
THE WHITE HOUSE

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The attached provides
some info on crime
bill pre-conference -
included here are
comments on the
"presentation" section 1.

DRAFT 05/13/94 3:54pm

Honorable Joseph R. Biden, Jr.
Chairman
Committee on the Judiciary
United States Senate
Washington, D.C. 20515

Dear Chairman Biden:

This letter, in combination with the attached detailed comments, presents the recommendations of the Administration concerning the reconciliation of the final House and Senate versions of H.R. 3355, the Violent Crime Control and Law Enforcement Act of 1994.

The Administration strongly supports prompt passage of H.R. 3355, which embodies the central elements of the President's anti-crime legislative agenda. This critical legislation sets forth a balanced and intelligent approach that will enable the Federal Government to play a significantly enhanced role in the nation's fight against the crime and violence that plague too many of our communities.

Passage of H.R. 3355 will assist the states and localities in their efforts against violent crime -- particularly in the critical areas of police, prisons and prevention. In addition, H.R. 3355 will provide necessary tools to federal law enforcement officials, improving their effectiveness in combating violent crime.

Both the Senate and House versions of H.R. 3355 contain provisions addressing the key elements of police, prisons and prevention, which, while they differ at times in their specific approaches, are in many respects quite similar. In order to take advantage of the historic opportunity to enhance public safety presented by this legislation, the conference committee must act promptly and wisely to craft the final legislation.

While we have a historic opportunity to act, we also have a tremendous responsibility to act wisely. Both the House and Senate bills include unprecedented efforts to provide the police, prisons and prevention necessary for a serious attack on crime. This is money needed to address this critical national issue, but in these times of fiscal restraint, we must ensure that the money is spent well. Spending our money well requires that we effectively coordinate and integrate the federal government's

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crime-fighting efforts. Thus, many of the views we express in the attached statement are aimed at assuring that we avoid the duplication, waste and bureaucratic battles that too often accompany government programs.

The Administration believes that the final version of H.R. 3355 should contain the following key provisions, among others:

- A Funding Mechanism to Make the Promise of the Crime Bill a Reality.

The promise of the crime bill -- more police on our nation's streets, prisons to house violent offenders, and prevention programs to keep kids from starting a life of crime -- can only be realized if there is funding for these initiatives. To insure adequate funding for these priority programs, the Administration strongly supports inclusion of a Crime Control Fund in the final legislation; a specific legislative draft for such a Fund is attached. Like the Violent Crime Reduction Trust Fund contained in the Senate bill (title XIII.E), the Crime Control Fund provides a mechanism by which the savings attributable to the Administration-initiated reductions in the Federal workforce would be used to fund programs authorized in H.R. 3355.

Further, to fully fund the important programs included in the crime bill, we would propose a sixth year for the fund, to set aside over \$29 billion for this purpose. Only through the inclusion of a Crime Control Fund can we honestly say to the American people that we have delivered on the promise to seriously address crime and violence.

- Help for Communities to Put an Additional 100,000 Police Officers on Our Streets Engaged in Community Policing.

This is the centerpiece of the President's anti-crime program. Putting more officers on the street, working with communities, is the best way to prevent crime and illicit drug trafficking, to ensure that criminals are apprehended when crimes occur, and to return to our citizens the sense of security that has been taken from them.

To accomplish the critical goal of putting 100,000 officers on our streets and to help implement community policing nationwide, the Administration strongly recommends that the conference committee authorize full and adequate funding for this

program. Specifically, we support the Senate authorization level of \$8.9 billion, which will support hiring 100,000 officers, if the conferees also adopt the House bill's funding-per-officer cap (which we support with waiver authority for the Attorney General in appropriate cases). We will have some additional, technical changes to this important proposal as well.

- Protecting our Police and our Communities from Weapons of War.

For years, law enforcement officers and victims of crime have been calling on us to take action to ban the further manufacture of "assault weapons:" guns intended, not for sport or hunting, but for killing and maiming people.

