This paper is the first of a two-part series on financing early childhood mental health services. It discusses the need for a systemic approach to financing early childhood mental health services and supports and presents a matrix to assist states and communities in the design of comprehensive financing systems. The vertical axis of the matrix lists a range of early childhood mental health services and supports. The list of potential financing resources, displayed horizontally across the top of the matrix, includes the major federal, state, and local government and non-government sources of funding available to states and communities. To use the matrix, members of a state or community team would begin by taking an inventory of both existing services and funding sources. The inventory of services currently in place completes the vertical dimension of the matrix and its inventory of current funding sources goes in the matrix's horizontal dimension. Once the matrix is complete, areas where additional services and/or funding resources are needed and where any gaps or overlaps exist can be identified. Appendix A contains a blank matrix. Each of the funding resources is further described in Appendix B. (Contains 11 references.) (CR)
FUNDING

EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS

MARCH 2001

Georgetown University Child Development Center

PREPARED FOR:

Center for Mental Health Services

SAMHSA
Substance Abuse and Mental Health Services Administration
Child Adolescent and Family Branch
U.S. Department of Health and Human Services
FUNDING EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS

MARCH 2001

AUTHORS:
Amy Wishmann, Donald Kates, and Roxane Kaufmann

Georgetown University Child Development Center

PREPARED FOR:

CMHS
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There have been remarkable advances in mental health research and practice during the past three decades. However, mental health disorders continue to pose an enormous burden for individuals, their families, and society. Although preventive efforts can have great benefit for children ages birth to 8 years of age, insufficient attention has been paid to both prevention and early intervention efforts with respect to mental health issues affecting this age group (Kaufmann & Dodge, 1997). Because young children experience every human emotion and feeling, including anger, happiness, and sadness, they are capable of having sound emotional and mental health, as well as the unfortunate converse—emotional and mental health problems (Feinberg & Fenichel, 1996). The physical, mental and emotional health of young children provides the foundation for all further development.

Current mental health research and practice highlight the importance of social and emotional well-being in the earliest years of life. Ever increasing knowledge of the development and plasticity of the young human brain, along with a growing appreciation for the impacts of relationships between children and their caregivers, continue to inform the field of early childhood mental health. Many of the problems evident in older children and adolescents are believed to originate in early childhood. Studies of children raised in adverse environments show that substantial cognitive deficits appear as early as 18 months of age (Infant Health and Development Program, 1990; Ramey et al., 1992). Research indicates that a stressful social environment may activate hormones that hasten the elimination of neurons and adversely affect a child’s brain functioning (Knitzer, 1997). The Institute of Medicine estimates that at least 12 percent of children and adolescents in the United States (about 7.5 million) suffer from one or more mental disorders, including autism, attention deficit hyperactivity disorder, severe conduct disorder, depression, and alcohol and substance abuse and dependence (IOM, 1994). Whether by virtue of environment or biology, increasing numbers of infants, toddlers, and preschool children experience or are at risk for mental illness.

All young children, including those at risk for mental disorders, those with other health and developmental disabilities, and those exhibiting emotional and mental disorders, require a range of multiple, diverse, formal and informal services and supports that are culturally competent, recognize child and family strengths, and address individual needs (Kaufmann & Wischmann, 1999). Preventive measures often reduce the impact of risk factors for mental health disorders and improve the chance for children’s positive social and emotional development (U.S. DHHS/NIMH, 1999). Ideally, these services and supports are community-based, provided in natural environments, and are integrated and imbedded in existing programs in a coordinated fashion. Although the importance of early
intervention and prevention services and supports is becoming more widely accepted, a great deal of work remains in order to secure resources for the public education, training, services, and research that will ensure a comprehensive approach to early childhood mental health. About 140 federal programs and tax provisions involving $10 million or more provide benefits and services that are directed at, or include, children and their families. Fewer than 10% of these federal initiatives are intended for infants and preschoolers (Richardson and House, 1999).

The Need for a Systemic Approach to Financing Early Childhood Mental Health Services and Supports

The need for a systemic approach to financing early childhood mental health services and supports stems mainly from the fragmentation found within children’s services. Many agencies, such as child welfare, public health, mental health, substance abuse, developmental disabilities, education, and juvenile justice, are involved in the delivery and funding of services to young children and their families. Historically these agencies have not worked together to serve families, nor have they worked with early learning and education programs (e.g. Head Start, child care), in large part because they are not structured or administered in ways that facilitate coordination or collaboration (Bazelon, 1998). Children’s services are divided by differing policies, procedures, and disciplinary philosophies. Due in large part to this lack of cohesive public policy, the development of a financing system to support services for young children with mental health challenges and their families must combine numerous funding sources. Securing ongoing financial support for prevention and early intervention services is one of the greatest challenges to the establishment of a comprehensive mental health system for young children.

Building a systemic approach to financing early childhood mental health services and supports is a complex process that includes the identification, understanding, and full utilization of all existing funding resources. Because so many different agencies at the state and local level provide and fund services for children and their families, collaboration among involved agencies and providers is essential throughout the process, from the early planning stages to implementation of the service and financing system. Since early childhood mental health addresses relationships between and among infants, toddlers, and preschool age children and their adult caregiver, adult and child funding streams must be accessed. Participation is also required from families and advocates who bring their expertise with respect to necessary services, navigating the child serving systems, and securing resources for their children. A plan conceived in isolation or with little participation by stakeholders will have a difficult time gaining the base of support needed to achieve its goals (Williams & Kates, 1991).
The framework for a financing system must be based on a common vision of a community-based, family-centered, and culturally competent foundation of services and supports to meet individual needs. Various funding streams can be viewed as building blocks for the financing system. Some of these building blocks will serve as a foundation, while others will be used to fill in gaps in the service system. The criteria for identifying a building block as part of the foundation or as a gap filler will depend on the amount of funds available, the particular service or services covered, and the availability of alternative resources to pay for a given type or category of services (Kates, 1998). In addition, due to ever changing federal and state policy, annual appropriation considerations, and fluctuations in the economy, there will always be a need to look for new resources either to replace money that is no longer available or to help with program growth and sustainability.

Using the Matrix of Early Childhood Mental Health Services, Supports and Funding Streams

A system of services that can meet the needs of young children and their families requires a broad array of health, education, mental health, welfare, social and related services. Each state or community must determine how it will pay for each component of its comprehensive system of services.

In June, 1999, a meeting of stakeholders, consultants, and family members with expertise in early intervention, mental health, and finance issues was held in Vermont. Meeting participants, together with staff from the Georgetown University Child Development Center, developed a matrix to assist states and communities in the design of comprehensive financing systems for early childhood mental health services and supports (see Appendix C for a list of meeting participants). The vertical axis of the matrix lists a range of early childhood mental health services and supports. The list of potential financing resources, displayed horizontally across the top of the matrix, includes the major federal, state, and local government and non-government sources of funding available to states and communities. Every item listed for each dimension may not necessarily be applicable to every state; a state or community may add to or modify the list of items in order to reflect more accurately its own ideal system.

To use the matrix, members of a state or community team would begin by taking an inventory of both existing services and funding sources. The inventory of services currently in place completes the vertical dimension of the matrix and its inventory of current funding sources goes in the matrix’s horizontal dimension. When completing the matrix, note any limitations or special provisions that affect the funding of a particular service by a specific funding resource (e.g. ages zero to three only, or income/resource...
restrictions). With this information entered on the matrix, the state or community group can begin to form a picture of the existing service and financing system. Once the matrix is complete, areas where additional services and/or funding resources are needed, and where there are any gaps, overlaps or other potential issues or problems can be identified.

Many of the services needed are already being funded in some way. For some services, potential sources of financing may exist, but are not being tapped, or their use has been limited in some way. Other services may be funded by several different and duplicate sources. Some gaps may exist where additional sources of funding (such as legislative appropriations or donations) must be sought. For still other services, no financial resources will appear to be available at all. Which of these descriptions applies to each of the services identified in the comprehensive early childhood mental health system will have to be determined.

The completed matrix can be used in different ways. It can be used as a checklist for determining which services and funding sources should be examined more closely. It can provide a graphic illustration of the financing options to be analyzed and possibly pursued as part of changing and/or expanding an existing financing system. The matrix can also be shared with various agency representatives who may observe new areas for interagency collaboration. The matrix can easily be adapted for use at the local level. Community planning groups can follow the same process to depict their current financing and service delivery system and to show where changes are needed. The goal is to design a financing system to support all the early intervention and prevention services necessary to meet the needs of young children and their families as described by the common vision of the state or community.

Tables and Appendices

Appendix A contains a blank matrix that can be used to consolidate the service and funding source inventories into a single, two-dimensional depiction.

Table #1 lists the early childhood mental health services and supports found on the vertical dimension of the matrix. The first four headings of Table #1 contain direct services for young children and their families, subdivided into the following categories: Prevention and Early Intervention; Clinical Services; Community Services; and Family and Caregiver Support Services. The last heading in Table #1 contains various system components that are not direct services: Infrastructure and Training.
Table #2 lists the potential financing resources, displayed horizontally across the top of the matrix. These include the major federal, state, and local government and non-government sources of funding available to states and communities. There may be additional sources in your state or community. The government sources shown here are those providing long-term, formula-type grant funds; discretionary funds provided on a competitive, short-term basis on excluded from the matrix since they cannot be counted on to support ongoing service delivery programs. Some of the resources listed are direct service providers, some are third-party payors, and others—such as health maintenance organizations—both provide and finance services.

Each of the funding resources is further described in Appendix B. The descriptions outline the major eligibility criteria and procedures, services and activities covered, provider qualifications, and any special features or unique issues to consider. Several funding streams discussed in Appendix B are currently being reexamined at the congressional level and may undergo substantial changes. The information found in this document is current as of December 2000. Please refer to the websites for the federal contact agencies in order to access the most up to date information on funding sources. The descriptions of funding sources for federal agencies contained in this document were taken from the Catalog for Federal Domestic Assistance found on the internet at www.cfda.gov. To research a funding source in the Catalog for Federal Domestic Assistance, use the “program number”, found after the title of the funding source in Appendix B, in order to search for that particular funding stream.

Appendix C lists the meeting participants who generated the services, supports and potential funding streams included on the matrix. This group consisted of stakeholders, consultants, and family members with expertise in early intervention, mental health, and finance issues was held in Vermont, and staff from the Georgetown University Child Development Center.

**Conclusion**

The framework for this document, including the matrix, tables and appendices, are based on the NEC*TAS publication, “NEC*TAS Financing Workbook: An Interagency Process for Planning and Implementing a Financing System for Early Intervention and Preschool Services” (see citation in reference section). This paper is Part One of a two volume series on financing early childhood mental health services. Part Two in the series will focus on state and community examples of innovative funding strategies, with discussions of service arrays, lists of services and funding streams, and approaches to the overall service and financing structure.
Resources


APPENDIX A

MATRIX OF EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS
### APPENDIX A

Matrix of Early Childhood Mental Health Services & Supports **PART 1**

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<td>Community education/outreach</td>
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<td>Prenatal care</td>
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<td>Pediatric services</td>
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<td>Consultation for families/caregivers</td>
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<td>Parenting skills</td>
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<td>Pre-parenting skills</td>
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<tr>
<td>Teen pregnancy prevention</td>
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<td>Nutrition</td>
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<td>Health care</td>
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<td>Substance abuse prevention</td>
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### POTENTIAL FUNDING SOURCES

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<td>WIC</td>
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<td>Even Start—Migrant Ed.</td>
<td>Head Start/Early Head Start</td>
<td>Job Training</td>
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<td>Title I</td>
<td>Even Start—Indian Tribes</td>
<td>Maternal, Infant, &amp; Child Health</td>
<td>Indian Health Services</td>
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### CLINICAL SERVICES

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<td>In-home services</td>
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<tr>
<td>Crisis intervention</td>
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<tr>
<td>Individual and group therapy</td>
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<tr>
<td>Family therapy</td>
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<td>Play therapy</td>
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<td>Substance abuse treatment</td>
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<td>Medication management</td>
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<td>Behavior management</td>
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<td>Occupational therapy</td>
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<td>Physical therapy</td>
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<tr>
<td>Communication (speech/language/hearing)</td>
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<tr>
<td>Infrastructure &amp; Support</td>
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<tr>
<td>Provider networking</td>
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<td>Teambuilding</td>
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<td>Multi-disciplinary and Cross-disciplinary training</td>
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<td>Cross-cultural training</td>
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<tr>
<td>Family and caregiver training</td>
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<td>Systems level collaboration</td>
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<tr>
<td>Clinical supervision</td>
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<td>Grievance/appeals process</td>
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<td>Mediation/conflict resolution</td>
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<th>Community Services</th>
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<td>Respite services</td>
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<td>Transportation</td>
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<td>Transition to school</td>
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<tr>
<td>After school/summer programs</td>
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<tr>
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<td>Playgroups with mental health support</td>
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<tr>
<td>Inclusive communities</td>
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<td>Policy training on abuse, neglect, family violence</td>
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<td>Court-linked services for predivorce counseling</td>
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<td>Teen pregnancy services</td>
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## APPENDIX A
Matrix of Early Childhood Mental Health Services & Supports PART 2

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<td>Grievance/appeals process</td>
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<td>SERVICES &amp; SUPPORTS</td>
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| 21 |
Prevention and Early Intervention Services

Risk assessment
Screening
Community education and outreach
Prenatal care
Pediatric services
Consultation for families and caregivers
Parenting skills
Pre-parenting skills
Teen pregnancy prevention
Nutrition
Health care
Substance abuse prevention

Clinical Services

Assessment and Evaluation
Diagnosis
Home visiting
In-home services
Crisis intervention
Individual and group therapy
Family therapy
Play therapy
Substance abuse treatment
Medication management
Behavior management
Occupational therapy
Physical therapy
Communication (speech, language, and hearing)

Community Services

Child care (full-year, nontraditional hours, and sick child care)
Therapeutic nurseries and preschools
Therapeutic foster care
Transition to school
After school and summer programs
Social supports (communities of faith, indigenous supports)
Women’s shelters
Recreational opportunities
Playgroups with mental health support
Inclusive communities
Police training on abuse, neglect, and family violence
Court-linked services for pre-divorce counseling
Teen pregnancy services
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IDEA, Part C: Special Education—Grants for Infants and Families with Disabilities (84.181)


Contact Agency: Office of Special Education and Rehabilitative Services, Department of Education www.ed.gov/offices/OSERS

Objectives: To assist each State to develop and implement a Statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities, and their families.

Covered Services & Activities: Funds are used to assist States in implementing and maintaining their Statewide systems of early intervention services. Funding may also be used to provide direct services for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources, to expand and improve on services for infants and toddlers with disabilities that are otherwise available and to provide a free appropriate public education, in accordance with Subchapter II, to children with disabilities from their third birthday to the beginning of the following school year.

Applicant Eligibility: The 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Secretary of the Interior and the following jurisdictions: Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

Beneficiary Eligibility: Infants and toddlers (children birth through 3 years of age) with diagnosed delays or disabilities and their families and, at state discretion, children at-risk for delays or disabilities.

Flow of Funds: Awards are based on each applicants proportionate share of children, aged birth through two years, in their general population, based on the most recent census data. No State receives less than 0.5 percent of the funds available for all States. The Department of Interior receives 1.25 percent of the amount available to States. The territories receive up to 1 percent of the funds appropriated.

