PERSONAL
&
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DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: SRS DATE: 12-5-13

03/11/94

First Lady Hillary Rodham Clinton
The White House
Washington, D. C. 20500

Mrs. Clinton:

I am the paramedic who remains proud of First Lady Hillary Rodham Clinton and her commitment to the betterment of humanity. I feel I represent middle class America and convey to you the undiminished respect and admiration for you.

In these, the most of trying times, one can become distracted from the Truth and focus of Christian lives. Mrs. Clinton, without doubt, your respected position of responsibility and authority is a result of God's plan for humanity.

While many are giving you intelligent (worldly) advise concerning your response to the White Water situation, I return the kindness you showed me by offering the reliable, infallible, and inerrant solution - trust God.

Believe me not be presumptuous in comprehending the First Lady's position; yet, as one who has faced trials and afflictions sharing the Truth to a friend in Christ.

Please continue to fight the good fight and run the good race. Trust the Truth, and he will sustain you through these and other trying times.

The autographed picture of you with Dr. Blair and friends, your personal letter of appreciation, and the picture of the President will remain respected treasures for my life.

Thank you for all that you have done thus far for health care reform. Without doubt, you are the respected First Lady Hillary Rodham Clinton.

With Respect and Admiration,

Kevin

Kevin L. Parker

Your "Calvinist" fellow Hawgs' fan - hang in there!

03/11/94

Ralph Alswang
White House Photo Office
The White House
Washington, D. C. 20500

Mr. Alswang:

Thank you for the excellent photograph with the President and for delivering my letter with pictures to the First Lady. She actually took the time to autograph a picture and write a letter back.

At the risk of asking another favor, could you please see that Mrs. Clinton receive this last letter of encouragement for her difficult times? It might help her to know that a fellow Arkansan' is very much in her corner.

You told me my last letter made her smile and I thought I would take one last opportunity to further encourage her with the best advise there is.

Thank you for letting me know that she smiled - it made my day!

Thank you,

Kevin L. Parker
Springdale, AR 72764

THE WHITE HOUSE

July 20, 1994

Mrs. Carrin M. Patman
Seton Good Health School
& Studio One
2702 Moonlight Bend
Austin, Texas 78703

Dear Mrs. Patman,

Thank you and the "Jetsteppers" for your warm and encouraging note and for your support of the Clinton health care plan. Keep up the good work -- your program is just the right medicine for America!

With kind regards, I remain

Sincerely yours,

Hillary

Hillary Rodham Clinton

Carrie M. Patman

SENIORCISE FITNESS INSTRUCTOR
SETON GOOD HEALTH SCHOOL
AND STUDIO ONE

2702 MOONLIGHT BEND
AUSTIN, TX 78703
512-472-7214

"Isn't it wonderful that we can grow healthier as we grow older?!"
-- Dr. Kenneth Cooper

June 22, 1994

Dear Hillary,

Best wishes + good luck – Shudde Fath

Hang in there – effort pays off Maude –

Hello from Texas Best Wishes Ruth Ann Boggs

Hi there Hilary, keep cool in Texas, Mary Ann Neelley

Keep up your good works –

We are behind you 100% Jane and Chuck Welty

Jean Douglas

We are seniors between the ages of 60 and 85 who have committed to keeping ourselves healthy and fit through a regimen of regular exercise. Thank you for what you and your husband are doing to keep all of America healthy!

–over–

Keep up the good work, and
please don't forget to include
preventive programs — especially
for senior citizens — in your
health care plan — we know —
and want to spread the faith to
others — that with proper attention
to good nutrition and exercise,
we can actually be healthy until
the day we die — and it's cheaper
than treating decline + disease.

Warmest wishes + hugs,
Carrie M. Eatman,
Instructor and the
"Jitterbugs" aerobics
Mass SF
Austin, TX

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TX D.O.T.

Paradise Promotions
Austin, Texas
150 PP294 9206

THE WHITE HOUSE

WASHINGTON

June 29, 1994

Michael A. Pavlovich, Pharm.D.
3625 N. Van Ness Blvd.
Fresno, CA 93704

Dear Mr. Pavlovich:

Mrs. Clinton thanks you for your participation at the White House briefing on health care reform and for the information you provided delineating your concerns and ideas as a practicing pharmacist and leader of the California Pharmacists Association.