We strongly believe that such deadly weapons can be limited without infringing on the rights of hunters and sportsmen. Specifically, the language found in title XLV of the Senate Bill, and in H.R. 4296 as recently passed, bans the further manufacture of assault weapons -- and the large-capacity magazines that have played a role in so many tragedies around our nation -- while also specifically protecting over 650 hunting and sporting guns.

We support prompt enactment of this provision, approved by both the House and Senate, and backed by the nation's leading police organizations and victims groups. We would also support modifying the bill, to delete the paperwork requirement found in Sec. 3 of the House bill, and Sec. 4506 of the Senate bill.

- Launching a "Smart and Tough" Approach to Youth Crime and Violence.

One of the most disturbing aspects of the nation's crime problem is the significant increases in the crime, particularly violent crime, being committed by juveniles and young adults. The Administration urges the conference committee to include in the final legislation programs designed to combat this growing trend including:

- o Proven and extensive drug and crime prevention programs -- discussed below -- to "give kids something to say yes" to (including House bill title X.J);
- o Smart incarceration and alternative programs such as: Boot Camps that provide the discipline and training

that will prevent them from embarking on a life of crime; Drug Courts, to intensively supervise drug offenders and get them turned around before they commit more serious crimes; and Intermediate Sanctions, that provide certainty of punishment for young offenders so that they learn early that there will be consequences for criminal behavior (House bill titles XXI and X.E, and Senate bill title XII);

- o The Youth Handgun Safety Act, to get guns out of the hands of young people. This law, with certain exceptions, prohibits handguns from being possessed by or transferred to juveniles (House bill title XIX and Senate bill § 662); and
- o Measures to combat Youth Gangs and facilitate Gang Prosecutions, such as those found in Title VI of the Senate bill. We particularly recommend including in a final bill §§ 613-14 (Armed Career Criminal predicates and predicates for adult prosecution), 615 (strengthening penalties for using minors to distribute drugs), 616 (increased penalties for drug trafficking near public housing), 617 (increased penalties for violent Travel Act violations), and 618 (juvenile records). However, the authorization of funding for more prosecutors for gang prosecutions should be stated in broader terms.
- o To deal with hardened young criminals, the discretionary authority to try 13 year olds as adults for serious violent offenses. We generally prefer the approach of House bill § 1101 to Senate bill § 651, which unduly restricts the ability of judges to make case-appropriate transfer decisions.
- Significant and Innovative Crime Prevention Programs that Give Our Young People "Something to Say Yes" To.

While we must -- and will -- insist upon personal responsibility and punish those who commit crimes regardless of their circumstances, we must also do what we can to keep young people from beginning to engage in crime.

To achieve this objective, the Administration strongly supports the full authorization level contained in the House bill

for prevention programs. Among the prevention programs included in the House and/or Senate bills which the Administration urges be included in the final legislation are:

- o The President's Y.E.S. program (Youth Employment and Skills) which gives employment opportunities to kids in hard hit, high-crime areas (House bill title X.J), and which we believe should be funded at a level of \$1 billion;
- o The Ounce of Prevention Council (Title I and §§ 5142-43 of the Senate bill and Subtitle B of Title X of the House bill) and related programs to keep schools open after hours (Senate bill §5142 and House bill §1015), expand activities such as Boys and Girls Clubs (House bill §1099 H and parallel Senate bill provisions) that keep kids off the streets, and better coordinate the efforts of the Federal Government to assist communities prevent crime;
- o Comprehensive prevention programs such as the House's Model Intensive Grant Programs (title X.A); and
- o Innovative alternatives like Midnight Sports and Police Partnerships for Youth (various House bill title X programs and parallel Senate bill programs).