FY '01 Est. Appropriations: $383,567,000

Related Programs: 84.027, Special Education—Grants to States; 93.600, Head Start.

IDEA, Part B: Special Education—Preschool Grants (84.173)

Authorization: Individuals with Disabilities Education Act (IDEA), Part B, Section 619, as amended.

Contact Agency: Office of Special Education and Rehabilitative Services, Department of Education www.ed.gov/offices/OSERS

Objectives: To provide grants to States to assist them in providing a free appropriate public education to children with disabilities ages three through five years, and at a
Covered Services & Activities: Funds are used by State education agencies in accordance with the priorities in the Act to: (1) Provide a free appropriate public education (FAPE) to preschool children with disabilities ages 3 through 5, and at the State’s discretion, to 2 year old children with disabilities who will reach age 3 during the next school year; (2) at the State’s discretion, to set aside some grant funds to be used to administer section 619 and to use State set-aside funds for support services, direct services, for the State’s State Improvement Plan, for activities to meet the State’s performance goals, and to supplement other funds used for a Statewide coordinated service system designed to improve results for children and families.

Applicant Eligibility: State education agencies in the 50 States, the District of Columbia, Puerto Rico.

Beneficiary Eligibility: Three through five-year-old children, and (at the State’s option) two-year-old children that will reach age 3 during the school year, having mental retardation, hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, serious-emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments specific learning disabilities, or developmental delays that require special education and related services will benefit.

Flow of Funds: Preschool Grants are awarded to States based on a statutory formula. A State first receives the amount it received under this program in federal fiscal year 1997. If the appropriation for this program in any subsequent fiscal year exceeds the amount for the preceding fiscal year, 85 percent of the excess appropriation over the fiscal year 1997 appropriation is awarded to States based on their relative populations of children aged 3 through 5, and 15 percent of the excess appropriation is awarded based on the State’s relative population of all children aged 3 through 5 living in poverty.

FY '01 Est. Appropriations: $390,000,000

Related Programs: 84.027, Special Education—Grants to States; 84.181, Special Education—Grants for Infants and Families with Disabilities.

IDEA, Part B: Special Education—Grants to States (84.027)


Contact Agency: Office of Special Education and Rehabilitative Services, Department of Education www.ed.gov/offices/OSERS

Objectives: To provide grants to States to assist them in providing a free appropriate public education to all children with disabilities.

Covered Services & Activities: Funds are used by State and local educational agencies, in accordance with the priorities in the Act, to help provide the special education and related services needed to make a free appropriate public education available to all eligible children.

Applicant Eligibility: State educational agencies in the 50 States, District of Columbia, Puerto Rico, American Samoa, Commonwealth of the Northern Mariana Islands, Guam and Virgin Islands, may apply to the Department of Education for participation in the Part B, IDEA program. The Department of the Interior, Bureau of Indian Affairs receives 1.226 percent of the total amount available to States. Local educational agencies apply to their State educational agency for funds.

Beneficiary Eligibility: Children and youth with disabilities will benefit, typically ages 3 years through
21 years, having mental retardation, hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments specific learning disabilities, or developmental delays that require special education and related services.

Flow of Funds: Funds for the 50 States, the District of Columbia, and Puerto Rico, are allotted on the basis of a certified count of the number of children with disabilities aged 3 through 21 years, receiving special education and related services on December 1 of the fiscal year that the grant is made. Funds to the outlying areas are allotted proportionately among them on the basis of their respective need, not to exceed one percent of the aggregate amounts available to the States in a fiscal year, as determined by the Secretary of Education. The Department of the Interior receives 1.226 percent of the total amount available to States.

FY '01 Est. Appropriations: $5,279,685,000

Related Programs: 84.173, Special Education—Preschool Grants; 84.181, Special Education—Grants for Infants and Families with Disabilities; 84.323, Special Education—State Program Improvement Grants for Children with Disabilities; 84.324, Special Education—Research and Innovation to Improve Services and Results for Children with Disabilities; 84.325, Special Education—Personnel Preparation to Improve Services and Results for Children with Disabilities; 84.326, Special Education—Technical Assistance and Dissemination to Improve Services and Results for Children with Disabilities; 84.327, Special Education—Technology and Media Services for Individuals with Disabilities; 84.328, Special Education—Training and Information for Parents of Children with Disabilities; 84.329, Special Education—Studies and Evaluations.

Even Start—State Educational Agencies (84.213)


Contact Agency: Office of Elementary and Secondary Education, Department of Education

www.ed.gov/offices/OESE

Objectives: To help break the cycle of poverty and illiteracy and improve the educational opportunities of low-income families, by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

Covered Services & Activities: Subgrants are used for activities such as recruitment and screening of children and parents, design of programs, instruction of children and parents, support services, staff training, evaluation, and coordination with other programs. Funds may not be used for indirect costs.

Applicant Eligibility: State educational agencies (SEAs). The subgrantees are partnerships of a local educational agency (LEA) and a nonprofit community-based organization, a public agency other than an LEA, an institution of higher education or other public or private nonprofit organizations. Any of the latter, with demonstrated quality, may apply in collaboration with a LEA.

Beneficiary Eligibility: Parents eligible for participation under the Adult Education Act and their children aged birth through seven. Families must be in need of Even Start services, as indicated by a low income level and low level of adult literacy or English language proficiency, or other need-related indicators.

Flow of Funds: The Federal share of the cost of a subgrant project is not more than 90 percent in the first year, 80 percent in the second year, 70 percent in the third year, 60
percent in the fourth year, and 50 percent in any subsequent year. Federal funds are distributed to SEAs based on their relative shares of Title I, Part A of ESEA.

**Fiscal Year 2001 Estimated Appropriations:** $141,250,000

**Related Programs:**
- 84.002, Adult Education—State Grant Program
- 84.010, Title I Grants to Local Educational Agencies
- 84.011, Migrant Education—Basic State Grant Program
- 93.600, Head Start

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**Title I Grants to Local Educational Agencies (84.010)**


**Contact Agency:** Office of Elementary and Secondary Education, Department of Education

**Objectives:** To help local education agencies (LEAs) and schools improve the teaching and learning of children failing, or most at-risk of failing, to meet challenging State academic standards.

**Covered Services & Activities:** Use of funds varies, depending on whether a school is operating a school wide program under Section 1114 of Title I or a targeted assistance program under Section 1115. A school with at least a 50 percent poverty rate may choose to operate a school wide program under Section 1115 that allows Title I funds to be combined with other Federal, State, and local funds to upgrade the school’s overall instructional program. All other participating schools must operate targeted assistance programs, and select children deemed most needy for Title I services. Targeted assistance programs must ensure that Title I services supplement, not supplant the regular education programs normally provided by State and local educational agencies.

**Applicant Eligibility:** State educational agencies (SEAs) and the Secretary of the Interior. Local educational agencies (LEAs) and Indian tribal schools are subgrantees.

**Beneficiary Eligibility:** Children who are failing, or most at risk of failing, to meet challenging State academic standards.

**Flow of Funds:** The statute includes three separate formulas for allocating Title I Grants to LEAs. Under the statute, Basic and Concentration Grants are funded at the 1995 appropriation level. Basic Grants are allocated to almost all local educational agencies based on each State’s per-pupil expenditure for education and the number of school-aged children from low-income families. Concentration Grants are allocated to LEAs having more than 6,500 children from low-income families or a poverty rate of more than 15 percent. In addition, funds appropriated in excess of the fiscal year 1995 level are to be distributed as targeted grants, which make higher payments to counties with higher numbers or percentages of poor children. The Bureau of Indian Affairs, Outlying Areas, and the Pacific Regional Education Laboratory also receive funding. Within LEAs, school officials target funds to schools with the greatest numbers of poor children. Although Basic Grants and Concentration Grants are allocated to LEAs through different formulas, school districts combine these funds for use as a single program.

**Fiscal Year 2001 Estimated Appropriations:** $8,357,500,000

**Related Programs:**
- 84.011, Migrant Education—Basic State Grant Program
- 84.013, Title I Program for Neglected and Delinquent Children.
**Goals 2000—State and Local Education Systemic Improvement Grants (84.276)**

**Authorization:** Goals 2000: Educate America Act, Title III, Public Law 103-227.

**Contact Agency:** Office of Elementary and Secondary Education, Department of Education

www.ed.gov/offices/OESE

**Objectives:** To provide grants to State Education Agencies (SEAs) on a formula basis to support the development and implementation of comprehensive reform plans at the State, local, and school levels to improve the teaching and learning of all children. To support top down and bottom up reform through competitive subgrants by SEAs. In years two through five, of 90 percent of these funds are subgranted to local education agencies (LEAs) and through LEAs to individual schools. To support the establishment by States and localities of high standards in their core content areas. All aspects of the educational process are aligned including, but not limited to assessments, curriculum, professional development, and preservice training. To provide discretionary grants to LEAs in States that were not participating in Goals 2000 as of October 20, 1995, if the SEA approves the LEAs' participation in the program. These grants support the development and implementation of comprehensive local improvement plans directed at enabling all children to reach challenging academic standards; and professional development and pre-service training.

**Covered Services & Activities:** In years two through five, at least 90 percent of awards to SEAs must be used to make subgrants to LEAs for the implementation of State and local improvement plans and to improve educator preservice programs and for professional development activities. Remaining funds are to be used for State activities designed to implement State improvement plans such as supporting the development or adoption of State content and performance standards for all children and assessments linked to such standards; the implementation of high-performance management strategies; building partnerships in the community to foster school improvement; and various other options that States select to improve teaching and learning of all students.

**Applicant Eligibility:** All States, Puerto Rico, the District of Columbia, American Samoa, Northern Marianas, Guam, Virgin Islands, Palau, Marshall Islands, Micronesia, the Alaska Federation of Natives, and the Bureau of Indian Affairs may apply. Only SEAs that have received approval from the Secretary of Education of their State improvement plan or that submit the required assurances, benchmarks and timelines are eligible for third, fourth, and fifth year funding.

**Beneficiary Eligibility:** Elementary and secondary schools, students, and teachers will benefit.

**Flow of Funds:** One percent of State formula grant funds shall be reserved for outlying areas, the Secretary of the Interior to benefit Indian students and the Alaska Federation of Natives. From the amounts not reserved, fifty percent of funds will be allocated to SEAs in accordance with the amount each State receives under Part A, Title I, of the Elementary and Secondary Education Act and fifty percent will be allocated in accordance with the amount each State receives under Part A, Title VI, of the Elementary and Secondary Education Act.

**FY 01 Est. Appropriations:** FY 00 $458,000,000; and FY 01 $0. Note: The authorization for this program was repealed effective September 30, 2000.
Goals 2000: Parental Assistance Program (84.310)


Contact Agency: Office of Elementary and Secondary Education, Department of Education

Objectives: To provide grants to nonprofit organizations and nonprofit organizations in consortia with local education agencies (LEAs) to assist them in establishing parental information and resource centers. These centers strive to: (1) Increase parents knowledge of and confidence in child-rearing activities such as teaching and nurturing their young children; (2) strengthen partnerships between parents and professionals in meeting the educational needs of preschool and school-aged children and the working relationships between home and school; and (3) enhance the developmental progress of the children assisted under this program.

Covered Services & Activities: Each grantee receiving funds under this program must use at least 50 percent of the funds provided to serve areas with high concentrations of low-income families in order to serve parents that are severely educationally or economically disadvantaged. (Part of the funds must also be used to establish, expand, or operate a Parents As Teachers Program or a Home Instruction Program for Preschool youngsters.) Other requirements include the establishment of a special advisory committee and design requirements. For funding in subsequent years, grantees must demonstrate that a portion of the services provided under this project is supported through nonfederal contributions.

Applicant Eligibility: Nonprofit organizations and nonprofit organizations in consortia with LEAs may apply.

Beneficiary Eligibility: Preschool and school-aged children and their parents will benefit.

Flow of Funds: Grantees are required to contribute, from nonfederal sources, a portion of the services provided under the project after the first year.

FY '01 Est. Appropriations: $30,000,000

Even Start—Migrant Education (84.214)


Contact Agency: Office of Elementary and Secondary Education, Department of Education

Objectives: To improve the educational opportunities of migrant families through family literacy programs that integrate early childhood education, adult literacy or adult basic education, and parenting education.

Covered Services & Activities: Funds are used for activities such as recruitment and screening of children and parents, design of programs, instruction for children and parents, staff training, support services, evaluation, and coordination with other programs.

Applicant Eligibility: Any entity may apply. The Secretary specifically invites application from State educational agencies (SEAs) that administer migrant programs; local educational agencies (LEAs) that have a high percentage of migrant students; and nonprofit community-based organizations that work with migrant families.

Beneficiary Eligibility: Parents who are migratory agricultural workers or fishers and their children, from birth through age 7. Parents must also be eligible for participation under the Adult Education Act or be within the State’s compulsory school attendance age range.
Flow of Funds: There is no statutory formula. The Federal share of the cost of a project is not more than 90 percent in the first year, 80 percent in the second, 70 percent in the third, and 60 percent in the fourth and final year.

FY '01 Est. Appropriations: $3,500,000

Related Programs: 84.011, Migrant Education—Basic State Grant Program; 84.141, Migrant Education—High School Equivalency Program; 84.149, Migrant Education—College Assistance Migrant Program; 84.213, Even Start—State Educational Agencies; 93.246, Health Centers Grants for Migrant and Seasonal Farmworkers; 93.600, Head Start.

Even Start—Indian Tribes and Tribal Organizations (84.258)


Contact Agency: Office of Elementary and Secondary Education, Department of Education www.ed.gov/offices/OESE

Objectives: To help break the cycle of poverty and illiteracy and improve the educational opportunities of low-income families through family literacy programs that integrate early childhood education, adult basic education, and parenting education.

Covered Services & Activities: Funds are used for activities such as recruitment and screening of children and parents, design of programs, instruction for children and parents, staff training, support services, evaluation, and coordination with other programs. Indirect costs are not an allowable project cost unless a waiver is obtained from the Secretary of Education.

Applicant Eligibility: Federally recognized Indian tribes and tribal organizations as defined in the Indian Self-Determination and Education Assistance Act, Section 4, may apply.

Beneficiary Eligibility: Parents eligible for participation under the Adult Education Act, and their children from birth to seven years old will benefit. Families must be in need of Even Start Services, as indicated by a low income level and a low level of adult literacy or English language proficiency, or other need-related indicators.

Flow of Funds: The Federal share of the cost of a subgrant project is not more than 90 percent in the first year, 80 percent in the second year, 70 percent in the third year, 60 percent in the fourth year, and 50 percent in any subsequent year.

FY '01 Est. Appropriations: $2,050,000

Related Programs: 84.002, Adult Education—State Grant Program; 84.010, Title I Grants to Local Educational Agencies; 84.011, Migrant Education—Basic State Grant Program; 84.213, Even Start—State Educational Agencies; 93.600, Head Start.
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www.os.dhhs.gov

Medical Assistance Program (Medicaid; Title XIX) (93.778)


Contact Agency: Health Care Financing Administration, Department of Health and Human Services
http://hcfa.hhs.gov

Objectives: To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically-eligible groups. In certain States that elect to provide such coverage, medically-needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes. This entitlement program has no federally imposed appropriation limit. The federal contribution is determined by the rate of state/federal match.