Your reflections were very helpful and especially important as we work to achieve lasting, meaningful health reform for this country.

Sincerely,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

V.I.P. Speaker

Michael A. Pavlovich, Pharm.D.
3625 N. Van Ness Blvd.
Fresno, Ca. 93704

Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

May 11, 1994

Dear Mrs. Clinton,

It was indeed an honor to have been an invited guest at last Friday's briefing on health care reform. It was my first visit to the White House and, needless to say, I was very impressed. By the same token it was a little disappointing not to have had an opportunity to discuss with you personally some concerns and ideas I have toward solving this giant puzzle. As a result I am writing this letter to you.

I am a practicing pharmacist at Colonial Drug in rural Fresno County. We are the only pharmacy providing service to a town of 3500 and we specialize in long-term care. For the last year and a half I have served as President of our local pharmacists association and now serve on the California Pharmacists Association's Board of Trustees. Through 1993 I was intimately involved with Medi-Cal reform in Fresno County as the lone pharmacist on the local initiative's planning committee.

Let me begin by thanking you and the President for recognizing the value of prescription drugs and pharmacists in your plan. Mr. Boorstin further illustrated this point when I heard him say that we must use all providers to the best of their abilities in order to bring the best plan forward. I wholeheartedly agree. Following the briefing I spent some time discussing some possible win-win-win solutions with your liaison, Doris Matsui. I hope she has forwarded to you the proposal I left with her and that you have had a chance to review it.

As I am sure you are well aware, California's DHS has been searching for solutions to control costs within the Medi-Cal system. Traditionally, pharmacists have come to the table ready and willing to discuss practical alternatives that might benefit all. I feel CPhA's approach in this case might also be a great help in controlling overall costs while utilizing pharmacists's abilities to an optimal degree at the national level.

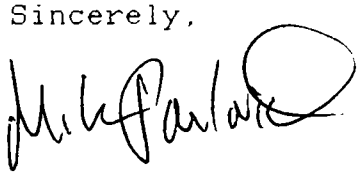
By instituting pharmacy and therapeutics review committees with prescriber and pharmacist involvement, I believe we will see more

competitive pricing and less duplication of product lines and "me-too" research. In addition to the effect that an end to discriminatory pricing will have, manufacturers will be forced to compete based on price, not simply rebates. New research will be stimulated and perhaps rewarded. Financial incentives for pharmacists's efforts to successfully manage formularies and improve patient compliance will augment transitions to providing primary care in doctor's offices rather than in hospital emergency rooms.

One area that I feel pharmacists are acutely aware of cost escalation is in plan administration. In many third-party plans, administrative costs have approached or exceeded thirty percent. You must agree this number is significant. On Friday you mentioned that reforms in the insurance system are necessary, such as eliminating life limits and pre-existing conditions. My question is, what strategies are there in the Clinton Plan to further streamline (other than reducing to 3 the number of forms to fill out) and minimize administrative bureaucracy? Certainly, you must agree, fewer dollars spent in administration will mean more dollars available for direct patient care, thus contributing to the overall goal of expanding health care to those who need it most.

Mrs. Clinton, let me close by telling you how much I admire your resolve in searching for a solution that benefits all citizens fairly. I appreciate the high esteem both you and the President hold for pharmacists. I hope we can help to deliver a system of optimal standards. If you should need further explanation or information please contact me at the address above or call directly. Thank you again for the opportunity to participate in last week's briefing. I hope I can be of further assistance and look forward to hearing from you soon.

Sincerely,



6/17 gone to Poland; for info only

Touch Points

Artist, Juli, age 6

June 1, 1994

Mrs. Hillary Rodham Clinton
c/o Maggie Williams
West Wing - 2nd Floor
The White House
Washington, DC 20500

Dear Mrs. Clinton:

I am writing to invite you and your program to submit a proposal for consideration as a field-test site for the Touchpoints Project. This call for proposals has been sent to you either in response to your request to become involved in the field-testing phase of the Project, or at the recommendation of colleagues who applaud your demonstrated interest and contributions to the well-being of young children and parents.

The mission of the Touchpoints Project is to develop a model of professional development for practitioners who work with families with young children. During the initial phase of the Project, the Touchpoints Project staff have engaged in the comprehensive development of the model-- including written materials and in-person training. In preparation for field-testing and evaluation, we will be selecting six sites across the nation that represent a broad sampling of geo-demographics in terms of practitioner disciplines, parent populations, and practice settings.