Prevention programs make sense, and are a critical part of any balanced attack on the crime, violence, and drug abuse that plague our cities, towns, neighborhoods, and rural communities. However, in order to insure that these programs both have meaningful impact and are cost-effective, we must insist that they be coordinated and integrated and that we have the flexibility and tools necessary to avoid duplication and wasted effort.

- Measures to Stiffly Punish Violent Crime.

To deal with the problem of repeat violent offenders, the Administration urges the conference committee to include several measures to stiffly punish those who prey upon our communities in addition to the prison program discussed below. The punishments which should be part of the final legislation include:

- o The President's "three strikes and you're out" life imprisonment provision, which is targeted on the career violent offenders who do so much harm to society (House bill title V, with certain modifications); and
- o Reinstating the federal death penalty for the most heinous offenses, including the killing of Federal law enforcement officers, fatal drive-by shootings, and the other capital crimes in the pending proposals (House bill title VII and Senate bill title II).

As we punish violent criminals more severely, we must not squander always limited resources on lengthy prison terms for low-level, non-violent criminals. Consequently, we support the House version of the so-called "safety valve" (title II), modified to be exclusively prospective in effect, as in the Senate bill version (§ 2404).

- Authorizations for the Departments of Justice and Treasury to support federal law enforcement initiatives and implementation of crime bill related programs.

The primary focus of the crime bill -- as it should be -- is on bolstering state and local efforts to increase the number of police on our streets, the number of violent criminals behind bars, and the scope and extent of efforts to prevent crime and give young people something to say "yes" to. But the bill also stiffens penalties for many federal offenses -- such as the "three strikes" law and the federal death penalty -- and clearly envisions an expansion of federal efforts to combat violent crime, gun-crime, and drug trafficking.

Consequently, we consider it essential that the crime bill provide additional support to federal law enforcement agencies who lead our national attack on crime and violence. Particularly if Congress is going to set aside substantial resources over the next five or six years to fight crime, some share of those resources should bolster our principal federal law enforcement efforts in this regard.

Thus, we support the inclusion of § 3016 of the House bill, which authorizes approximately \$1 billion for Treasury Department law enforcement activities, and the inclusion of the various Justice Department authorizations in the Senate bill, totalling \$1.25 billion (which appear in §§ 5132, 1405, 621, and 3907).

Only in this way can the principal federal crime fighting agencies -- FBI, DEA, ATF, USMS, Customs, and others -- keep up the needed efforts and carry out the additional responsibilities envisioned by the crime bill.

Furthermore, we urge that all new Administration responsibilities and mandates, including but not limited to commissions, task forces, guidelines and standards development, model statutes, reports, and studies, be made explicitly subject to the availability of appropriations and contain appropriate authorization language. Otherwise, these provisions may have the unintended effect of requiring the Justice Department to cut law enforcement agents or prosecutors to conduct studies, convene commissions, or prepare reports.

- Assisting the States Build and Operate More Correctional and Detention Facility Space to Get More Violent Offenders and Criminal Aliens Off Our Streets.

It is incumbent upon the Federal Government to aid states that are struggling to make sure that violent criminals and criminal aliens are not being released prematurely for lack of space. The Federal Government is building the prisons and detention facilities necessary to ensure that Federal offenders are not being prematurely released, and this Administration is committed to maintaining the necessary capacity. However, none of us will be safe until the states can do the same.

The Administration believes that the best way to accomplish this objective in H.R. 3355 is for the conference committee to adopt an overall authorization level for state prison and jail assistance which approximates that contained in title XIII of the Senate bill -- \$6.5 billion.

In particular, we support versions of two sorts of plans to help states incarcerate offenders. First, we support a combination of the prison grant programs authored by Senator Biden and Representative Hughes -- § 1321 of the Senate bill and title VI of the House bill -- because we believe that some federal funds should be made available on a discretionary basis to states to build and operate appropriate facilities for housing serious drug and violent offenders -- including bootcamps, prisons, jails and community detention facilities.