Covered Services & Activities: States have a good deal of discretion as to which services they will include in the state Medicaid plan. Mandated services for the categorically needy are, in- and out-patient hospital services; rural health clinic services; federally-qualified health center services; other laboratory and x-ray services; nursing facility services, home health services for persons over age 21; family planning services; physicians’ services; early and periodic screening, diagnosis, and treatment for individuals under age 21; pediatric or family nurse practitioner services; and services furnished by a nurse-midwife as licensed by the States. For the medically needy, States are required to provide a minimum mix of services for which Federal financial participation is available (see section 1902(a)(10)(C)(iv) of the Social Security Act).

Applicant Eligibility: State and local welfare agencies must operate under an HHS-approved Medicaid State Plan and comply with all Federal regulations governing aid and medical assistance to the needy.

Beneficiary Eligibility: Low-income persons who are over age 65, blind or disabled, members of families with dependent children, low-income children and pregnant women, certain Medicare beneficiaries and, in many States, medically-needy individuals may apply to a State or local welfare agency for medical assistance. Eligibility is determined by the State in accordance with Federal regulations.

Flow of Funds: Federal funds are available to match State expenditures for medical care. Under the Act, the Federal share for medical services may range from 50 percent to 83
percent. The statistical factors used for fund allocation are: (1) medical assistance expenditures by State; and (2) per capita income by State based on a 3-year average (source, “Personal Income,” Department of Commerce, Bureau of Economic Analysis). Statistical factors for eligibility do not apply to this program. This program has maintenance of effort (MOE) requirements, see funding agency for further details.

FY '01 Est. Appropriations: $124,175,254,000
Related Programs: 64.012, Veterans Prescription Service; 64.013, Veterans Prosthetic Appliances; 93.560, Family Support Payments to States—Assistance Payments; 93.110, Maternal and Child Health Federal Consolidated Programs; 93.224, Community Health Centers; 93.246, Health Centers Grants for Migrant and Seasonal Farmworkers; 93.773, Medicare—Hospital Insurance; 93.774, Medicare—Supplementary Medical Insurance; 93.775, State Medicaid Fraud Control Units; 93.777, State Survey and Certification of Health Care Providers and Suppliers; 96.006, Supplemental Security Income.

Medicaid’s Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

Authorization: Social Security Act, Title XIX
Contact Agency: Health Care Financing Administration, Department of Health and Human Services
http://hcfa.hhs.gov
Objectives: To provide comprehensive, well-child health care services and medically necessary treatment services to all Medicaid-eligible children ages birth through 21. EPSDT is a required component of stated Medicaid programs.

Covered Services & Activities: Screening services include a comprehensive health screen including unclothed physical examination, health and developmental history, hearing and vision test, immunizations, and any necessary laboratory tests. EPSDT also requires dental services, hearing services, and vision services. Any diagnostic and treatment services, which is medically necessary to ameliorate a condition detected in a screen, and is available under the federal Medicaid statute must be provided, even if it is not included in the state Medicaid plan.

Beneficiary Eligibility: All Medicaid-eligible children ages birth through 21 years.
Flow of Funds: Since EPSDT is a required component of state Medicaid programs, the flow of funds is the same as the general Medicaid program.

State Children’s Insurance Program (CHIP) (93.767)

Authorization: Balanced Budget Act of 1997, Title XXI, Subtitle J, Section 4901, Public Law 105-33; Public Law 105-100.
Contact Agency: Health Care Financing Administration, Department of Health and Human Services
http://hcfa.hhs.gov
Objectives: To provide funds to States to enable them to initiate and expand child health assistance to uninsured, low-income children. Assistance should be provided primarily by two methods: (1) Obtain health insurance coverage that meets the requirements in Section 2103 relating to the amount, duration, and scope of benefits; or (2) expand eligibility for children under the State’s Medicaid program.
Covered Services & Activities: No State is eligible for payments for child health assistance for coverage provided prior to October 1, 1997. Standards used to determine eligibility may include those related to geographic areas to be served by the plan. Age, income and resources, residency, disability status (as long as the standard does not restrict eligibility), access to or coverage under other health coverage, and duration of eligibility are factors. Standards may not discriminate on the basis of diagnosis. Eligibility standards must not cover higher-income children without covering lower-income children and must not deny eligibility based on a child having a preexisting medical condition. The State must ensure that only targeted low-income children are furnished child health assistance under the plan. Children found through screening to be eligible for Medicaid are to be enrolled in Medicaid. The insurance provided under the State plan does not substitute for coverage under group health plans. Coordination with other public and private programs providing creditable coverage for low-income children should occur. Child Health Assistance (other than Medicaid), must consist of any of the following: Benchmark coverage; benchmark equivalent coverage (which can be FEHBP-equivalent coverage); State employee coverage or coverage offered through the HMO with the largest insured commercial non-Medicaid enrollment in the State; existing comprehensive State-based coverage; or Secretary-approved coverage. A State child health plan must include a description of the amount (if any) of cost-sharing and must be in accordance with a public schedule. Cost-sharing may be varied in a way that does not favor higher-income children over lower-income children. No cost-sharing is permitted for well-baby and well-child care, including age-appropriate immunizations. Cost-sharing for children at 150 percent of poverty must be consistent with Medicaid. Cost-sharing for children at 150 percent of poverty and above must be based on an income-related sliding scale. The annual aggregate for all children in a family cannot exceed 5 percent of the family’s income. The State child health plan may not impose pre-existing condition exclusions for covered benefits. States that provide for benefits through a group health plan or group health insurance coverage may permit pre-existing condition exclusions as allowed under the applicable Section of the Employee Retirement Income Security Act (ERISA) and the Health Insurance Portability and Accountability Act (HIPAA). Funds provided to a State under this Title may only be used to carry out the purposes of this Title. Health insurance coverage provided may include coverage of abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. States may spend up to 10 percent of their total CHIP expenditures (Federal and State) on non-benefit activities, including: outreach conducted to identify and enroll eligible children in CHIP; administration costs; health services initiatives; and other child health assistance. These expenditures are matched at the enhanced CHIP matching rate and counted against both the 10 percent limit and the allotment. Monetary amounts provided by the Federal government, or services assisted or subsidized to any significant extent by the Federal government, may not be included in determining the amount of nonfederal contributions required for State matching purposes.

Applicant Eligibility: All States and Territories may apply.

Beneficiary Eligibility: Targeted low-income children will benefit. These children are defined (for the purposes of Title XXI) as children who have been determined eligible by the State for child health assistance under their State plan; are low-income children; or are children whose family income exceeds the Medicaid applicable income level but does not exceed 50 percentage points above the Medicaid applicable income level; and are not found to be eligible for medical assistance under Title
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XIX or covered under a group health plan or under health insurance coverage. This term does not include a child that is a member of a family that is eligible for health benefits coverage under a State health benefits plan on the basis of a family member's employment with a public agency in the State.

Flow of Funds: Section 2105(b), Title XI, provides for an "enhanced Federal Matching Assistance Percentage (FMAP)" for child health assistance provided under Title XI that is equal to the current FMAP for the fiscal year in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. The enhanced FMAP may not exceed 85 percent. The formula for determining the final allotment includes: determining the number of States with approved State plans as of the end of the fiscal year. In order for a State to receive a final allotment for a fiscal year, HCFA must approve the CHIP State plan for that State by the end of the fiscal year. Only States with approved State plans by the end of the fiscal year will be included in the final allotment calculation. States' final allotments will be determined in accordance with the statutory formula that is based on two factors: (1) Number of children (those potentially eligible for CHIP), and (2) the State cost factor. These factors will be multiplied to yield a final allotment project for each State. Once the final allotment project has been determined for all the States with approved CHIP plans, the products for each State will be added to determine a national total. Each State's product will be divided by this national total to determine a State specific percentage of the national Title available amount for allotment that each State would be eligible to receive. The State specific percentage is then multiplied by the national total amount available for allotment, resulting in the final allotment for each State.

FY '01 Est. Appropriations: $4,249,200,000
Related Programs: 93.778, Medical Assistance Program.

Developmental Disabilities Basic Support and Advocacy Grants (93.630)


Contact Agency: Administration for Children and Families, Department of Health and Human Services www.acf.gov

Objectives: To enable individuals with developmental disabilities to become independent, productive, integrated and included into their communities. Funding under these programs is to assist States in the development of a plan for a comprehensive and coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families to their maximum potential, and to support a system which protects the legal and human rights of individuals with developmental disabilities.
Covered Services & Activities:
(1) Allotments under the basic developmental disabilities formula grant program may be used by States for priority area and other activities, including administrative costs, to build capacity, to refocus existing services, and to advocate to better meet the needs of individuals with developmental disabilities. The designated State agency in each State receives, accounts for and disburse funds, and provides for required assurances and other administrative support services on behalf of the State Developmental Disabilities Council, which carries out the priority area activity and other activities under an approved triennial State Plan. This plan and corresponding budget is developed and administered by the State Developmental Disabilities Council. Federal funds may be expended for up to half the cost of the functions of the designated State agency under this program, but may not exceed five percent of a State’s allotment or $50,000, whichever is less. (2) Allotments under the protection and advocacy program may be used to assist States in supporting a system which will have authority to pursue legal and other remedies to protect the rights of individuals with developmental disabilities within the State.

Applicant Eligibility:
State grant agencies are the designated State agencies of the respective States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, Northern Mariana Islands, American Samoa. Under the basic developmental disabilities program, the designated State agency must not provide or pay for services to individuals with developmental disabilities, unless it has held such designation continuously since June 30, 1988. The State can only receive funding under the basic developmental disabilities program if it is also participating in the protection and advocacy program. The agency designated to implement the State system under the protection and advocacy program cannot provide or pay for services to individuals with developmental disabilities, and that agency must have authority to obtain access to records of individuals with developmental disabilities, and laws that prohibit such access must have been inapplicable by October 31, 1991.

Beneficiary Eligibility:
To be eligible for a grant, an agency must be designated to administer the program on behalf of the State. The Basic Program benefits individuals with developmental disabilities through systems change. The Protection and Advocacy system benefits individuals with developmental disabilities. Developmental disability is defined here as a severe chronic disability of an individual 5 years old or older, that is attributable to mental, physical, or a combination of impairments, is manifested before age 22, that is likely to continue indefinitely, that results in substantial functional limitations in three or more of the following major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency), and that reflects an individual's lifelong need for services. Infants and children under age 5 are included if they have a developmental delay or condition with a high probability of resulting in developmental disabilities if services are not provided.

Flow of Funds:
Allocation Criteria and/or Mathematical Calculations: Two-thirds of the amount appropriated is allotted to each State according to the ratio the population of each State bears to the population of the United States, weighted by the relative per capita income for each State. One-third (1/3) of the amount appropriated is allotted to each State according to the ratio of beneficiaries in the State receiving benefits under Childhood Disabilities Beneficiary Program, related to the age 18 to 65 population of the State as bearing on the national total of such population, weighted by the total population of the State. The data used to compute allotments are supplied annually by the Social Security Administration and the U.S. Department of Commerce, for the three most recent consecutive years for which satisfactory data are available. The Federal share of projects supported
under the State Plan may not exceed 75 percent, except for projects whose activities or products target individuals with developmental disabilities who live in urban or rural poverty areas, which may not exceed 90 percent of the aggregate necessary costs of such project of activities, and in the case of projects or activities undertaken by the Council or Council staff to implement State plan priority, activities may be up to 100 percent of the aggregate necessary cost of such activities. No match is required for Protection and Advocacy allotments.

FY '01 Est. Appropriations: $93,860,000

Developmental Disabilities University Affiliated Programs (93.632)


Contact Agency: Administration for Children and Families, Department of Health and Human Services www.acf.gov

Objectives: To defray the cost of administration and operation of programs that:
(1) Provide interdisciplinary training for personnel concerned with developmental disabilities;
(2) Demonstrate community service activities which include training and technical assistance and may include direct services, e.g., family support, individual support, personal assistance services, educational, vocational, clinical, health and prevention; (3) Disseminate findings related to the provision of services to researchers and government agencies; and (4) Generate information on the need for further service-related research.

Covered Services & Activities: Salaries for administrators, coordinators, and others needed to operate a training facility, maintenance and housekeeping personnel, overhead expenses, and expenses required to start up new programs, and faculty for training programs who will meet critical manpower shortages and are not eligible for support from other sources.

Applicant Eligibility: A public or nonprofit entity which is associated with, or is an integral part of a college or university and which provides at least: interdisciplinary training; demonstration of exemplary services, technical assistance, and dissemination of findings.

Beneficiary Eligibility: Individuals of all ages with developmental disabilities attributable to a mental and/or physical impairment, their families, and personnel and trainees providing services to them.

Flow of Funds: This program has no statutory formula. Federal share of project grant awarded may not exceed 75 percent of the necessary cost of project, except that if project activities or products target individuals with developmental disabilities who live in an urban or rural area, the Federal share may not exceed 90 percent of the project's necessary costs.
APPENDIX B

FY '01 Est. Appropriations: $18,171,000

Head Start (and Early Head Start) (93.600)


Contact Agency: Administration for Children and Families, Department of Health and Human Services www.acf.gov

Objectives: To provide comprehensive health, educational, nutritional, social and other services primarily to economically disadvantaged preschool children, including Indian children on federally-recognized reservations, and children of migratory workers and their families; and to involve parents in activities with their children so that the children will attain overall social competence. Early Head Start provides funds for family-centered services for low-income families with very young children designed to promote child development, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

Covered Services & Activities: At least 90 percent of the enrollees in a program must come from families whose income is at or below the poverty guidelines as established by the Office of Management and Budget or from families receiving Aid to Families with Dependent Children. Training and technical assistance grants are available to Head Start programs and to agencies which provide services to Head Start programs.

Applicant Eligibility: Any local government, federally-recognized Indian tribe, or public or private nonprofit agency which meets the requirements may apply for a grant. However, application will be considered only when submitted in response to a specific announcement, published in the Federal Register, which solicits proposals to establish new Head Start Programs. Grantee agencies may subcontract with other child-serving agencies to provide services to Head Start children. Early Head Start grantees can include entities operating Head Start programs and other public entities, and nonprofit or for-profit private entities capable of providing child and family services that meet the standards for participation in programs.

Beneficiary Eligibility: Head Start programs are for children from birth up to the age when the child enters the school system. No less than 10 percent of the total enrollment opportunities in each Head Start program shall be available for children with disabilities. Early Head Start participants may include pregnant women and families with children under age 3.

Flow of Funds: The statistical factors used for fund allocation are: (1) the relative number of children (age birth to 5) living with families with incomes below the poverty line in each state as compared to all States and the source is the latest information available from the Bureau of the Census; and (2) the number of children (age birth to 18) in families receiving AFDC in each State as compared to other States; the source is the “Characteristics of State Plans for AFDC under the Social Security Act, ORS/SSA. Head start grantees are required to provide 20 percent of the total cost of the program, although this may be waived wholly or in part if certain conditions pertain. Matching share may be in cash or in-kind fairly evaluated.