The model, its training modalities and field-site selection process are described in detail in the enclosed document. Please note that our definition of field "site" is meant to be interpreted as a program or agency that may have multiple components and points of contact with parents and their children. An example might be a county health department that offers pre- and post-natal care and follow-up, primary health care, social services and possibly a home visiting component. There may also be a link with one or more hospitals where the mothers give birth. Each of these places together, in collaboration with one another, would comprise a "site".

Touchpoints Project
Child Development Unit

Children's Hospital, 1295 Boylston Street, Suite 320, Boston, MA 02215 tel 617.735.6947 fax 617.859.7215

We hope you will give serious consideration to submitting a proposal and joining with us in creating brighter opportunities for our nation's young children and their parents through the relationships they form with their service providers.

Please note that the deadline for submission is September 1, 1994.
We are available to assist you, and we encourage you to contact us with any questions that arise.

Sincerely yours,

Nancy C. Poland

Nancy C. Poland, R.N., M.S.
Director

Enclosures

Berry thought you may be interested in seeing this. We would love to hear from you.

Nancy Poland

Touch Points

Artist: Juli, age 6

Note of Intent

It is our intention to submit a proposal for consideration as a field site for Touchpoints.

☐ Yes ☐ No ☐ Undecided As of Yet

Name of Organization: _____

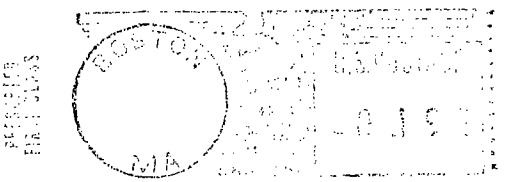
Address: _____

_____

_____

_____

Contact Person: _____ Phone: _____



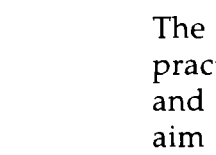
Children's Hospital
Child Development Unit
1295 Boylston Street, Suite 320
Boston, MA 02212

ATTN: Nancy C. Poland, Director

PHOTOCOPY
PRESERVATION

Touch Points

THE TOUCHPOINTS PROJECT



Artist: Juli, age 6

The Touchpoints Project introduces a model of professional development for practitioners that emphasizes the building of supportive alliances between parents and professionals around key points in the development of young children. The aim of the Touchpoints Project is to produce a model of professional development and caregiving efficacy that will stress relationships and will cultivate the knowledge and communication skills of practitioners who work with families. Touchpoints is a non-commercial, not-for-profit enterprise.

The model is an outgrowth of Dr. T. Berry Brazelton's book, Touchpoints (1992), and the long-standing research that he, Nancy Poland R.N., M.S., and Edward Tronick, Ph.D. have collaborated on at the Child Development Unit, Children's Hospital, Boston. In addition, the model stems from twenty years' experience with training on the Neonatal Behavioral Assessment Scale (Brazelton, 1973), training which values the practitioner as a critical agent in supporting and connecting with parents.

The Touchpoints model reflects contemporary thinking on child development as an evolution of predictable developmental bursts, regressions and pauses. Each burst in development is typically accompanied by behaviors that appear exaggerated or regressive, followed by a pause in which the new behavior is fully achieved. Through each of these developmental periods or "touchpoints," the family experiences a parallel cycle of disorganization and adjustment.

During these cycles, especially when the child's behavior becomes regressive, the potential for parental anxiety increases. Such anxiety can derail the child's development or even lead to neglect, emotional or physical abuse. These "touchpoints" are key opportunities for practitioners to connect with parents. Through understanding each of the touchpoints and working together to anticipate and recognize them, parents and providers can collaborate on responses that will reduce or prevent other problems in the family. Of particular concern are families who may not return for intervention and care because they feel providers offer little that is pertinent to them. The Touchpoints model of outreach and prevention will help practitioners connect with more families and work with parents to bring about healthier, brighter outcomes for children.

