice Rivlin or Isobel Sawhill.

- Official representatives from states will be
- Cheryl Lynn Sullivan, Vice-Chair, Indiana Council on Children and Families, dob [P6(b)(6)]
 - W. Donald Weston, M.D., Vice-Chairman, West Virginia Governor's Cabinet on Children and Families, dob [P6(b)(6)]
 - Jule M. Sugarman, Chairman, Center on Effective Services for Children, dob [P6(b)(6)]

In terms of Thursday meeting, states have inquired as to whether one additional person from each state could participate. The Indiana person is Peg Smith, Director of the Step Ahead Program. In West Virginia it is Lyle Sattes, Director of the Governor's Cabinet on Children and Families.

Please have someone call me with respect to this request. (202-785-9524).

WAVED for Thurs. a.m. { Peggy L. Smith [P6(b)(6)]
Frederick L. Sattes [P6(b)(6)]



October 19, 1993

TO: CAROL RASCO

FROM: JULE SUGARMAN *Jule*

The purpose of this memorandum is to give you a personal perspective on the consolidated state plans. I am not sharing this memorandum with the states.

First, it is important to understand that the consolidated state plans are only a step in the right direction. What we have tried to do is to achieve the maximum flexibility as to what is possible under existing law. Other steps will be necessary in the future.

One issue the administration should consider is whether plan approval is based on demonstrating what could be accomplished by the two states or as opening the door to all states to develop their own approaches. I hope the latter view will prevail. It will be years before anyone will know with certainty all of the effects of using consolidated plans, but the need for change is overwhelming right now.

It is clear to me that the success of these plans or any future plans is heavily dependent on the attitudes of regional offices. They are the day to day contact with states and will need to clearly understand that the administration is supporting major changes. I suggest you consider several steps: creation of a standing multi-agency group in D.C. to monitor progress; a good publication which makes the point; a road show which takes the changes directly to those officials and staff who deal constantly with the states; and, formation of federal multi-agency regional teams to work with corresponding state teams.

It seems to me that there is an opportunity to relate action on the plan to a broader initiative on families and children. In the state presentations we speak to the duty of the communities to mobilize people and organizations to support children and families. Might it not be timely for the President and First Lady to call for a national mobilization on behalf of children and families?

I'd be happy to discuss these ideas with you.

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

*Hand to J. Sugarman
10/19/93 HMM*

*4/2/94
W.H. is
exploring
similar
concepts*

*This issue
has been
under
review*

for sev. mos.

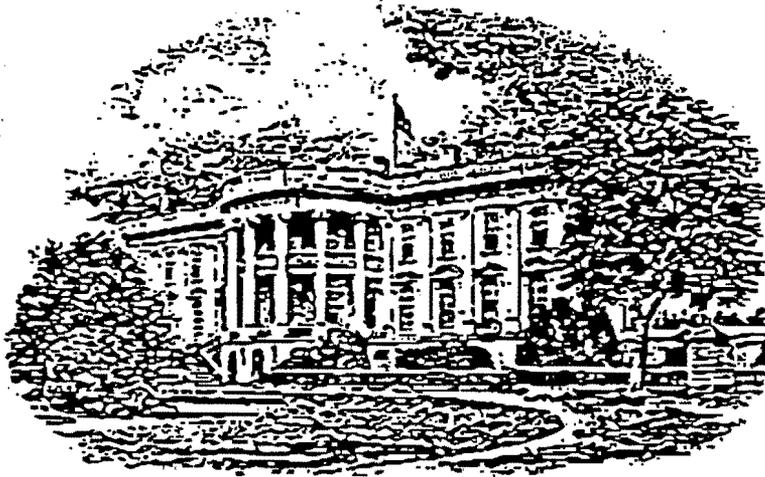
*It will not be
on the table
in these meetings.*

file: West Virginia Consolidated
DATE: Service Plan
TIME: _____

THE WHITE HOUSE

WASHINGTON

JUN 27 REC'D



FAX COVER SHEET

TO: Carol Rasco

PHONE: () _____

FAX: () _____

Very important to read

FROM: Suzanne Johnson Cook

PHONE: (202) 456- 5575

The Charleston Gazette, Tuesday, June 7, 1994

Childrens Cabinet cut called part of change

By Phil Kabler
STAFF WRITER

Though funding problems forced the governor's hand, dismantling the staff of the Governor's Cabinet on Children and Families was a logical step in the transition to providing community-based services for the poor, one Cabinet member said Monday.

Last week, Gov. Gaston Caperton ordered a significant reduction in the Cabinet's staff. He cut the payroll from seven workers to three — including eliminating Director Lyle Sattler's job.

Sattler said "the jury is out" on whether the cutbacks will hamper the agency's efforts to create Family Resource Networks that would provide financial, health-care and educational services to poor families.

On Monday, Dr. Donald Weston, vice chancellor for health services, said the restructuring is a necessary part of the plan to shift delivery of services such as Medicaid, welfare and food stamps from state bureaucracies to the 37 community-based networks.

The loss of about \$320,000 of federal money and a state funding cut of about \$80,000 apparently sped up the process.

"The money issue played a role in revising the process, but even if there was no money issue, the need to interface the agencies in the process was a given," Weston said.

Although critics may say Caperton's action puts responsibility for dismantling the bureaucracy back in the hands of the bureaucrats, Weston said the agencies have to be involved in the shift to the Family Resource Networks sooner or later.

"Sometimes fiscal problems focus people," said Weston, who has been the state's point man for coordinating the program with the

White House.

The Family Resource Network concept has gotten the green light from the Clinton administration.

In a Jan. 4 letter to Caperton, President Clinton praised the program as a "creative, innovative and practical approach."

"We are particularly enthusiastic about the family focused, comprehensive and preventive principles of service," the letter said.

Carol Hasco, director of the Domestic Policy Council, pledged the administration's support in working through the paperwork at the federal level. "You have created an encouraging mechanism which supports and inspires community-based planning and management working together to transform the state, federal and local response to children and families," she said.

In a nutshell, the program would replace what Weston called a "complex, convoluted system for delivering services to people" with 37 Family Resource Networks. The community networks would develop systems for screening families and for getting the needed services to them.

David Lloderman, executive director of the Child Welfare League of America, said several states are moving toward grassroots systems to deliver health and welfare benefits, although none are aiming for as dramatic a change as West Virginia.

Lloderman said larger states, such as Florida and California, have moved toward regionalizing their services, only because the state bureaucracies became unmanageably large.

He said West Virginia was probably the right size for testing a major overhaul in the service delivery system.

"It's not going to go like a knife through butter, but I think they should give it a shot," he said.

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