FY '01 Est. Appropriations: $6,267,000,000. Note: The funds in this program are also for program contracts. The amounts that can be used for contracts cannot be predetermined. Of the FY 00 est $1,400,000,000 will not available for obligation until October 1, 2000.
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (CMHS Child Mental Health Service Initiative) (93.104)


Contact Agency: Substance Abuse and Mental Health Services Administration, Department of Health and Human Services

www.samhsa.gov

Objectives: To provide community-based systems of care for children and adolescents with a serious emotional disturbance and their families. The program will ensure that services are provided collaboratively across child-serving systems; that each child or adolescent served through the program receives an individualized service plan developed with the participation of the family (and, where appropriate, the child); that each individualized plan designates a case manager to assist the child and family; and that funding is provided for mental health services required to meet the needs of youngsters in these systems.

Covered Services & Activities: Grant funds may be used for salaries, wages and fringe benefits of professional and support staff; travel directly related to carrying out service activities; supplies, communications, and rental of equipment and space; training specifically aimed at one of the following: the development of individualized service plans; the provision of therapeutic foster care, group home care; intensive home-based services, or intensive day treatment services; administration of the system; and appropriate continuing education of two days or less; contracts for performance of activities under the approved project; and other such items necessary to support project activities. Grant funds and required matching funds may not be used for: other required services; to purchase or improve real estate property; provide residential care and/or services in residential treatment centers serving more than 10 children in inpatient hospital settings; any training activities with the exception of those mentioned above; and non-mental health services including mental health medical services, educational services, vocational counseling and rehabilitation, and protection and advocacy.

Applicant Eligibility: States, political subdivisions of a State, such as county or local governments, and Federally-recognized Indian Tribal governments.

Beneficiary Eligibility: Children under age 22 with a diagnosed serious emotional disturbance, serious behavioral disorder, or serious mental disorder.

Flow of Funds: Matching requirements pertain to specific instances (Part E of Title V) of the Public Health Service Act as amended by 42 U.S.C. 290ff. This program requires that the applicant entity will, with respect to the costs incurred in carrying out the purpose of this program, make available (directly or through donations from public or private entities) nonfederal contributions towards such costs in an amount not less than $1 for each $3 of Federal funds provided in the first, second and third years of the grant; not less than $1 for each $1 of Federal funds provided in the fourth year of the grant; and, not less than $2 for each $1 of Federal funds provided in the fifth year of the grant.

FY '01 Est. Appropriations: $55,000,000
Block Grants for Community Mental Health Services (CMHS Block Grant) (93.958)

Authorization: Public Health Service Act, Title XIX, Part B, Subpart I, as amended, Public Law 102-321; 42 U.S.C. 300X.

Contact Agency: Substance Abuse and Mental Health Services Administration, Department of Health and Human Services

Objectives: To provide financial assistance to States and Territories to enable them to carry out the State’s Plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to states and the Mental Health Planning Council that will assist the states in planning and implementing a comprehensive community based mental health system.

Covered Services & Activities: Funds may be used at the discretion of the State to achieve the described objectives except for certain requirements. State plans must meet prescribed criteria. Services under the plan will be provided only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs and mental-health primary consumer-directed programs). Services under the plan will be provided through community mental health centers only if the centers meet prescribed criteria. For fiscal year 1994, the State must expend not less than 10 percent of the grant to increase (relative to fiscal year 1993) funding for such system and for any subsequent fiscal year, the State must expend for such system not less than an amount equal to the amount expended by the State for fiscal year 1994. Up to 5 percent of grant funds may be used for administering the funds. In general, any amount paid to a State under the program shall be available for obligation until the end of the fiscal year for which the amounts were paid and if obligated by the end of such year, shall remain available for expenditure until the end of the succeeding fiscal year. Funds may not be used to provide inpatient services; to make cash payments to intended recipients of health services; to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; to satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of Federal funds; or to provide financial assistance to any entity other than a public or nonprofit private entity.

Applicant Eligibility: State and U.S. Territory Governments; or Tribal Organizations.

Beneficiary Eligibility: States and Territories requiring assistance in providing comprehensive community mental health services; adults with serious mental illness and children with serious emotional disturbance will benefit.

Flow of Funds: Formula is cited in Section 1918 of Public Law 102-321. Allotments to States are based upon certain weighted population factors and total taxable resources except that no State will receive less than 20.6 percent of the amount the State received from allotments made in fiscal year 1992 under the Alcohol, Drug Abuse and Mental Health (ADMS) Block Grant. Territorial allotments are based upon the relative civilian population of the Territory except that no Territory is to receive less than $50,000. This program has no matching requirements, but this program does have maintenance of effort (MOE) requirements.

FY ’01 Est. Appropriations: $395,200,000
Promoting Safe and Stable Families (93.556) (formerly Family Preservation and Support)

**Authorization:** Social Security Act, as amended, Title IV, Part B, Subpart 2; Omnibus Budget Reconciliation Act of 1993; Public Law 103-66; Social Security Amendments of 1994, Public Law 103-432; Adoption and Safe Families Act of 1997, Public Law 105-89.

**Contact Agency:** Administration for Children and Families, Department of Health and Human Services

**Objectives:** To fund community-based family support services that promote the safety and well-being of children and families by enhancing family functioning and child development; to fund family preservation services that serve families at risk or in crisis, including the following services: reunification and adoption services, preplacement/preventive services, follow-up services after return of a child from foster care, respite care, and services designed to improve parenting skills; to fund time-limited family reunification services to facilitate the reunification of the child safety and appropriately within a timely fashion; and to fund adoption promotion and support services designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children.

**Covered Services & Activities:** Grantees must limit administrative expenditures to 10 percent of their allotment; all remaining funds must be spent for family preservation family support services, time-limited family reunification services and adoption promotion and support services.

**Applicant Eligibility:** States, Territories and certain Indian Tribes are eligible applicants.

**Beneficiary Eligibility:** Families and children who need services to assist them to stabilize their lives, strengthen family functioning, prevent out-of-home placement of children, enhance child development and increase competence in parenting abilities, facilitate timely reunification of the child, and promote appropriate adoptions.

**Flow of Funds:** State allotments are computed based on the number of children receiving food stamps. Allotments to Indian Tribes are based on a 1 percent set aside of the total appropriation in each fiscal year and computed based on the number of children in the Tribe compared to the total number of children in eligible Indian tribes. However, grants will not be made to Indian Tribes whose allotment is less than $10,000. Allotments to Territories are based on the formula in subpart 1 of Title IV-B. Match: FFP is 75 percent of expenditures for services; States must provide a 25 percent match.

**FY '01 Est. Appropriations:** $295,000,000

**Related Programs:** 93.586, State Court Improvement Program; 93.667, Social Services Block Grant; 93.645, Child Welfare Services—State Grants; 93.648, Child Welfare Services Training Grants; 93.658, Foster Care—Title IV-E; 93.659, Adoption Assistance.
Temporary Assistance for Needy Families (93.558)


**Contact Agency:** Administration for Children and Families, Department of Health and Human Services

**www.acf.gov**

**Objectives:** To provide assistance to needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.

**Covered Services & Activities:** Cash grants, work opportunities and other services are made directly to needy families with children. States, Territories, or Tribes have broad flexibility to use the grant funds in any manner that meets the purposes of the program (including providing low-income households with assistance in meeting home heating and cooling costs) and in ways that the State, Territory and Tribe was authorized to use funds received under the predecessor Aid to Families with Dependent Children (AFDC), Job Opportunities and Basic Skills Training (JOBS) and Emergency Assistance (EA) programs. States and Territories may also transfer a limited portion of their assistance grant funds to the Child Care and Development Block Grant (CCDBG) and Social Services Block Grant (SSBG) Programs. Not more than 15 percent of any grant may be spent on administrative costs, exclusive of certain computerization and information technology expenses. For Tribal TANF programs an administrative cap will be defined in the final rules which are pending publication.

**Applicant Eligibility:** In general, all States, Territories, the District of Columbia, and all Tribes, as defined by the Indian Self-Determination Act, are eligible except in Alaska, where only 13 specified entities are eligible. State and local agencies and Tribes that operate TANF programs must do so under plans determined to be complete or approved by the Department of Health and Human Services (DHHS). For contingency funds, all States and the District of Columbia are eligible if they are determined to be a “needy State” by satisfying either an unemployment trigger or a food stamp trigger. Territories and Tribes are not eligible for Supplemental funds. Eligibility for the High Performance Bonus is based on performance in certain criteria as determined by the Secretary. Eligibility for the Decrease in Illegitimacy Bonus is based on available statistical data.

**Beneficiary Eligibility:** Needy families with children, as determined eligible by the State, Territory or Tribe in accordance with the State or Tribal plan submitted to the Department of Health and Human Services (HHS).

**Flow of Funds:** The TANF program has Maintenance-of-Effort (MOE) requirements. To receive their full allocation, States must demonstrate they are spending on activities related to TANF 80 percent of the amount of nonfederal funds they spent in FY 94 on AFDC and related programs. If they meet minimum work participation requirements, their mandatory State effort is reduced to 75 percent. There are no matching or maintenance-of-effort requirements for Tribes. For contingency funds, States must maintain maintenance of effort and provide a State match at the fiscal year 1995 Federal Medical Assistance Percentage rate (FMAP). The assistance grant may be reduced for failure to meet any of 15 different program and fiscal requirements. Penalties may be waived for reasonable cause or upon implementation of an approved corrective action plan.

**FY '01 Est. Appropriations:** State and Tribal Family Assistance Grants: $16,488,667,000
Territory Assistance Grants and Matching Grants: $92,875,000

FUNDING EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS
Supplemental Grants for Population Increases: $319,450,000
Contingency Funds: $1,957,898,000
High Performance Bonus: $200,000,000
Decrease in Illegitimacy Bonus: $100,000,000

Related Programs: 93.559, Federal Loans for State Welfare Programs; 93.594, Tribal Work Grants; 93.595, Welfare Reform Research, Evaluations and National Studies; 93.596, Child Care Mandatory and Matching Funds of the Child Care and Development Fund; 93.575, Child Care and Development Block Grant; 93.667, Social Services Block Grant.

Child Care and Development Fund (93.575)


Contact Agency: Administration for Children and Families, Department of Health and Human Services www.acf.gov

Objectives: To make grants to States and Tribes to assist low-income families with child care and to: (1) to allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within State; (2) to promote parental choice to empower working parents to make their own decisions on the child care that best suits their family’s needs; (3) to encourage States to provide consumer education information to help parents make informed choices about child care; (4) to assist States to provide child care to parents trying to achieve independence from public assistance; and (5) to assist States in implementing the health, safety, licensing, and registration standards established in State regulations.

Covered Services & Activities: Lead agencies shall assure that a substantial portion of the Discretionary Funds will be used to provide assistance to low-income working families. Not more than 5 percent of the aggregate amount of funds expended by the State may be expended for administrative costs incurred by the State to carry out all of its functions and duties. The term “administrative costs” does not include the costs of providing direct services. A State shall use not less than 4 percent of the amount of funds for activities that are designed to provide comprehensive consumer education to parents and the public, activities that increase parental choice, and activities designed to improve the quality and availability of child care (such as resource and referral services). Except for approved construction or renovation of child care facilities by Tribal grantees, no CCDF funds may be used for purchase or improvement of land, or for the purchase, construction, or permanent improvement (other than minor remodeling) of any building or facility. Certain amounts of discretionary funds must be used for three specific purposes: quality expansion; infant and toddler quality improvement; and child care resource and referral and school-age child care activities. A portion of funds is designated for the U.S. Department of Health & Human Services to carry out research, demonstration, and evaluation projects.

Applicant Eligibility: All States, the District of Columbia, Territories (Guam, American Samoa, Puerto Rico, U.S. Virgin Islands, and Commonwealth of the Northern Mariana Islands), Federally recognized Tribal Governments, Tribal organizations, Alaska Native organizations, and Native Hawaiian organizations.

Beneficiary Eligibility: Children under age 13 (or, at the option of the grantee, up to age 19, if disabled or under court supervision), who reside with a family whose income does not exceed 85 percent of the State median income for a family of the same size, and
who reside with a parent (or parents) who is working or attending job training or educational program; or are in need of, or are receiving protective services.

Flow of Funds: Allocations for States are based on a formula that takes into account the number of children below the age of 5, the number of children receiving assistance through the School Lunch Program in the State and per capita income. Not more than 2 percent of the total Discretionary funds of the Child Care and Development Fund are reserved for Tribes, Tribal Organizations, and Alaska Native organizations and not more than one-half of 1 percent of the total funds is reserved for the Territories. (Puerto Rico is treated as a State for allotment purposes.)

FY '01 Est. Appropriations: $2,000,000,000

Child Care Mandatory and Matching Funds of the Child Care and Development Fund (93.596)


Contact Agency: Administration for Children and Families, Department of Health and Human Services www.acf.gov

Objectives: To make grants to States and Tribes to assist low-income families with child care and to: (1) to allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within such State; (2) to promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs; (3) to encourage States to provide consumer education information to help parents make informed choices about child care; (4) to assist States to provide child care to parents trying to achieve independence from public assistance; and (5) to assist States in implementing the health, safety, licensing, and registration standards established in State regulations.

Covered Services & Activities: States must ensure that not less than 70 percent of the total amount of Mandatory and Matching funds from the Child Care and Development Fund are used to provide child care assistance to families who are receiving assistance under a State program under title IV-A of the Social Security Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, families who are attempting through work activities to transition off of temporary assistance programs, and families who are at risk of becoming dependent on temporary assistance programs. Not more than 5 percent of the aggregate amount of funds expended by the State may be expended for administrative costs incurred by the State to carry out all of its functions and duties. The term administrative costs does not include the costs of providing direct services. A State shall use not less than 4 percent of the amount of funds for activities that are designed to provide comprehensive consumer education to parents and the public, activities that increase parental choice, and activities designed to improve the quality and availability of child care (such as resource and referral services). Except for approved construction of child care facilities by tribal grantees, no CCDG funds may be used for purchase or for the purchase, construction or permanent improvement (other than minor remodeling) of any building or facility.

Applicant Eligibility: All States, the District of Columbia, Federally recognized Tribal Governments, Tribal organizations, and Alaskan Native Corporations.
Beneficiary Eligibility: Children under age 13 (or up to age 19, if disabled or under court supervision), who reside with a family whose income does not exceed 85 percent of the State median income for a family of the same size, and reside with a parent (or parents) who is working or attending job training or educational program, or are in need of, or are receiving protective services.

Flow of Funds: States will receive an amount that is equal to the greater of Federal payments in FY 1994, FY 1995, or the average of FY 1992-1994 for the former AFDC child care, Transitional child care, and At-Risk child care programs. To access matching funds, a State must obligate all of its mandatory funds allotted in a fiscal year and maintain 100 percent of the State's share of expenditures for the former programs in FY 1994 or FY 1995, whichever is greater. Matching funds will be allotted using the At-Risk Child Care Program formula and must be matched at the applicable FMAP rate. FMAP is the Medicaid Program matching rate. Not more than 2 percent of the total mandatory and matching funds are reserved for Tribes, Tribal Organizations, and Native Alaskan Corporations based on the number of children as self-certified by the Tribe. Tribes have no requirement to provide matching funds for any portion of the Child Care and Development Fund.

FY '01 Est. Appropriations: Grants: $2,560,583,000
Training & Technical Assts.: $6,417,000
Related Programs: 93.558, Temporary Assistance for Needy Families.

Community-Based Family Resource and Support Grants (93.590)


Contact Agency: Administration for Children and Families, Department of Health and Human Services

www.acf.gov

Objectives: To assist States to develop and implement, or expand and enhance, a comprehensive, statewide system of community-based family resource and support services.