A critical element of the Touchpoints model is its emphasis on child development as a dynamic interplay among maturational spurts, their manifestations in the child's behavior, and the parallel effects on the parent. Using touchpoints as windows of opportunity for providers to communicate with parents, the model:

Touchpoints Project
Child Development Unit

Children's Hospital, 1295 Boylston Street, Suite 320, Boston, MA 02215 tel 617.735.6947 fax 617.859.7215

- stresses *prevention* through developing relationships between parents and providers. The earlier the alliance between practitioner and parent is formed, the greater the opportunity to create a strong collaboration. Thus, knowledge about early child and parent development is paired with the communication skills needed to make connections with parents.
- acknowledges that developing and utilizing *relationships* is critical to appreciating the significance of cultural, religious and societal dynamics for families.
- encourages the practitioner to focus on *strengths* in individuals and families, rather than deficits.
- provides insight into the emotional experience of the *developing parent*.
- departs from traditional medical and social service provision in its *multidisciplinary* approach. By combining the knowledge and perspectives of developmental psychology, education, nursing, pediatrics, psychiatry, and social services, valuable linkages are made to support children and families.

Who benefits from the model? First, the practitioner gains enhanced information about early emotional and behavioral development and about strategies to establish effective, supportive relationships with parents. Second, the parent, in alliance with a practitioner, learns to anticipate frustrating but normal phases in infant and child development and to work with them, rather than against them. Third, and most importantly, the child benefits from growing up in a more supportive environment.

The Touchpoints Project's current focus is to field-test the model and its accompanying materials with practitioners at selected sites nationwide. The objectives of this phase are to train practitioners to implement the model in diverse practice settings, to evaluate the model's effectiveness in multiple settings, and to modify it as needed. We will carefully review participants' evaluations of the Touchpoints training process, its materials and the model's applicability for their practice. We also plan to query both practitioners and parents on the ways in which the Touchpoints model has affected their relationships with each other.

The Touchpoints model is not intended to stand alone as a program, but to be integrated into ongoing pediatric, early childhood and family intervention programs. The ultimate goal is to promote the well-being of families with children from birth to three across a variety of cultures and circumstances.

For further information, contact:

Nancy C. Poland, R.N., M.S.
Director
The Touchpoints Project
Child Development Unit
Children's Hospital
1295 Boylston Street
Boston, MA 02215
Phone: 617-735-6947 FAX: 617-859-7215

I. Field-test phase.

The field-test phase encompasses four activities: Site selection, Training, Implementation, and Evaluation.

1. Site selection.

Six sites will be selected to apply and evaluate the Touchpoints materials and the accompanying training experience. These sites will be chosen according to the criteria outlined in section IV, below. Broadly, they relate to the nature and philosophy of the site, the make-up of its staff, the type and size of the practice setting, its geographical location, and the demographics of the service population(s).

A pre-selection visit to sites under final consideration will be conducted in the fall of 1994 by members of the Touchpoints staff. The purpose of these visits will be to witness firsthand the working dynamics of the setting, and to conduct preliminary meetings with potential Touchpoints participants. Following site selection, Touchpoints staff will visit each site to administer baseline measures to the Touchpoints trainees and to matched practitioners who will serve as controls. (For more information, see p. 4.)

The ultimate goal of the Touchpoints Project is to ensure the model's applicability in a variety of settings. Therefore, the selected sites collectively will represent a diverse sample with respect to location, size, setting, and population served. Each site will be expected to commit to the Project for two years to allow for extensive training, implementation and evaluation.

2. Training.

In June 1995, each field site will send six to eight staff members from different disciplines to a week-long, intensive training session at the Child Development Unit in Boston. One of the attendees from each site will have been designated the "site coordinator" and will attend additional sessions related to their specific responsibilities. (Details of structure and content of training are discussed in Section II, p. 5.)

3. Implementation.

This phase of the Project commences upon the practitioners' return to their sites following their week at the Child Development Unit in Boston. Practitioners will apply to their daily practice their expanded knowledge and skills, fitting the Touchpoints model to the needs of their particular roles and disciplines. To ensure a close working relationship with the sites, Boston staff will be in weekly contact by telephone with the site coordinator. Ongoing consultation will also be available to address concerns specific to individual providers or sites.

On a monthly basis, Touchpoints trainees at each site will meet to monitor their experiences implementing the model. The site coordinator will be responsible for

setting up and facilitating these meetings, as well as for reporting the practitioners' comments and experiences to Boston staff. These meetings are a critical component of implementation from several standpoints. For practitioners, they represent an opportunity to renew their connections with their colleagues involved in the Project, to discuss how the Touchpoints model has affected their interaction with families, and to compare experiences in search of common ground or suggestions. From the perspective of Touchpoints staff, these meetings will provide feedback for further modification of the model.