Second, we also believe that another pool of federal grant funds should be used, in part, to encourage states to adopt "truth in sentencing" policies and to make other improvements in their criminal justice systems that will insure that the most violent offenders are kept behind bars. Title VIII of the House bill -- a "Truth in Sentencing" measure sponsored by Rep. Chapman -- intends to do just that; and does so in a manner superior to that found in the Regional Prisons program in § 1341 of the Senate bill. As compared to the Senate provision, the House proposal will incarcerate more violent criminals, more quickly, at less cost. The Regional Prisons proposal is unduly expensive, has significant operational problems, and will take too long to get violent criminals off the streets.

The Administration's objective in this area is clear: the Crime Bill should adopt the plan that most effectively -- within funding constraints -- locks up the largest number of violent criminals and criminal aliens, as quickly as possible, at the lowest possible cost, while encouraging innovation and creativity in this area that consumes so much of our resources. A formulation combining the House and Senate bill provisions outlined above will achieve this result.

- Crime Victims Rights and Protections.

We need to make sure that the scales of justice give full weight to the interests of the victims of crime. Therefore, we strongly support enactment of provisions to give victims of federal violent and sexual abuse crimes a right to address the court concerning the sentence to be imposed (right of allocution), parallel to the existing right of the offender to make such a statement, and improve the administration of the Crime Victims Fund and the programs it supports (Title I.A-B of the House bill and title IX.A-B of the Senate bill). We urge enactment of these provisions with some necessary technical changes to ensure that the proposed allocution reform will remain in effect after December 1, 1994.

We also generally support the mandatory restitution provisions (§ 902 of the Senate bill) to require the issuance by the court of a full order of restitution in cases under the criminal code and recommend that it be included in a final bill. We have a few recommendations concerning specifics in the formulation of the proposal, and would be pleased to assist the committee in finalizing it.

- Controlling the Border and Removing Criminal and Other Illegal Aliens.

The Administration supports §§ 5158-5160 of the Senate bill and §§ 2411-2413 of the House bill providing for the improvement of border controls, deportation of criminal aliens and the removal of denied asylum applicants. These provisions are consistent with the President's FY 1995 budget request and represent an important component of the overall strategy to combat crime.

- The Violence Against Women Act and Related Provisions.

The Administration strongly supports enactment of the Violence Against Women Act (Senate bill titles XXXII-XXXVII and House bill title XVI). We prefer certain key elements of the Senate version of that legislation, including among others, Title XXXIV, a civil rights remedy for victims of gender-motivated crimes of violence. We also support some aspects of the House bill including some grant program formulations. In conference, we believe that conforming changes can eliminate duplication and improve coordination and integration of the many new funding programs proposed in this area. Above all, we believe it is important that the bill take a comprehensive, cost-beneficial and well-coordinated approach to this escalating crime problem.

* * * * *

As noted above, accompanying this letter are detailed comments containing the Administration's specific recommendations for reconciling the House and Senate bills in the critical areas discussed above and elsewhere. The organization of the attachment generally follows the order of titles in the Senate bill, with parallel House bill provisions noted as appropriate. Additional House bill provisions that have no counterpart in the Senate bill are addressed in the final section of the attached detailed comments.

The Office of Management and Budget advises that the views expressed in this letter are in accord with the program of the President. We urge the conference committee to report legislation expeditiously so that omnibus anti-crime legislation can be enacted as soon as possible.

Sincerely,

DETAILED CRIME BILL COMMENTS

Title I -- Police Hiring/Community Policing

Both the Senate bill (title I) and the House bill (title XIV) include versions of the President's "Public Safety Partnership and Community Policing Act". This major grant program is the centerpiece of the President's legislative anticrime program and the primary vehicle for putting 100,000 additional officers on the nation's streets to help prevent and control crime. We strongly recommend that the committee include as effective a formulation of this police hiring/community policing proposal as possible in the final bill.