Covered Services & Activities: To receive funds, States must meet eligibility requirements stated in the authorizing statute and use funds to establish and expand statewide networks of community-based family resource support programs.

Applicant Eligibility: States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Island.

Beneficiary Eligibility: Beneficiaries include children and their families, and organizations dealing with community-based family resource programs.

Flow of Funds: States that meet all of the eligibility requirements will be awarded funds based on the following statutory formula: (a) 70 percent of the total amount appropriated is allotted among each State based on the number of children under the age of 18 in each such State, except that each State shall receive not less than $175,000; and (b) the remaining 30 percent of the total amount appropriated is allotted in an amount that bears the same proportion to such amount appropriated as the amount leveraged by the State from private, State, or other nonfederal sources and directed through the State lead agency in the preceding fiscal year bears to the aggregate of the amount leveraged by all States from private, State, or other non-federal sources and directed through the lead agency of such States in the preceding fiscal year.

UNDING EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS
Funding Early Childhood Mental Health Services & Supports

**Family Violence Prevention and Services/Grants for Battered Women’s Shelters—Grants to State Domestic Violence Coalitions (93.591)**


- **Contact Agency:** Administration for Children and Families, Department of Health and Human Services

- **Objectives:** To further the purposes of domestic violence intervention and prevention through a range of direct and coordinated activities.

- **Covered Services & Activities:** State domestic violence coalitions may use funds under the Act to support a range of activities, including working with local domestic violence programs and providers of direct services to encourage appropriate responses to domestic violence within the State; working with judicial and law enforcement agencies to encourage appropriate responses to domestic violence cases and examine legal issues; working with family law judges, criminal court judges, Child Protective Services agencies, and children’s advocates to develop appropriate responses to child custody and visitation issues in domestic violence cases as well as cases where domestic violence and child abuse are both present; conducting public education campaigns regarding domestic violence through the use of public service announcements and informative materials that are designed for print media, billboards, public transit advertising, electronic broadcast media, and other vehicles for information including information aimed at underserved racial, ethnic or language-minority populations; and participating in planning and monitoring the distribution of grants and grant funds within the State under Section 303(a) of the Act. (See CFDA 93.671, Family Violence Prevention and Services: Grants to State and Indian Tribes.)

- **Applicant Eligibility:** To be eligible for a grant under this section, an entity shall be a statewide nonprofit State Domestic Violence Coalition.

- **Beneficiary Eligibility:** This program will benefit victims of domestic violence, their children and other dependents, their families, and other persons affected by such violence including friends, relatives, and the general public.

- **Flow of Funds:** Not less than 10% of the amount available for grants will be made available to the State Domestic Violence Coalition in each of the 50 States, Puerto Rico and the District of Columbia. Grants of will be made available to State Domestic Violence Coalitions in Guam, the U.S. Virgin Islands, Northern Mariana Islands, American Samoa, and Palau.
FY '01 Est. Appropriations: $11,691,800

Related Programs: 93.556, Promoting Safe and Stable Families (formerly Family Preservation and Support Services); 93.645, Child Welfare Services—State Grants; 93.667, Social Services Block Grant; 93.669, Child Abuse and Neglect State Grants; 93.994, Maternal and Child Health Services Block Grant to the States

**Family Violence Prevention and Services/Grants for Battered Women’s Shelters—Discretionary Grants (93.592)**


**Contact Agency:** Administration for Children and Families, Department of Health and Human Services [www.acf.gov](http://www.acf.gov)

**Objectives:** To fund a wide range of discretionary activities for the purpose of preventing family violence; protecting victims and their dependents; improving the design, delivery, and coordination of services to address family violence; gathering information on the incidence of family violence; and increasing knowledge and understanding of the issue through research, demonstration, and evaluation projects. Specific sections in the Act authorize funding for such discretionary projects as the National Resource Centers; a national domestic violence hotline; public education and information activities; and research into the most effective programs for the prevention, identification, and treatment of family violence.

**Covered Services & Activities:** Discretionary grants may be made to public and private entities and may take the form of a competitive grant, a cooperative agreement, or a contract, depending on the statutory requirements. Applicants must meet the program and administrative requirements specified in the appropriate Federal Register or Commerce Business Daily announcement.

**Applicant Eligibility:** Depending on the purpose of the project and the statutory requirements, an applicant may be a public agency, a private agency (for profit or nonprofit), a federally-recognized Indian tribe, an Alaska Native Village, or a nonprofit Alaska Native Regional Corporation.

**Beneficiary Eligibility:** These discretionary grants will benefit victims of family violence, their dependents, families, other interested persons, and the general public.

**Flow of Funds:** A nonfederal share (or match) is required at the ratio of 25 percent of the total project cost.

**FY '01 Est. Appropriations:** $11,691,800

**Related Programs:** 93.612, Native American Programs; 93.645, Child Welfare Services—State Grants; 93.667, Social Services Block Grant; 93.669, Child Abuse and Neglect State Grants; 93.994, Maternal and Child Health Services Block Grant to the States; 93.556, Promoting Safe and Stable Families (formerly Family Preservation and Support).
APPENDIX B

Social Services Block Grant (93.667)


Contact Agency: Administration for Children and Families, Department of Health and Human Services

www.acf.gov

Objectives: To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) to prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

Covered Services & Activities: Federal funds may be used by States for the proper and efficient operation of social service programs. Except for items (1) and (4) below, for which a waiver from the Secretary may be requested, Federal funds cannot be used for the following: (1) The purchase or improvement of land, or the purchase, construction, or permanent improvement of any building or other facility; (2) the provision of cash payments for costs of subsistence or the provision of room and board (other than costs of subsistence during rehabilitation, room and board provided for a short term as an integral but subordinate part of a social service, or temporary shelter provided as a protective service); (3) the payment of wages to any individual as a social service (other than payment of wages to welfare recipients employed in the provision of child day care services); (4) the provision of medical care (other than family planning services, rehabilitation services or initial detoxification of an alcoholic or drug dependent individual) unless it is an integral but subordinate part of a social service for which grants may be used; (5) social services (except services to an alcoholic or drug dependent individual or rehabilitation services) provided in and by employees of any hospital, skilled nursing facility, intermediate care facility, or prison, to any individual living in such institution; (6) the provision of any educational service which the State makes generally available to its residents without cost and without regard to their income; (7) any child day care service unless such service meets applicable standards of State and local law; (8) the provision of cash payments as a service; or (9) for payment for any item or service (other than an emergency item or service) furnished by an individual or entity during the period when such individual or entity is excluded pursuant to Section 1128 or Section 1128(A) of the Social Security Act from participation in this program; or at the medical direction or on the prescription of a physician during the period when the physician is excluded based on Section 1128 or 1128(A) from participation in the program and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person). A State may transfer up to 10 percent of its allotment for any fiscal year to the preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income home energy assistance block grants.

Applicant Eligibility: The 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa.
Beneficiary Eligibility: Under Title XX, each eligible jurisdiction determines the services that will be provided and the individuals that will be eligible to receive services.

Flow of Funds: Section 2003 of Title XX of the Social Security Act specifies how the allotments for each State and jurisdiction will be determined. Each State is entitled to payments in an amount equal to its allotment for that fiscal year. There is no matching requirement. Allotments for Title XX are subject to a limitation of $2,800,000,000 (estimate). The allotment for the jurisdictions of Puerto Rico, Guam, the Virgin Islands, and the Northern Mariana Islands shall be an amount which bears the same ratio to the amount authorized for Title XX as the fiscal year 1981 allocation bore to $2,900,000,000. The allotment for American Samoa shall be an amount which bears the same ratio to the amount allotted to the Northern Mariana Islands for that fiscal year as the population of American Samoa bears to the population of the Northern Mariana Islands. Each State’s and the District of Columbia’s allotment are proportional to its portion of the national population of the amount authorized for Title XX minus the amount authorized to the other jurisdictions. The statistical factors used for fund allocation are the State population and total U.S. population (ratio of population of all States and the District of Columbia to total population); source, “Current Population Reports,” P-25, Bureau of the Census.

FY ’01 Est. Appropriations: $1,775,000,000

Related Programs: 93.560, Family Support Payments to States—Assistance Payments; 93.600, Head Start; 93.630, Developmental Disabilities Basic Support and Advocacy Grants; 93.044, Special Programs for the Aging—Title III, Part B—Grants for Supportive Services and Senior Centers; 93.045, Special Programs for the Aging—Title III, Part C—Nutrition Services; 93.645, Child Welfare Services—State Grants; 93.647, Social Services Research and Demonstration; 93.047, Special Programs for the Aging—Title VI, Part A, Indian Programs—Grants to Indian Tribes and Part B, Grants to Native Hawaiians; 93.658, Foster Care—Title IV-E; 93.669, Child Abuse and Neglect State Grants; 93.671, Family Violence Prevention and Services/Grants for Battered Women’s Shelters—Grants to States and Indian Tribes.

Block Grants for Prevention and Treatment of Substance Abuse (Prevention and Treatment (SAPT) Block Grant) (93.959)


Contact Agency: Substance Abuse and Mental Health Services Administration, Department of Health and Human Services

www.samsa.gov

Objectives: To provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse.

Covered Services & Activities: Funds may be used at the discretion of the States to achieve the statutory objectives, including the fulfillment of certain requirements. Not less than 20 percent of the funds shall be spent for programs for individuals who do not require treatment for substance abuse, but to educate and counsel such individuals and to provide for activities to reduce the risk of such abuse by the individuals by developing community-based strategies for prevention of such abuse, including the use of alcoholic beverages and tobacco products by
APPENDIX B

individuals to whom it is unlawful to sell or distribute such beverages or products. States, for fiscal year 1994, shall expend not less than 5 percent of the grant to increase (relative to fiscal year 1992) the availability of treatment services designed for pregnant women and women with dependent children (either by establishing new programs or expanding the capacity of existing programs). States, for fiscal year 1994, shall also expend not less than 5 percent of the grant to increase (relative to fiscal year 1993) the availability of such services to pregnant women and women with dependent children. States must require programs of treatment for intravenous drug abuse to admit individuals into treatment within 14 days after making such a request or 120 days of such a request, if interim vices are made available within 48 hours. States will provide, directly or through arrangements with other public or nonprofit entities, tuberculosis services such as counseling, testing, treatment, and early intervention services for substance abusers at risk for the human immunodeficiency virus (HIV) disease. Other statutory requirements also apply.

Applicant Eligibility: State and U.S. Territory Governments; or Tribal Organizations. NOTE: Only the Red Lake Band of Chippewa Indians is eligible for direct award of SAPT Block Grant Funds, per the PHS Act.

Beneficiary Eligibility: Individuals who would benefit from risk-reduction and education efforts; pregnant women and women with dependent children; substance abusers at risk for the human immunodeficiency virus (HIV).

Flow of Funds: The formula for the allocation of funds is cited in 42 U.S.C. 300x-33. Allotments to the States are based upon weighted population factors and, for equity purposes, a measure reflecting the differences that exist between the State involved and other States in the cost of providing authorized services. Territories shall receive funds based on the civilian population of the Territory as indicated by the most recent available data divided by the aggregate civilian population of the Territories, but not less than $50,000. The Secretary shall each fiscal year reserve for the Territories of the United States, 1.5 percent of the amounts appropriated for these purposes.

FY '01 Est. Appropriations: $1,549,450,000

Maternal and Child Health Services Block Grant to the States (93.994)

Authorization: Social Security Act, Title V, Section 501(a) (1), as amended.

Contact Agency: Health Resources and Services Administration, Department of Health and Human Services
www.hrsa.gov

Objectives: To enable States to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children and children with special health care needs in providing health services for mothers and children who do not have access to adequate health care.

Covered Services & Activities: States may use funds to develop systems of care for the provision of health services and related activities, including planning, administration, education and evaluation consistent with the State's annual application. Funds may not be used for (1) inpatient services other than those provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve; (2) cash payments to intended recipients for health services; (3) purchase and improvement of land,
construction or permanent improvement of buildings or purchase of major medical equipment; (4) matching other Federal grants; or (5) providing funds for research or training to any entity other than a public or private nonprofit entity. Beginning in FY 1991, States must use at least 30 percent of their Federal allotment for preventive and primary care services for children, and at least 30 percent for services for children with special health care needs. In addition, each State must establish and maintain a toll-free information number for parents on maternal and child health (MCH) and Medicaid providers. No more than 10 percent of each State’s allotment may be used for administration.

Applicant Eligibility: Maternal and Child Health Block Grants are limited to States and insular areas.

Beneficiary Eligibility: Mothers, infants and children, and children with special health care needs particularly those of low-income families.

Flow of Funds: Funds are allocated among the States and Jurisdictions in proportion to their relative shares of funds received under eight antecedent programs in fiscal year 1981. When funding exceeds the amount appropriated in fiscal year 1983, the additional funds are allocated in proportion to the poverty population under age 18. States must assure that $3 of State or local funds will be expended for Maternal and Child Health purposes for every $4 of Federal funds allotted through the formula mechanism.

FY ’01 Est. Appropriations: $576,000,000

Related Programs: 93.110, Maternal and Child Health Federal Consolidated Programs.

Maternal and Child Health Federal Consolidated Programs (Special Projects of Regional and National Significance (SPRANS)) (93.110)


Contact Agency: Health Resources and Services Administration, Department of Health and Human Services

www.hrsa.gov

Objectives: To carry out special maternal and child health (MCH) projects of regional and national significance; to conduct training and research; to conduct genetic disease testing, counseling, and information development and dissemination programs; and to support comprehensive hemophilia diagnostic and treatment centers. These grants are funded with a set-aside from the MCH Block grant program. SPRANS grants are funded with 15 percent of the Block Grant appropriation of up to $600 million, and when the appropriation exceeds $600 million, an additional 12.75 percent is set aside for the Community Integrated Service Systems grants.

Covered Services & Activities: Training grants are made to institutions of higher learning for training personnel for health care and related services for mothers and children. Research grants are for the purpose of research activities which show promise of a substantial contribution to the advancement of maternal and child health services. Genetic grants are for genetic disease testing, counseling and information development and dissemination. Hemophilia grants are for the support of centers which provide hemophilia diagnostic and treatment services. Other special project grants are designed to support activities of a demonstration nature which are designed to improve services for mothers and children. The grant program, Community Integrated Service Systems (CISS) program, is initiated whenever the total appropriation for a year exceeds $600 million. The sum of 12.75
percent of the amount over $600 million is used to fund this program in which communities employ a variety of strategies including: (1) Home visitation; (2) increased participation of obstetricians and pediatricians; (3) integrated service delivery systems; (4) maternal and child health centers for women and infants, under the direction of a not-for-profit hospital; (5) services for rural populations; and (6) community-based services for children with special health care needs in order to enhance or develop an integrated services system.

Applicant Eligibility: Training grants may be made to public or private nonprofit institutions of higher learning. Research grants may be made to public or private nonprofit institutions of higher learning and public or private nonprofit private agencies and organizations engaged in research or in Maternal and Child Health (MCH) or Children with Special Health Care Needs (CSHCN) programs. Any public or private entity is eligible for hemophilia and genetics grants and other special project grants.