Additionally, Touchpoints staff will make two site visits at four month intervals in the year following the training sessions in Boston. Depending on the needs of each site, the goal of these visits may emphasize supervision, additional training, or trouble-shooting. These visits will provide a chance for Touchpoints participants to inform Boston staff directly about their experiences implementing the model. The year-long implementation phase will culminate in a final site visit, when all trainees will meet with Touchpoints staff to share their observations of how the Touchpoints model affected their practice.

4. Evaluation.

Sites must make a commitment to participate in an ongoing review of the strengths/weaknesses of the Touchpoints model. While all Touchpoints trainees and controls will be involved in the evaluation, the site coordinator will serve as the principal liaison between the site and the Touchpoints staff in Boston.

Evaluation will be ongoing, assessing both process variables (e.g., following how the model is managed on-site) and outcome variables (e.g., practitioner's satisfaction with particular aspects of the model). Trainees must commit to completing evaluation materials before, during, and after the implementation of the model. They will evaluate their training experience and give their initial impressions of Touchpoints materials. Since their experience and impressions are likely to change as they implement the model, practitioners will be asked to continue to evaluate the applicability of the materials throughout the year. Additionally, we expect to periodically sample parents' perceptions of their interactions with Touchpoints practitioners. These evaluations of the different aspects of the Touchpoints model will be mutually beneficial for Touchpoints staff, individual practitioners, and parents. (Further information on the evaluation phase will be available at the pre-selection site visit.)

Ultimately, the results of the evaluation phase will determine which characteristics of the model have been successful overall, which aspects are more effective for particular practitioners or parents, and which components of the model need to be further modified prior to dissemination.

Note on Controls: Six to eight practitioners at each site will serve as "controls" for the duration of the Project. Whenever possible, these controls will match the trainees in terms of role, discipline, level of education and years' of experience in the field. The controls will complete appropriate measures at the four critical points in the evaluation process (i.e., baseline, four months, eight months and 12 months). All control practitioners who participate fully in the evaluation will receive materials and training in the Touchpoints model from Boston staff three to six months after the completion of the implementation phase of the Project (in the last quarter of 1996).

II. Incentives for involvement.

Training.

The primary objective of the week-long training experience in Boston will be to introduce the Touchpoints model of child development. In addition to furthering the knowledge base and communication skills of participants, a major goal of this week will be to engage the individual practitioner in a process of self-reflection and personal awareness. It is expected that the interdisciplinary nature of the group will provide a variety of perspectives and shared experiences.

Trainees will engage in experiential learning. A hands-on approach to learning will emphasize role playing, workshops, and problem-solving groups, which will highlight the interplay of early child development knowledge and relationship-building skills. Particular attention will be given to the voices of parents and practitioners, and to the support that is needed (internally and externally) to promote alliances between them.

Finally, each site coordinator will receive additional specialized instruction. These individuals will learn supervisory and administrative skills which will include serving as the liaison between their site and Boston staff, and being the on-site supervisor of the implementation and evaluation components of the Touchpoints model.

Materials.

During the training process, practitioners will receive both written and audiovisual resources, as well as guidance in their optimal use. Participants will be given a Practitioner's Guide and a Training Manual. The Practitioner's Guide will orient them to the philosophy, goals, assumptions, and basic applications of the Touchpoints model. The Training Manual will contain information on child development and on communication processes to help practitioners build alliances with parents.

Interdisciplinary collaboration.
A common concern of child/family practitioners is a sense of isolation due to unsatisfactory collaboration with professionals in other disciplines and settings who may be serving the same families. The Touchpoints model recognizes the validity of this issue and has designed both its training and implementation phases to address it. Not only will the participants who receive training be multidisciplinary and multicultural, but the Touchpoints facilitators, the content of vignettes, and case examples in training materials will be similarly diverse.

Networking.
A commitment to multidisciplinary involvement at all levels permeates the Project. To this end, a quarterly newsletter will be established to serve several purposes. It will alert providers to recent child development advances and resources, as well as serve as a forum for providers in different disciplines to relate how the Touchpoints model meets the unique challenges of their position. The goal of the newsletter will be to help maintain connections among field-test sites.