We urge that the committee adopt the higher (\$8.995 billion) funding authorization levels of the Senate version. We strongly urge adoption of the House bill's waivable overall cap of \$75,000 per officer for police hiring, in lieu of the Senate bill's waivable annual cap of \$50,000 per officer for police hiring. These choices are necessary to realize the proposal's objective of increasing the number of police officers on the street by 100,000.

We also endorse the House bill's minimum state allocation of 0.25%, in lieu of the Senate bill's minimum 0.6% allocation, as promoting a fairer allocation of funding among the various states. We believe that the related concerns of smaller jurisdictions may be better addressed by deleting SEC. 1703 of the proposed new part Q, the State Review requirement. Doing so would increase the Attorney General's flexibility to meet the needs of, and assure equitable treatment of, all eligible applicants -- particularly the large number of lower population counties, municipalities, and rural law enforcement jurisdictions.

In addition, we have a number of other suggestions to help resolve differences between the House and Senate versions and improve the formulation based, among other things, upon our recent experience in implementing the Police Hiring Supplement program. We look forward to working closely with you to assure the success and effectiveness of this critically important initiative.

Title I -- Ounce of Prevention

Provisions at the end of title I of the Senate bill authorize grants to support youth-oriented prevention programs, to be administered by a Cabinet-level Ounce of Prevention Council. Sections 5142-43 of the Senate bill authorize additional programs to be administered by the same Council.

Subtitle B of title X of the House bill contains provisions that are substantially parallel to the Ounce of Prevention programs in title I and § 5142 of the Senate bill, but with the primary role in program administration assigned to the Secretary of Health and Human Services.

The Administration strongly supports the creation of an Ounce of Prevention Council and the authorization of the related youth development and crime prevention programs (comments on other related programs are discussed below). A strong Ounce of Prevention Council that can help coordinate the various prevention programs in the bills is essential to assuring that money we spend on crime prevention is spent well. To achieve such a strong Council, we recommend several revisions necessary to facilitate better administration and coordination of certain of the proposed youth-oriented prevention programs contained in the House and Senate bills.

Specifically, the Administration recommends that the President be authorized to designate the chair of a slightly reformulated cabinet-level Council. The membership of the Ounce of Prevention Council should include the Attorney General, the Secretaries of the Departments of Health and Human Services, Housing and Urban Development, Labor, Education, Agriculture, Interior, Treasury, the Director of the Office of National Drug Control Policy, and one or more other officials as the President may deem appropriate. The interdepartmental Council should be authorized to help maximize the impact of the crime bills' youth-oriented crime prevention initiatives through collaboration and consultation with other agencies and entities, (such as the Juvenile Justice Coordinating Council), coordinated planning, development of a computer-based program catalog, technical assistance, and other program integration and grant simplification strategies. The Council's direct funding should be authorized at the Senate level. Furthermore, we recommend that the Council be authorized to accept and to help administer specified related program funds upon request by the relevant agency.

Prevention programs make sense, and are a critical part of any balanced attack on the crime, violence, and drug abuse that plague our cities, towns, neighborhoods, and rural communities. However, in order to insure that these programs both have meaningful impact and are cost-effective, we must insist that they be coordinated and integrated and that we have the flexibility and tools necessary to avoid duplication and wasted effort. We believe that our plan for the Ounce of Prevention Council will achieve this vital end, and we would be pleased to work with the committee in finalizing this priority proposal.

Title II -- Death Penalty

Title II of the Senate bill and title VII of the House bill contain proposals to provide an effective federal death penalty for the most heinous federal crimes. This is a major

Extradition. We support § 5157 of the Senate bill, which authorizes the surrender of persons who have committed crimes against U.S. nationals in foreign countries in certain circumstances, even in the absence of an extradition treaty.

Deportation and border control. Sections 5158-61 of the Senate bill and §§ 2411-14 of the House bill contain provisions to strengthen deportation of criminal aliens and denied asylum applicants and border control activities. We strongly support the enactment of these provisions.