Beneficiary Eligibility: For training grants: (1) Trainees in the health professions related to MCH; and (2) mothers and children who receive services through training programs. For research grants: public or private nonprofit agencies and organizations engaged in research or in MCH or CSHCN programs. For hemophilia, genetics, and special projects: (1) Public or private agencies, organizations and institutions; and (2) mothers and children, and persons with hemophilia (any age), who receive services through the programs.

Flow of Funds: This program has no statutory formula or matching requirements.

FY '01 Est. Appropriations: $114,000,000
Related Programs: 93.994, Maternal and Child Health Services Block Grant to the States.

**Foster Care—Title IV-E (93.658)**


**Contact Agency:** Administration for Children and Families, Department of Health and Human Services [www.acf.gov](http://www.acf.gov)

**Objectives:** To provide federal assistance on behalf of eligible children needing care away from their families who are in the placement and care of the State agency administering the program, and to provide financial support for the cost of proper and efficient administrative and training costs. Title IV-E refocuses federal support to avoid removal of children from their homes except when absolutely necessary, and through “permanency planning” to return children as quickly as possible from foster care to their own or relatives homes, adoptive homes, or other permanent living arrangements. In addition to mandating a wide range of procedural safeguards, case planning, and review activities, IV-E authorizes open-ended federal reimbursement to states for foster care maintenance payments for eligible children; adoption assistance for eligible “special needs” children, and administrative and training activities related to the implementation of Title IV-E.
Covered Services & Activities: May be used for FFP in State or local payments on behalf of eligible children and proper, efficient, and reasonable administrative and training costs.

Applicant Eligibility: States and the District of Columbia.

Beneficiary Eligibility: Children and families in need of permanency planning services, adoptive assistance, and foster care assistance, as well as children at risk of foster care or adoption placement.

Flow of Funds: Title IV-E is an open-ended entitlement program, meaning that the federal government reimburses states on an unlimited basis for specified activities at an established Federal Financial Participation (FFP) rate. The federal government will reimburse a state at its state Medicaid matching rates; the Federal share of payments is from 50 percent to 83 percent, depending on the State. Training and other administrative expenditures are matched at 75 and 50 percent Federal share, respectively.

FY '01 Est. Appropriations: $5,063,500,000


Indian Health Care Improvement Act

Authorization: Title 25, Chapter 18 (Indian Health Care), Sec. 2023 (Early childhood development program)

Contact Agency: Indian Health Service; a subagency of the Department of Health and Human Services www.ihs.gov

The Indian Health Service (IHS) is responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. The IHS also has a direct contracting process (aside from Indian Health Care Improvement Act funds) through which Tribes can establish various health care programs, including early childhood mental health.

Objectives: The Secretary shall provide grants to tribes, tribal organizations, and consortia of tribes and tribal organizations to fund early childhood development programs (children under 6 years of age) that are operated by such tribes, organizations, or consortia.

*H.R. 3397, Indian Health Care Improvement Act Amendments of 2000, reauthorized the Indian Health Care Improvement Act (IHCIA), which is set to expire September 30, 2000. These amendments decentralized Federal health care programs for Native Americans and increased the role that tribes play in administering such programs. The legislation also increased funding for offices of the Indian Health Service and gave those offices greater autonomy in spending resources. Many of the programs and projects were made contractible only to tribes and tribal organizations. The legislation also sought to improve facilities where Native Americans receive care and to expand opportunities for them to receive care at home. The Indian Health Care Improvement Act will come under review again this fall.
Covered Services & Activities: The early childhood development programs shall coordinate existing programs and may provide services that meet identified needs of parents and children under 6 years of age which are not being met by existing programs, including—prenatal care, nutrition education, health education and screening, educational testing, and other educational services, and may include instruction in the language, art, and culture of the tribe.

Healthy Start Initiative (93.926) (Targeted Infant Mortality Initiative)

Contact Agency: Health Resources and Services Administration, Department of Health and Human Services
www.hrsa.gov

Objectives: To reduce infant mortality and improve maternal and infant health and well-being by targeting 15 communities with high infant mortality rates and directing resources and interventions to improve access to, utilization of, and full participation in comprehensive maternity and infant care services.

Covered Services & Activities: To build a community-oriented, multi-faceted approach to integrate a variety of health care, social, and support services including development of: an aggressive program of outreach and case management to bring pregnant women into prenatal care early; to increase the number of primary care and obstetrical providers available to low-income women in targeted areas; and to link health department, community health centers, State maternal and child health programs, community residents and other groups in local consortia in a joint effort to identify problems and to develop a flexible array of solutions intended to reduce the infant mortality rate by 50 percent within 5 years.

Applicant Eligibility: Urban and rural communities which have average annual infant mortality rates of 15.7 deaths or more per 1,000 live births. Eligible applicants are local or State health departments or authorities or other publicly supported organizations, tribal organizations, private nonprofit organizations, or consortia of the same, approved by the chief elected official of the city or county in which the project area is located (or, if there is more than one county, the chief elected officials acting in concert), or by the tribal leadership of the tribe or tribal organization which has jurisdiction over the project area. No more than one application may be made for a given project area, and each application must be endorsed by the Governor of the State or the head of the tribal organization. Applicants must be public or nonprofit private organizations, or tribal and other organizations representing American Indians, Alaskan Natives, Native Hawaiians, or Pacific Islanders. Applicants must be in partnership with a current consortium which has been (1) in operation at least the last 2 years prior to date of the application; and (2) involved in Maternal and child health activities in the project area.

Beneficiary Eligibility: Service area residents, particularly women and infants in areas with exceptionally high infant mortality rates.

Flow of Funds: This program has no statutory formula or matching requirements.

FY '01 Est. Appropriations: $105,000,000
Related Programs: 93.110, Maternal and Child Health Federal Consolidated Programs; 93.224, Community Health Centers; 93.246, Health Centers Grants for Migrant and Seasonal Farmworkers; 93.994, Maternal and Child Health Services Block Grant to the States
OTHER FEDERAL AGENCIES

FEDERAL DEPARTMENT OF AGRICULTURE www.usda.gov

Food Stamps (10.551)


Contact Agency: Food and Nutrition Service, Department of Agriculture www.fns.usda.gov/fncs

Objectives: To improve diets of low-income households by increasing their food purchasing ability.

Covered Services & Activities: Households receive food stamp benefits which varies according to household size and income. The maximum allotment for a household's size is reduced by 30 percent of the net income. Food stamp benefits may be used in participating retail stores to buy food for home consumption and garden seeds and plants to produce food for personal consumption. In certain remote areas of Alaska, recipients may use food stamp benefits to purchase hunting and fishing equipment (excluding equipment for transportation, clothing and shelter, firearms, ammunition and other explosives), for procurement of food. Food stamp benefits may be used by certain elderly and handicapped persons, and their spouses, who cannot prepare their own meals to have meals delivered to them in their homes by authorized meal delivery services. Elderly and certain disabled persons and their spouses may also use food stamp benefits to purchase meals in establishments providing communal dining for the elderly. Drug addicts and alcoholics who are participating in approved rehabilitation programs may use food stamp benefits to purchase meals prepared by the program. Disabled or blind persons receiving benefits under Titles I, II, X, XIV, or XVI of the Social Security Act may use food stamp benefits to purchase meals prepared and served under certain group living arrangements. Residents of shelters for battered women and children may use food stamp benefits to purchase meals prepared by shelters. Homeless persons eligible for food stamp benefits may purchase prepared meals from an authorized establishment approved to feed them. As provided by Public Law 105-18, States have the option to pay the cost of providing food stamps to non-citizens made ineligible for them by welfare reform (Public Law 104-193), and to individuals disqualified by the new work
requirement included in welfare reform. As of September 1999, 9 states (California, Illinois, Maine, Maryland, Nebraska, New York, Ohio, Washington, and Wisconsin) are operating State option programs to provide food stamp benefits to some or all otherwise eligible non-citizens.

**Applicant Eligibility:** The State or U.S. Territory agency responsible for federally aided public assistance programs submits requests for funding to USDA's Food and Nutrition Service.

**Beneficiary Eligibility:** Households may participate if they are found by local welfare officials to be in need of food assistance. Examples include most households who are receiving some form of welfare assistance, or are unemployed, part-time employed, working for low wages, or living on limited pensions. Eligibility is based on family size, income, and level of resources. Able-bodied adults with certain limited exceptions must meet a work requirement.

**Flow of Funds:** Department of Agriculture pays 100 percent of the cost of benefits to individuals and households. The statistical factors used to set benefit levels are: 1. Cost of the thrifty food plan and the source is the Center for Nutrition Policy and Promotion; and 2. the Consumer Price Index (CPI) and components of the CPI (national, except for territories outside continental United States) and the source is the Bureau of Labor Statistics (CPI for urban wage earners and clerical workers annually). The statistical factor used for eligibility is nonfarm poverty income guidelines and the source is the Federal poverty guidelines (modified).

**FY '01 Est. Appropriations:** $17,338,775,000

**Related Programs:** 10.550, Food Distribution.

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**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) (10.557)**


**Contact Agency:** Food and Nutrition Service, Department of Agriculture

**www.fns.usda.gov/fncs**

**Objectives:** To provide, at no cost, supplemental nutritious foods, nutrition education, and referrals to health care to low-income pregnant, breastfeeding and postpartum women, infants, and children to age five determined to be at nutritional risk.

**Covered Services & Activities:** Grants are made to State health departments or comparable agencies, Indian tribes, bands, or intertribal councils, or groups recognized by the Bureau of Indian Affairs, U.S. Department of the Interior, or the Indian Health Service of the U.S. Department of Health and Human Services. These agencies distribute funds to participating local public or nonprofit private health or welfare agencies. Funds are expended to pay for supplemental foods, nutrition education and health care referrals for participants, as well as specified administrative costs, including certification services. State agencies are provided Federal funds according to legislative and regulatory formulae. Only local agencies qualifying under State agency applications with formal agreements may operate WIC programs.

**Applicant Eligibility:** A local agency is eligible to apply to locally deliver the services of the WIC program provided: 1) it serves a population of low-income women, infants, and children at nutritional risk; 2) it is a public or private nonprofit health or human service agency. All local agencies must apply through the responsible State or U.S. Territory agency.

**Beneficiary Eligibility:** Pregnant, breastfeeding and postpartum women, infants, and children up to 5 years of age are eligible if 1) they are individually determined by a competent...
professional to be in need of the special supplemental foods supplied by the program because of nutritional risk; and 2) meet an income standard, or receive or have certain family members that receive benefits under the Food Stamp, Medicaid or Temporary Assistance for Needy Families Program. They must also reside in the State in which benefits are received.

**Flow of Funds:**
Grants are allocated on the basis of formulas determined by the Department of Agriculture which allocate funds for food benefits, and nutrition services and administration costs. No matching funds are required, but some States contribute nonfederal funds in support of a larger WIC Program in their State.

**FY '01 Est. Appropriations:**
- Grants for food: $3,050,901,595
- Grants for Nutrition Services and Administration: $1,118,385,332

**Related Programs:**
- 10.550, Food Distribution
- 10.551, Food Stamps
- 10.556, Special Milk Program for Children
- 10.565, Commodity Supplemental Food Program
- 10.572, WIC Farmers' Market Nutrition Program (FMNP)
- 93.246, Health Centers Grants for Migrant and Seasonal Farmworkers
- 93.283, Centers for Disease Control and Prevention—Investigations and Technical Assistance
- 93.600, Head Start

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**FEDERAL DEPARTMENT OF LABOR** www.dol.gov

**Job Training Partnership Act (JTPA) (17.250)**

**Authorization:**

**Contact Agency:** Employment and Training Administration, Department of Labor
www.doleta.gov

**Objectives:**
To establish programs to prepare economically disadvantaged youth and adults facing serious barriers to employment for participation in the labor force by providing job training and other services that will result in increased employment and earnings, increased educational and occupational skills, and decreased welfare dependency.

**Covered Services & Activities:**
Title I of the Job Training Partnership Act establishes the structure for the local service delivery system and planning requirements. Title I also sets forth additional State responsibilities. It provides policies and procedures for the development and implementation of performance standards and defines basic program and administrative requirements under the Act. Title II was divided into three separate programs (II-A, II-B, and II-C) under the JTPA Amendments of 1992. The revised Title II-A is the Adult Training Program, and the new Title II-C is the Youth Training Program. Title II-A—Adult Training Program and Title II-C—Youth Training Program—authorize and set out requirements for adult and youth training programs to be administered by the State and planned and carried out through a partnership between the private sector and government at the State and local level. Services under Title II are targeted to the economically disadvantaged, but up to 10 percent of a service delivery area's participants can be non-economically disadvantaged individuals who face employment barriers. Title II-B contains a separate authorization for a summer youth employment and training program.

**Applicant Eligibility:**
States. Sections 202, 252 and 262 of JTPA identify the Governor as the recipient of basic Title II training program funds. Under Sections 101 and 105 of the Act,
governors are responsible for designation of service delivery areas (SDAs) and approval of local job training plans.

**Beneficiary Eligibility:**

**Title II-A—**Economically disadvantaged adults facing serious barriers to employment who are in special need of such training to obtain productive employment. Not less than 65 percent shall be in one or more of the following categories: basic skills deficient; school dropouts; recipients of cash welfare payments; offenders; individuals with disabilities; homeless; another category established by particular SDAs after a request to the Governor. Title II-B—Summer Jobs Program for economically disadvantaged youth ages 14-21. Title II-C—In-School youth: economically disadvantaged, ages 16-21 (or 14-21 if provided for in job training plan). Not less than 65 percent shall be in the following categories: basic skills deficient; educational attainment one or more years below grade level; pregnant or parenting; individuals with disabilities; homeless or run-away youth; offenders; in an SDA established category. Out-of-school youth: economically disadvantaged, 16-21. Not less than 65 percent in same categories as for in-school, with exception of grade attainment and addition of a school dropout category. Title II-C—Economically disadvantaged youth.

**Flow of Funds:**

Title II—Title II-A Funds are allotted to the States under the following formula: one-third on the basis of areas of substantial unemployment (areas with an average unemployment rate of at least 6.5 percent), one-third on the basis of excess unemployment (above 4.5 percent), and one-third on the basis of the relative number of economically disadvantaged persons. Of the total grant allotted to each State, the Governor allocated 77 percent to the service delivery areas for training services. The remaining 23 percent of the grant was available as follows: 8 percent for State education coordination and grants; 5 percent for incentive grants and technical assistance to service delivery areas; 5 percent for the Governor's training program for older workers; and 5 percent for other State training programs, State administrative and auditing costs, and funding of the State Job Training Coordinating Council. Matching is required for 100 percent of the 8 percent education grants. Title II-B: A summer youth employment and training program is authorized separately by Title II-B. Funds are allotted to the States on the same basis as in the Title II-A training program. The Governor will allocate 100 percent of the grant to service delivery areas on the same basis as in the Title II-A program. Title II-C: Funds are allotted to the States on the same basis as in the Title II-A training program. The Governor will allocate 82 percent of the grant to the service delivery areas for the training services on the same basis as in the Title II-A program. The remainder of the grant funds are available as follows: 5 percent for incentive grants to service delivery areas; 5 percent for overall administration, management, and auditing activities, other State training programs, and funding of the State Job Training Coordinating Council; and 8 percent for State education and coordination grants.