In the year following training in Boston, the monthly site meetings will facilitate networking among Touchpoints providers. (See Implementation phase, p. 4.) The continuity and regularity of these meetings will contribute not only to the individual's practice but to enriching the connections among members of the community of child/family practitioners. Such a focus on collaboration can only improve existing services to families.

Follow-up/Supervision.
The importance of follow-up, supervision and consultation cannot be overstated. The Touchpoints model acknowledges the primacy of these needs and has structured the implementation phase accordingly. It is difficult, however, to anticipate the precise level of supervision needed by the site or individual provider. Thus, the consultative relationship between Touchpoints staff and field-site practitioners will reflect this reality and will vary according to the unique demands of implementing the model in such diverse settings. Weekly telephone contact with the site coordinator, fax and electronic mail communication, periodic site visits from Touchpoints staff, and "on-call" availability to deal with specific practitioners' questions will assure an open line of communication. All follow-up activities will be coordinated with the existing supervisory structure at each site.

Accessibility of evaluation results.
Field-sites will receive a summary of the results of the evaluation of the field-test phase of the Touchpoints Project. This final report will highlight the critical role of the field-sites and provide information about the training process' influence on practitioners; summarize how relationships between providers and parents were affected by the model's implementation; discuss sites' role in the model's modification over the course of the implementation phase; and inform them of how the model was received at other field-test sites. Such a report would not only

acknowledge the pioneering contribution of sites in the development of the Touchpoints model, but could potentially help them in securing future funding or in forming other collaborative opportunities.

III. Site responsibilities.

- Identify six to eight practitioners from multiple disciplines to attend Touchpoints training in Boston in 1995.
- Identify which of these practitioners should serve as site coordinator.
- Identify six to eight practitioners who could serve as controls for Touchpoints trainees (see p. 5, Note on Controls section, for criteria).
- Support practitioners' (both trainees and, where applicable, controls) need for time required to meet the following obligations:
    - o provide baseline information via interviews/assessments;
    - o attend the week-long Touchpoints training;
    - o fulfill evaluation tasks throughout the Project, including weekly completion of measures;
    - o attend the monthly practitioner meetings on-site.
- Generate the necessary funds (see below)

IV. Selection Criteria.

We are seeking to identify six sites nationwide which together will represent a breadth of practice settings and which serve families of diverse cultural, economic and life circumstances. All sites must:

- focus particularly on families with children aged 0 to 3;
- have a multidisciplinary staff that emphasizes a team approach;
- evidence an interest in and willingness to work on the ongoing development of the Touchpoints model. This must be demonstrated by the practitioners and by supervisory or administrative staff;
- demonstrate financial stability (Only programs already in existence for three years will be considered.);
- commit to a two-year involvement (January 1995-January 1997) and collaboration with Touchpoints staff during all phases of the project. This time frame includes the start-up phase (when sites will participate in preparatory activities), the training and implementation phase, and the analysis phase (when ongoing communication with the sites will be essential to final revision of the model and accompanying materials); and,
- have some access to summary data on their service populations.

V. Funding.

Site costs for participation in the Touchpoints Project are currently estimated at $25,000 per site per year (beginning in January, 1995), for a total commitment of $50,000. This fee will *defray* the costs of staff training; materials, including a Practitioner's Guide and Manual, audiovisual and other resources; travel for both Touchpoints and site staff (including training and site visits); and Touchpoints staff time devoted to ongoing site supervision, consultation, reference and referral services. Additional costs will be leveraged through fundraising by Touchpoints staff.

Touchpoints staff will be available to assist potential sites with strategies or resources to procure funding.

VI. Proposal Requirements.

Interested sites which meet the selection criteria should submit a proposal **(no more than 10 double-spaced pages)** which addresses all of the following categories:

(a) Agency/program description: including its goals and objectives, services rendered which involve children aged 0-3, and linkages/affiliations with other area institutions and agencies. Specifically, are there any on-site *preventive* or *intervention* programs already in place for this population? Please note if the site's primary focus is on the child, the parent, the parent-child relationship, or other relationships.

(b) Staff composition: including size of staff, disciplines represented, and range of child development background/training. Note the involvement of paraprofessionals, volunteers, students or parents in delivery of services. Comment on expected level of staff turnover during a two-year period. Attach brief (one paragraph) biographical outline for each potential Touchpoints participant, noting discipline, years of experience, and area of specialty or professional expertise.

(c) Staff training: What opportunities for professional development are offered? Describe the form and content of this training (i.e., in-service workshops, attendance at regional conferences).

(d) Location: Describe the site's geographical location--i.e., inner city, rural, suburban.

(e) Service population: Detail the number of clients, the range of ethnic, SES and family compositions represented. Identify the predominant language spoken by these families and whether particular types of families with children age 0-3 are predominantly served (i.e., single parents, substance-abusing parents). What is the level of contact (daily, weekly, monthly) with families, and what is the rate of

involvement of fathers vs. mothers vs. both parents? What kind of summary information is available on the service population which could be accessed for the evaluation phase of the Touchpoints Project?

(f) Assessment information: Note whether/how service delivery is formally assessed and whether this data would be available to Touchpoints staff. In particular, is client satisfaction with services measured? If so, how is it obtained (e.g., is it assessed on a regular, formal basis or in a more informal way)?

(g) Funding information: As evidence of financial solvency, describe funding sources for the site, with specific attention to the expected source of funding for Touchpoints involvement.

(h) Summary statement: Conclude with a brief statement on the site's interest in becoming involved with the Touchpoints Project. Collaboration with any other demonstration or evaluation project should be noted. Additionally, the following points are of particular interest:

- What unique contribution can this site make to the Project?
- How would the Touchpoints model change or enhance current service delivery?
- Can the setting provide a part-time site coordinator?
- Can the site commit to both the implementation and evaluation components of the project? Such involvement will include practitioners' completion of baseline and periodic survey instruments.

(PLEASE NOTE: It is important that your application be organized and presented according to the items listed under Section VII: Proposal Requirements. This uniformity will enable us to equitably compare applications.)

DEADLINE FOR RECEIPT OF PROPOSALS IS SEPTEMBER 1, 1994.

Send proposal to:

Touchpoints Project
c/o Nancy Poland, R.N., M.S., Director
Child Development Unit
Boston Children's Hospital
1295 Boylston Street
Boston, MA 02215

** *Additional materials may be requested following receipt of proposals.*

** *We encourage you to call the Touchpoints office at 617-735-6947 with any questions or clarification regarding proposal submissions.*

5 - Staff

THE WHITE HOUSE

April 5, 1994

Irene Pollin
Two Goldsboro Court
Bethesda, Maryland 20817

Dear Irene:

Thank you for your letter and for sending me Taking Charge and Medical Crisis Counseling. I look forward to reading them and greatly admire your dedication to individuals and families who are in crisis and most vulnerable.

With warm personal regards, I remain

Sincerely yours,

Hillary

Hillary Rodham Clinton

I hope health care reform will include more long term care options that can address the issues you raise.

bcc: gift unit

I'm enclosing the draft of another book which will be published by W.W. Norton and is the backbone of this book!
Love
Irene

IRENE POLLIN
TWO GOLDSBORO COURT
BETHESDA, MARYLAND 20817

March 21, 94

Dear Hillary,

This is the copy of a book that I have been working on for many years. It is the result of 20 years of work with the chronically ill and their families. It is based on a model of treatment that I created called Medical Crisis Counseling. We are training fellows at Harvard, having conferences, and beginning a pilot with Harvard to show that MCC is able not only to improve the quality of life but also cut utilization of services in an HMO, Fee-for-Service Health Care.

I would love to hear your comments!

Hugs,
Irene Pollin

As its title implies, the purpose of this column is to provide you with information—that can help you get additional information—or tap into new networks—or learn about available products and services. If you have information to share, please send it to: Resources, Reviews & Whatnot c/o *TAKE CARE!* The address is on the masthead.

RESOURCES

There's another *TAKE CARE!*... This *TAKE CARE!* is a booklet produced by the Community Care Resources Program of the Wilder Foundation in St. Paul, Minnesota. It's a wonderful booklet, full of questions and activities caregivers can use to help themselves. Specific questions help you assess your situation, and specific dos and don'ts help you deal with it. Topics covered include reducing stress, setting limits, nurturing your self-esteem, being nice to yourself, dealing with feelings, and more.