**FY '01 Est. Appropriations:**

Grants: Program operates on a Program Year (PY) beginning July 1 and ending June 30.
For Title II-A: PY 00 est $955,000,000, FY 01 est not available.
For Title II-B: CY 00 est $871,000,000, CY 01 est not available.
For Title II-C: PY 00 est $129,965,000. (The JTPA program expires as of June 30, 2000, and employment and training funding will continue under the Workforce Investment Act (WIA)).
Services to Indian Children, Elderly and Families (15.025) (Social Services)


Contact Agency: Bureau of Indian Affairs, Department of the Interior www.doi.gov/bureau-indian-affairs.html

Objectives: To provide funds to Federally Recognized Indian Tribal Governments to administer welfare assistance programs for both American Indian adults and children; to support caseworkers and counselors; and to support tribal programs to reduce the incidence of substance abuse and alcohol abuse in Indian country.

Covered Services & Activities: Funds may be used for staff support and related costs of processing welfare applications, determining suitable placement of American Indian children in need of foster care, staffing and operational costs of emergency shelters, and similar services.

Applicant Eligibility: Federally Recognized Indian Tribal Governments.

Beneficiary Eligibility: Federally Recognized Indian Tribal Governments, adult American Indians in need of financial assistance or social services counseling, American Indian children who require foster care services, and American Indian youth requiring temporary, emergency shelter.

FY '01 Est. Appropriations: $18,900,000

Related Programs: 15.113, Indian Social Services—General Assistance; 15.144, Indian Child Welfare Act—Title II Grants.

Indian Child and Family Education (15.043) (FACE)


Contact Agency: Bureau of Indian Affairs, Department of the Interior www.doi.gov/bureau-indian-affairs.html

Objectives: To begin educating children at an early age through parental involvement, to increase high school graduation rates among Indian parents, and to encourage life-long learning.

Covered Services & Activities: Funds must be used for early childhood education, adult education and parenting skills. Funds may not be used for administration.

Applicant Eligibility: Federally Recognized Indian Tribal Governments and tribal organizations authorized by Indian tribal governments on reservations with Bureau-funded schools may apply to administer the program.

Beneficiary Eligibility: Parents and their Indian children under 5 years of age who live on a reservation with a Bureau-funded school.

FY '01 Est. Appropriations: $12,100,000
Assistance for Indian Children with Severe Disabilities (15.045)


**Contact Agency:** Bureau of Indian Affairs, Department of the Interior

**www.doi.gov/bureau-indian-affairs.html**

**Objectives:** To provide for the special education and related services of Indian children with severe disabilities.

**Covered Services & Activities:** Funds may be used for physical and occupational therapy, speech therapy, direct academic services and administration including staff development. Funds may only be used for students who are enrolled in a Bureau-funded school.

**Applicant Eligibility:** Members or direct descendants of members of Federally recognized tribes and enrolled in a BIA-funded school.

**Beneficiary Eligibility:** Indian children enrolled in a Bureau-funded school who are between the ages of five and twenty-one who have been determined by a multi-disciplinary team comprised of parents, teachers, school administrators and other concerned parties to be in need of specialized services available only in residential settings. Children whose fifth birthday occurs on or before December 31 or whose twenty-second birthday occurs during the course of the regular school year shall be regarded as eligible children for the entire school year.

**FY '01 Est. Appropriations:** $3,751,000

**Related Programs:** 15.042, Indian School Equalization Program; 15.043, Indian Child and Family Education.

Indian Social Services—General Assistance (15.113)


**Contact Agency:** Bureau of Indian Affairs, Department of the Interior

**www.doi.gov/bureau-indian-affairs.html**

**Objectives:** To provide financial assistance for basic needs of needy eligible American Indians who reside on or near reservations, including those American Indians living under Bureau of Indian Affairs service area jurisdictions, when such assistance is not available from State or local public agencies.

**Covered Services & Activities:** Provides cash payments to eligible American Indian individuals and families to meet basic needs (i.e., food, clothing, shelter, etc.). Provides extra monthly benefits to tribal members on general assistance who also work on tribal projects under the Tribal Work Experience Program. Provides monthly assistance for non-medical institutional or custodial care of adults who are not eligible for care from Indian Health Services, Social Security, or any other county, state or Federal program. Provides foster home care and appropriate institutional (non-medical) care for dependent, neglected, and handicapped American Indian children in need of protection. This program also pays the burial expenses of indigent American Indians whose estates do not have sufficient resources to meet funeral expenses and provides emergency assistance to prevent hardship caused by fire, flood or acts of nature.

**Applicant Eligibility:** An American Indian who is a member of a federally recognized Indian Tribe, who resides on or near a federally recognized Indian reservations, who is in need
Beneficiary Eligibility: American Indians who are members of federally recognized Indian Tribes.

FY '01 Est. Appropriations: $75,500,000

Indian Child Welfare Act—Title II Grants (15.144)


Contact Agency: Bureau of Indian Affairs, Department of the Interior

www.doi.gov/bureau-indian-affairs.html

Objectives: To promote the stability and security of American Indian tribes and families by protecting American Indian children and preventing the separation of American Indian families and providing assistance to Indian tribes in the operation of child and family service programs.

Covered Services & Activities: Operation and maintenance of counseling facilities, family assistance (homemaker and home counselors), protective day care, and after school care, recreational activities, respite care, employment of professionals to assist tribal courts personnel, education and training, foster care subsidy programs, legal advice and representation, home improvement programs with the primary emphasis of upgrading unsafe home environments, preparation and implementation of child welfare codes, and providing matching shares for other Federal programs.

Applicant Eligibility: Federally Recognized Indian Tribal Governments.

Beneficiary Eligibility: American Indian children and families.

FY '01 Est. Appropriations: $28,200,000

FEDERAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT www.hud.gov

Community Development Block Grants/State’s Program (14.228)


Contact Agency: Community Planning and Development, Department of Housing and Urban Development

www.hud.gov/cpd/cpdhome.html

Objectives: The primary objective of this program is the development of viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income.

Covered Services & Activities: States develop their own programs and funding priorities. Each State may elect to administer Community Development Block Grant (CDBG) funds for areas which do not receive CDBG entitlement grants (14.218). If, a State were to decide to stop administering the CDBG program, the funds that would have been allocated to the State would be reallocated among the other States. In States which elect to administer the nonentitlement funds, HUD awards the formula grants to the States under the CDBG/State’s Program. All States except Hawaii administer CDBG funding for nonentitlement areas through the State
CDBG Program. In States which do not elect to administer the nonentitlement funds, HUD awards competitive grants to units of general local government under the CDBG/Small Cities Program (14.219). Each State may use $100,000 plus up to two percent of its grant to administer the program and must match each Federal dollar in excess of $100,000 used for administration with a dollar of its own. Each State may use up to one percent of its grant to provide technical assistance to local governments and nonprofit program recipients. Units of general local government funded by the State may undertake a wide range of activities directed toward neighborhood vitalization, economic development, or provision of improved community facilities and services. Specific activities that can be carried out with block grant funds include acquisition of real property, relocation and demolition, rehabilitation of residential and nonresidential structures, direct assistance to facilitate and expand homeownership among persons of low and moderate income, and provision of public facilities and improvements, such as water and sewer facilities, streets, and neighborhood centers. In addition, block grant funds may be used to pay for certain public services within certain limits. Neighborhood-based nonprofit organizations, local development corporations, Small Business Investment Companies, or other nonprofit organizations serving the development needs on nonentitlement areas may act as subgrantees to carry out neighborhood revitalization or community economic development projects in furtherance of block grant objectives. Recipients may provide assistance to for-profit entities when the recipient determines that the provision of such assistance is appropriate to carry out an economic development project. The projected use of funds must be developed to give maximum feasible priority to activities which benefit low-and moderate-income persons or aid in the prevention or elimination of slums or blight and the projected use of funds may also include activities which the applicant certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available to meet such needs. The aggregate use of over a period specified by the State, but not exceeding three years, must ensure that not less than 70 percent of the funds received benefit low and moderate income persons.

Applicant Eligibility: State governments. States must distribute the funds to units of general local government in nonentitlement areas.

Beneficiary Eligibility: The principal beneficiaries of CDBG funds are low and moderate income persons. For metropolitan areas, low and moderate income is generally defined as a member of a family having an income equal to or less than the Section 8 low income limit established by HUD. For non-metropolitan areas, low and moderate income is generally defined as 80 percent of the median income for non-metropolitan areas of the State, as adjusted by family size.

Flow of Funds: (1) Allocations to States are based on a dual formula under Section 106 of the Act using statistical factors. Allocations for each State are based on an amount equaling the greater of the amounts calculated under two formulas. The factors involved in the first formula are population, extent of poverty and extent of overcrowding, weighted 0.25, 0.50, and 0.25, respectively. The factors involved in the second formula are population, poverty, and age of housing, weighted 0.20, 0.30, and 0.50, respectively. The statistical factors used for fund allocation are (1) total resident population for all places in the nation from the 1990 Census; estimated (2) number of persons with incomes below the poverty level from the 1990 Census; (3) number of housing units with 1.01 or more persons per room from the source 1990 Census; and (4) age of housing; number of year-round housing units built in 1939 or earlier from the source 1990 Census. The
statistical factors for each State have been reduced to reflect only the non-entitled area; that is, the State area excluding metropolitan cities and urban counties. Address questions concerning the formula to Robert Meehan, Systems Development and Evaluation Division, Office of Executive Services, Community Planning and Development, 451 7th Street, SW., Washington, DC 20410. Telephone: (202) 708-0790. (The amount of non-entitlement funds allocated to a State is not affected by whether the State or HUD administers the fund in that State.)

FY '01 Est. Appropriations: Grants: FY 01 est $1,340,651,000. Note: Amounts reported reflect allocation of new budget authority rather than obligation amounts.

Related Programs: 14.218, Community Development Block Grants/Entitlement Grants; 14.219, Community Development Block Grants/Small Cities Program.

Community Development Block Grants/Entitlement Grants (14.218)


Contact Agency: Community Planning and Development, Department of Housing and Urban Development
www.hud.gov/cpd/cpdhome.html

Objectives: To develop viable urban communities, by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for persons of low and moderate income.

Covered Services & Activities: Recipients may undertake a wide range of activities directed toward neighborhood revitalization, economic development, and provision of improved community facilities and services. Entitlement communities develop their own programs and funding priorities as long as programs/activities conform to the statutory standards and program regulations. Some of the specific activities that can be carried out with Community Development Block Grant (CDBG) funds include acquisition of real property, relocation and demolition, rehabilitation of residential and nonresidential structures, provision of public facilities and improvements, such as water and sewer facilities which require reviews by the State single point of contact or a Regional Planning Agency in accordance with Executive Order 12372, streets, and neighborhood centers. In addition, CDBG funds may be used to pay for public services within certain limits. Recipients may contract with other local agencies or nonprofit organizations to carry out part or all of their programs. Community-based development organizations may carry out neighborhood revitalization, community economic development or energy conservation projects to further achieve the national objectives of the CDBG program. Recipients may provide assistance to microenterprises or other for-profit entities when the recipient determines that the provision of such assistance is appropriate to carry out an economic development project. All eligible activities must either benefit low- and moderate-income persons, aid in the prevention or elimination of slums or blight, or meet other community development needs having a particular urgency.

Applicant Eligibility: Cities in Metropolitan Areas designated by OMB as a central city of the Metropolitan Area; other cities over 50,000 in Metropolitan Areas; and qualified urban counties of at least 200,000 (excluding the population in entitlement cities located within the boundaries of such counties) are eligible to receive CDBG entitlement grants determined by a statutory formula.
Beneficiary Eligibility: The principal beneficiaries of CDBG funds are low- and moderate-income persons (generally defined as a member of a family having an income equal to or less than the Section 8 low income limit established by HUD). The grantee must certify that at least 70 percent of the grant funds received during a 1, 2, or 3-year period, that it designates, are expended for activities that will principally benefit low- and moderate-income persons.

Flow of Funds: Entitlements are based on a dual formula under Section 106 of the Act using statistical factors. Each metropolitan city and urban county is entitled to receive an amount equaling the greater of the amounts calculated under two formulas. The factors involved in the first formula are population, extent of poverty and extent of overcrowded housing, weighted 0.25, 0.50, and 0.25, respectively. The factors involved in the second formula are population growth lag, poverty, and age of housing, weighted 0.20, 0.30, and 0.50, respectively. The statistical factors used for fund allocation are (1) total resident population from the 1998 Census of Population and Housing; (2) number of persons with incomes below the poverty level from the source 1990 Census; (3) number of housing units with 1.01 or more persons per room from the source 1990 Census; (4) age of housing; number of year-round housing units built in 1939 or earlier from the source 1990 Census; (5) growth lag; the lag in population growth as computed from population in 1960 to current population estimate from the source 1960 Census and P25, Census Report. Statistical factors used for eligibility are (1) metropolitan city; central city of a Metropolitan Statistical Area or city within MA with 50,000 population from the source Census and OMB; (2) urban county; generally, counties in MSA having a net population of 200,000 or more excluding entitlement cities from the source Census and OMB. Questions concerning the formula should be addressed to Robert Meehan, Systems Development and Evaluation Division, Office of Executive Services, Community Planning and Development, 451 7th Street SW., Washington, DC 20410. Telephone: (202) 708-0790.

FY '01 Est. Appropriations: Grants: $3,140,410,000. Note: Amounts reported reflect allocation of new budget authority rather than obligation amounts.

Related Programs: '14.219, Community Development Block Grants/Small Cities Program; 14.228, Community Development Block Grants/State's Program.

Indian Community Development Block Grant Program (14.862)

Authorization: Housing and Community Development Act of 1974, Section 106(a), as amended, 42 U.S.C. 5301 et seq.; Housing and Urban Development Act, Section 7(d), 42 U.S.C. 3535(d).

Contact Agency: Public and Indian Housing, Department of Housing and Urban Development www.hud.gov/pih/pih.html

Objectives: To provide assistance to Indian tribes and Alaska Native villages in the development of viable Indian communities.

Covered Services & Activities: Indian tribes and Alaska Native villages may use block grants to improve the housing stock, provide community facilities, make infrastructure improvements, and expand job opportunities by supporting the economic development of their communities. Activities which are eligible for funding include housing rehabilitation programs, acquisition of land for housing, direct assistance to facilitate homeownership among low and moderate income persons, construction of tribal and other facilities for single or multi-use, streets and other public facilities, and economic development projects particularly those by nonprofit...
tribal organizations or local development corporations when the recipient
determines that the provision of such assistance is appropriate to carry out an
economic development project. Tribes and Alaska Native villages are restricted
from using block grants for construction and improvement of governmental
facilities, the purchase of equipment, general government expenses, operating
and maintenance expenses, political activities, new housing construction (except
through community-based development organizations (CBDOs), and income
payments.

Applicant Eligibility: Any Indian tribe, band, group, or nation, including Alaska Indians, Aleuts, and
Eskimos, and any Alaska Native village that is eligible for assistance under the
Indian Self-Determination and Education Assistance Act or which had been
eligible under the State and Local Fiscal Assistance Act of 1972.

Beneficiary Eligibility: The principal beneficiaries of ICDBG funds are low and moderate income
persons. Low and moderate income is generally defined as 80 percent of the
median income, as determined by HUD, adjusted for family size.

Flow of Funds: This program has no statutory formula and no matching requirements.