Community Care Resources is a good group to get in touch with if you live in the St. Paul area, and their booklet *TAKE CARE!* is a great resource for all caregivers. To find out how to get a copy contact: The Wilder Foundation, 919 Lafond Avenue, St. Paul, MN 55104, or call: 612/642-4060.

Respite in Philadelphia... Temple University's Center for Intergenerational Learning runs a program called Time Out to provide a break for caregivers. The respite workers are actually Temple University students who are given special on-going training and guidance in understanding and meeting the needs of the care recipient and the family. They are available to give you a break during the afternoon, evening, or even on weekends. There is a low hourly charge. For more information, call the Time Out Coordinator at: 215/204-6540.

Help for families of people who are aging or disabled... Caring Families is the title of a series of manuals put out by the Family Cargiver Project at the University of North Carolina, Charlotte. Three separate manuals, designed to help caregivers and those who work with them, address caring for persons who are aging, who have developmental disabilities, or who suffer from mental illness. A fourth manual, "How To Lead a Group of Family Caregivers," is available for those interested in setting up their own support group. There is a particularly good section to help you organize yourself and find ways to be more effective and less stressed. These excellent manuals cost $14.95 each (the Leader's Manual is $12.95) and can be ordered by calling 704/547-2307 or sending a check or money order to Urban Institute, UNCC, Charlotte, NC 28223. Specify whether you want the manual on Aging, Developmental Disability, Mental Illness, or the Leadership Manual. The complete set of all four manuals is $33.95.

REVIEWS

Taking Charge: Overcoming the Challenges of Long-Term Illness by Irene Pollin, MSW, with Susan K. Golant, MA © 1994. Published by Times Books, a division of Random House, Inc. New York, NY, $22.00.

Irene Pollin is a psychiatric social worker with almost 20 years of experience counseling individuals and families that are dealing with chronic illness. Many years ago she was also a caregiver (two of her children died from congenital heart problems).

Mrs. Pollin has taken her life experiences as a caregiver and her professional experience as a therapist and fused them in her new book. *Taking Charge* combines practical, easy-to-follow advice about how to deal with the very real fears that accompany chronic illness with the type of true understanding that only comes from experience.

This is more than a how-to book for the chronically ill and their families. It is also the personal story of one woman's triumph over the challenges and pain of caregiving.

Taking Charge discusses the eight major fears of those living with chronic illness: the fear of loss of control, loss of self-image, fear of dependency, fear of stigma, fear of abandonment, fear of expressing anger, fear of isolation, and the fear of death. It provides concrete and realistic advice on how to deal with these fears. There is even a chapter that focuses on family relationships and how they change during the course of an illness.

This new book (just being published in March) is a must read for patients, their families, and their friends.

WHATNOT

Planning a Vacation? Have You Considered... Canoeing the everglades, rafting the Grand Canyon, or horseback riding through the Rockies? If you think it's impossible because your loved one is ill or disabled, think again. Wilderness Inquiry (WI), an organization dedicated to providing outdoor adventures for people of all abilities, brings the able-bodied and the disabled together to share outdoor adventures, and they've been doing it for 15 years.

Wilderness Inquiry serves families dealing with all manner of illness and disability—inlcuding Alzheimer's, cerebral palsy, epilepsy, mental illness, MS, spinal cord injury, stroke, deafness, blindness, etc.

While adventure is the heart of what WI does, the organization's underlying mission is to empower the human spirit. It apparently works because studies have shown that people who participate in WI trips gain improved independent living skills, and are more likely to obtain an education.They also help reduce stereotypes about people with disabilities.

For more information on Wilderness Inquiry contact them at 1313 Fifth Street SE, Box 84, Minneapolis, MN 55414-1546 or call: 612/379-3858. Watch out for the white water!

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FAITH & VALUES
CHANNEL

April 20, 1994

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC

Dear Mrs. Clinton:

We at VISN are very honored to have you appear on the network in the forum with Church Women United to discuss health care issues. You have done a marvelous job in bringing this issue to the American people and in developing a concrete proposal for health care changes in our nation. Your responses were clear and forthright. I am enclosing a VHS copy of the program. I hope you are as pleased with it as we are.

Sincerely yours,

Nelson Price
President, VISN

NP/jv
cc: Patricia Rumer
Jeff Weber

encl.

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