FY '01 Est. Appropriations: Budget Authority: $69,000,000. Note: Amounts reported reflect allocation of new
budget authority rather than obligation amounts.

Related Programs: 14.867, Indian Housing Block Grants; 15.124, Indian Loans—Economic
Development; 15.141, Indian Housing Assistance; 93.612, Native American
Programs.

STATE
AND LOCAL

Most of this appendix discusses federal funds as potential financing resources for providing early childhood mental
health services. These funds are subject to federal rules and regulations. However, additional services are funded
solely by state and local revenues. This section describes a number of these possible resources.

State Matching Funds: Some federal funding streams require states (and/or localities) to furnish a
specific amount of match dollars for every dollar received from the federal
government. In some cases regulations require these match dollars to be used in
the same way as the federal dollars (e.g. Medicaid). Others give flexibility to the
state in how they use these dollars (e.g. Maternal and Child Health Block
Grant). In fact states occasionally overmatch federal funds based on historical
funding patterns or other factors. Programs like TANF require states to continue
their historical level of maintenance of effort funds. Many of these match dollars
can be targeted for related services such as early childhood mental health
prevention or treatment. States can use specially enacted trust funds or revolving
funds to ensure the money is used for a specific purpose.

Special Education and
Other Education Funds: Every state funds programs for the provision of special education and related
services for children with handicaps. All state and local programs must operate
within the federal requirements set forth by the Individuals with Disabilities
Education Act (IDEA), but states have some latitude as to the population that
must be served and how services will be delivered. Each state distributes funds
differently for special education programs, and the state and local share of the
program costs also varies from state to state. State special education programs are administered by the state education agency, which should be able to provide further information on the services available under state and locally funded programs. State or local early intervention services may be administered by the education agency or another agency, such as health or human resources.

Public Health/Mental Health Funds: States and localities provide and fund a variety of services for young children in addition to federally funded programs such as Medicaid and Title V Maternal and Child Health programs ranging from well baby clinics to residential facilities and intensive case management services. Many of these programs are targeted to young children and their families. Often, they are operated by local public health agencies or community mental health centers.

Legislative Appropriations: For a variety of reasons, state and local governments make funds and services available to meet the special needs of certain children or other specific target groups. For example, communities with high incidences of lead poisoning or people living with HIV and AIDS try to meet the particular needs of children facing these issues by combining their own funds with appropriations from state and federal government. Also, several states combine a number of healthy, social service, mental health and other services into a consolidated state agency for children.

Child Welfare/Foster Care/Protective Services Funds: Primary responsibility for providing services to children in the protective service and foster care system rests with state and local agencies. In some cases, children served by these systems also become eligible for services from other state programs such as Medicaid. Many of the services available to children in the child welfare system may be identical to the early intervention services listed in an Individual Family Service Plan (IFSP). Maximizing use of these potential resources requires close collaboration at the state and local levels.

Mental Retardation/Developmental Disabilities Funds: Similar to the other potential funding resources described in the section, states and some localities, provide numerous services for children with developmental disabilities which overlap early intervention and preschool services.

Special Targeted Revenues: When a strong need to provide a particular set of services arises in a state, the governor and legislature may use an alternative funding methodology instead of more traditional taxing powers. For example, using a percentage of income generated by state lottery, or asking taxpayers to designate a portion of their potential income tax refund for a particular cause by checking a box on their state income tax return form.

University-Based Cooperative Extension Programs: Most universities house cooperative extension programs aimed at benefiting communities through partnerships with various state and community agencies. These educational programs, often based on research information from the university, are developed and implemented by faculty working in the field with support from university-based specialists.

Unclaimed Estate Monies/Property: States have legal mechanisms for accumulating unclaimed personal assets acquired when individuals have not met the legal requirements of recording a will in the appropriate place and/or proving that it is valid.
Even with the extensive array of services found within an early childhood mental health system of care that are provided or funded by governments at all levels, a major portion of the needs of these families can be met by organizations and agencies in the private sector. While all agencies face some government regulations, these non-governmental organizations are generally free to decide who they will serve and what services they will provide. Since these resources are critical to an early childhood mental health system of care, planners must learn which agencies offer which constellation of services to young children and their families, and include many of them in the systems they are developing.

Private Insurance: Many families are covered by private insurance policies, either provided through their employers or purchased independently. Insurance policies vary widely. Group policies tend to offer broader coverage with fewer restrictions. Individual insurance policies are not often available for children with special needs, or may exclude conditions relating to children's mental health. Many large employers are self-insurers and, due to the federal Employment Retirement Income and Security Act law, they cannot be regulated by state insurance commissions. While these self-insurers may limit the services they will cover, they are also free to make exceptions to their general policies and provide any specific service for the child of an employee.

Health Maintenance Organizations and Other Managed Care Providers: HMOs are similar to private insurance providers in that they offer medical and related coverage, but they also provide most covered services directly. HMO participants are usually limited to seeking services for providers who participate in the HMO. Some plans utilize a preferred provider concept, where coverage is available from participating providers, but members are free to use other providers if they are willing to pay a higher share of the cost.

Foundations and Corporate Giving Programs: Most communities have a number of families and local businesses that establish foundations to assist charitable causes in their communities. They often can be approached to assist with the development of needed services in their communities or to help pay for services not available in the community for a particular child. Many businesses also set aside a portion of their profits for local charities. Larger foundations and businesses also can be approached, but generally require a formal written application and may publish a list of funding priorities. Look for those organizations that are interested in funding mental health and health programs for young children. In addition to established corporations or foundations, recent developments have led to the availability of monies from the sale or merger of hospitals. When the hospital gives up its nonprofit status, funds the corporation had are often made available for community service initiatives.

Social Organizations/ Voluntary Service Organizations/Faith Community: This category refers to organizations in all communities which may be founded for a variety of purposes (social, service, recreation, etc.) that take on service projects on a regular or periodic basis. For example, Lions Clubs raise funds and provide services for the blind and Shriners provide an extensive array of services targeted towards children with physical challenges. Churches, synagogues, and other faith community organizations undertake numerous service projects in
their communities. They often can be called upon to fund or arrange for services for which no other funding source can be identified.

**Fee-for-Service/Sliding Scales:** Fee-for-service refers to an agreed upon charge for professional services rendered that covers the costs or some portion of the cost of providing the service; a sliding scale reflects a range of charges adjusted to the needs or income of individuals receiving services.
APPENDIX C

LIST OF MEETING PARTICIPANTS
Brenda Bean  
Program Development Coordinator  
Child, Adolescent, and Family Unit  
Department of Mental Health and Mental Retardation  
103 South Main Street  
Waterbury, VT 05671-1601  
Tel: (802) 241-2630  
Fax: (802) 241-3052  
E-mail: bbean@ddmhs.state.vt.us

Lenore Behar  
Chief, Child & Family Services Branch  
Division of Mental Health/Developmental Disabilities/Substance Abuse Services  
325 North Salisbury Street  
Raleigh, NC 27603  
Tel: (919) 733-0598  
Fax: (919) 733-8259  
E-mail: lenore.behar@ncmail.net

Pairicia Berry  
Health Department  
Community Public Health Division  
108 Cherry Street, PO Box 70  
Burlington, VT 05402  
Tel: (802) 863-7347  
Fax: (802) 863-7229  
E-mail: pberry@vdh.state.vt.us

Charlie Biss  
Director, Child, Adolescent & Family Unit  
Department of Developmental and Mental Health Services  
103 South Main Street  
Waterbury, VT 05671-1601  
Tel: (802) 241-2650  
Fax: (802) 241-3052  
E-mail: cbiss@ddmhs.state.vt.us

Kym Brame  
NEC*TAS  
University of North Carolina at Chapel Hill  
Nations Bank Plaza, Suite 500  
137 East Franklin Street  
Chapel Hill, NC 27514  
Tel: (919) 962-7308  
Fax: (919) 966-7463

Carol D'Antonio  
Clara Martin Center  
PO Box G  
Randolph, VT 05060  
Tel: (802) 728-4466 x262  
Fax: (802) 728-4197  
E-mail: lcdan@sovernet.net

Douglas Dodge  
Director  
Special Emphasis Division  
Office of Juvenile Justice & Delinquency Prevention (OJJDP)  
810 7th Street, NW  
Washington, DC 20531  
Tel: (202) 307-5914  
Fax: (202) 514-6382  
E-mail: doug@ojp.usdoj.gov

Joan Dodge  
Senior Policy Associate  
National Technical Assistance Center for Children’s Mental Health  
Georgetown University Child Development Center  
3307 M Street, NW, Suite 401  
Washington, DC 20007-3935  
Tel: (202) 687-5054  
Fax: (202) 687-8899  
E-mail: dodgej@gunet.georgetown.edu

Mark Friedman  
Senior Associate  
Fiscal Policy Studies Institute  
204 East Northern Parkway  
Baltimore, MD 21212  
Tel: (410) 435-8407  
Fax: (410) 435-8293  
E-mail: xfpsi@aol.com

Martin Giffin  
Program Coordinator  
The Reinvestment Project  
225 West 37th Avenue  
San Mateo, CA 94403  
Tel: (650) 573-2283  
Fax: (650) 573-2841  
E-mail: 76105.3600@compuserve.com

UNDING EARLY CHILDHOOD MENTAL HEALTH SERVICES & SUPPORTS
Susan Ignelzi
Ohio Family & Children First Initiative
30 East Broad Street
Columbus, OH 43215
Tel: (614) 466-1984
Fax: (614) 466-1571

Marisa delaCruz Irvine
Research & Policy Associate
National Technical Assistance Center for Children’s Mental Health
Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007-3935
Tel: (202) 687-5479
Fax: (202) 687-8899
E-mail: irvinema@gunet.georgetown.edu

Jean Johnson
Coordinator
University of Hawaii, CDS/UAP
1776 University Avenue, UA 4-6
Honolulu, HI 96822
Tel: (808) 956-2653
Fax: (808) 956-3152
E-mail: jeanj@hawaii.edu

Dennis Kane
Department of Education
120 State Street
Montpelier, VT 05602-2501
Tel: (802) 828-5118
Fax: (802) 828-3140
E-mail: dkane@doe.state.vt.us

Donald Kates
Director of Financing Projects
National Technical Assistance Center for Children’s Mental Health
Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007-3935
Tel: (202) 687-5073
Fax: (202) 687-8899
E-mail: katesd@gunet.georgetown.edu

Judith Katz-Leavy
Senior Policy Analyst
Office of Policy Planning and Administration
Center for Mental Health Services
5600 Fishers Lane, Room 15-87
Rockville, MD 20857
Tel: (301) 594-2707
Fax: (301) 443-1563
E-mail: jkatz@samhsa.gov

Roxane Kaufmann
Director of Early Intervention Policy
National Technical Assistance Center for Children’s Mental Health
Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007-3935
Tel: (202) 687-5000
Fax: (202) 687-8899
E-mail: kaufmannr@gunet.georgetown.edu

Chris Koyanagi
Judge David L. Bazelon Center
Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, DC 20005
Tel: (202) 467-5730 x18
Fax: (202) 223-0409

Phillip Leaf
Professor
School of Hygiene & Public Health
Johns Hopkins University
Department of Mental Hygiene
624 North Broadway, Room 819
Baltimore, MD 21205
Tel: (410) 955-3962
Fax: (410) 614-4890
E-mail: pleaf@jhsph.edu

Michelle Mahady
c/o Sally Olmstead
Washington County Mental Health
Children Youth and Family Services
260 Beckley Hill Road
Barre, VT 05641
Tel: (802) 476-1480
Fax: (802) 229-8004
E-mail: sallyo@wcmh.org
Sharon Moffatt
Health Department
Community Public Health Division
108 Cherry Street, PO Box 70
Burlington, VT 05401
Tel: (802) 867-7333
Fax: (802) 863-7229
E-mail: smoffat@vdh.state.vt.us

Kathleen Moroz
Department of Social Work
University of Vermont
228 Waterman Building
Burlington, VT 05401
Tel: (802) 656-2487
Fax: (802) 656-8565
E-mail: kmoroz@zoo.uvm.edu

Christopher Mulvaney
Agency of Human Services Secretary's Office
103 South Main Street
Waterbury, VT 05671-1601
Tel: (802) 241-2235
Fax: (802) 241-2979
E-mail: chrism@wpgatel.ahs.state.vt.us

Sally Olmstead
Washington County Mental Health
Children Youth and Family Services
260 Beckley Hill Road
Barre, VT 05641
Tel: (802) 476-1480
Fax: (802) 229-8004
E-mail: sallyo@wcmh.org

Carole Pomeroy
Department of Social and Rehabilitation Services
Child Care Division
103 South Main Street
Waterbury, VT 05671-1601
Tel: (802) 241-2102
Fax: (802) 241-1220
E-mail: carolep@srs.state.vt.us

Juanita Price
Executive Director, The New Connecting Point
1212 Cherry Street
Toledo, OH 43608
Tel: (419) 243-6326 x127
Fax: (419) 243-6346
E-mail: juanita@accesstoledo.com

Jim Rast
Principal Investigator
KanFocus/Before
1730 Belmont Avenue
Parsons, KS 67357
Tel: (316) 421-3736
Fax: (316) 421-4583
E-mail: jrast@terraworld.net

Liz Reardon
Office of Vermont Health Access
103 South Main Street
Waterbury, VT 05671-1601
Tel: (802) 241-2743
Fax: (802) 241-2830
E-mail: lizr@wpgatel.ahs.state.vt.us

Karen Ryder
Department of Social Welfare, Reach Up Division
103 South Main Street
Waterbury, VT 05671-1601
Tel: (802) 241-2800
Fax: (802) 241-2830
E-mail: karenr@wpgatel.ahs.state.vt.us

Jim Squires
Department of Education
120 State Street
Montpelier, VT 05602-2501
Tel: (802) 828-3892
Fax: (802) 828-3140
E-mail: jsquires@doe.state.vt.us

Judith Sturtevant
Director, Vermont Federation of Families for
Children's Mental Health
PO Box 607
Montpelier, VT 05601-0607
Tel: (802) 223-4917
Fax: (802) 828-2159
E-mail: judy3231@aol.com
Betty Tableman  
Outreach Partnerships  
Michigan State University  
Room 6, Kellogg Center  
E. Lansing, MI 48910  
Tel: (517) 432-7138  
Fax: (517) 335-4565  
E-mail: Tableman@pilot.msu.edu  

Carl Valentine  
123 West 74th Street, Apartment 5C  
New York, NY 10023  
Tel: (212) 721-8467  
Fax: (212) 721-8467  
E-mail: cvalentine@mindspring.com  

Tonda Williams  
Conference Manager  
National Technical Assistance Center for  
Children’s Mental Health  
Georgetown University Child Development Center  
3307 M Street, NW, Suite 401  
Washington, DC 20007-3935  
Tel: (202) 687-5000  
Fax: (202) 687-8899  
E-mail: williton@gunet.georgetown.edu  

Amy Locke Wischmann  
Consultant  
8611 Compass Court  
Laurel, MD 20708  
Tel: (301) 210-1501  
E-mail: otter-tail@msn.com  

Invited But Unable to Attend  
Lynn Harvey Clement  
Elena Cohen  
Gary De Carolis  
Lawrence Hobdy  
Jane Knitzer  
Pam Marshall  
Trina Osher  
Mary Telesford  
Ellen Timberlake
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