AUSA residency. We support § 5162 of the Senate bill, which allows Assistant United States Attorneys to live within fifty miles of their districts.

Treasury authorizations. Section 5163 of the Senate bill includes authorizations for additional Gang Resistance Education and Training (GREAT) projects, for the Bureau of Alcohol, Tobacco, and Firearms, and for the Secret Service. The portions of the section relating to GREAT programs do not include any overall authorization figures, and need to be corrected. [TREASURY SHOULD PROVIDE ADDITIONAL TEXT EXPLAINING IMPORTANCE.]

Coordination of drug treatment and prevention programs. We support § 5166 of the Senate bill, which directs the Attorney General to consult with the Secretary of Health and Human Services in carrying out drug treatment and prevention aspects of the crime bill to assure coordination and effectiveness.

Armor piercing ammunition. We support § 5168 of the Senate bill, which broadens the definition of prohibited armor-piercing ammunition.

Additional House Bill Provisions -- Prevention Programs

- Policing, punishment, and prevention are the keys to a balanced Crime Bill reflecting the President's agenda. Some prevention programs have been discussed previously, but many additional critical programs which we strongly support are found in Title X of the House Bill.

These include model intensive grants (subtitle A), midnight sports (subtitle D), residential services for delinquent and at-risk youth (subtitle F), recruiting and training persons from underrepresented areas for police employment (subtitle G), local partnership act (subtitle I), youth employment and skills [YES] (subtitle J), hope in youth (subtitle L), anticrime youth councils (subtitle N), urban recreation and at-risk youth (subtitle O), boys and girls clubs in public housing (subtitle P), and community-based justice grants for

prosecutors relating to young violent offenders (subtitle Q). We discuss our views on each of these programs below:

Model Intensive Grant Programs. Subtitle A, authorizes the Attorney General, in consultation with the Secretaries of HHS and HUD, to award up to 15 highly targeted grants to support comprehensive crime prevention programs in "chronic high intensity crime areas". The Administration supports this initiative as an innovative effort to focus prevention activities where they are needed most.

At the same time, we would like to see this program revised to better assure effective coordination and an appropriately balanced distribution of resources among this and other Administration initiatives. Toward that end, we would suggest adoption of an amendment providing for consultation with the Ounce of Prevention Council.

In addition, we would urge the inclusion of specific references to Public Housing Authorities (PHAs), and the tenants and owners of publicly assisted housing and other factors in §§ 1001-1003 in reference to the consultation and planning requirements. For example, we recommend § 1003(a) refer to "job training and employment programs" instead of to "employment services offices". Other recommendations address the need to have flexibility to support proven strategies as well as innovative approaches and related concerns.

Finally, we would propose to reduce the funding for this program to provide for an increase in the "Y.E.S." program discussed below. We look forward to working with you to address these suggestions.

Midnight Sports. Subtitle D, authorizes the Secretary of Housing and Urban Development, in consultation with the Attorney General and Secretaries of Labor and Education, to make grants for midnight sports league anticrime programs. The Administration supports this important crime prevention activity and has several suggestions to improve the coordination and administration of this program and clarify its relationship to other related initiatives.

Assistance for Delinquent and At-Risk Youth. Subtitle F, authorizes the Attorney General to make grants to public or private entities to support the development and operation of programs providing residential services to delinquent and at-risk youth. The Administration supports the goals of this program but believes that they would best be achieved by combining this program with the gang and violence programs in Title VI of the Senate bill and Title XXII of the House bill

discussed above. We would be please to suggest language to the committee to achieve that result.

Police Recruitment. Subtitle G, authorizes the Attorney General to provide grants to community organizations to assist in the recruitment of police officers from underrepresented neighborhoods and localities. The Administration supports this program's goal of broadening and diversifying the pool of persons who can successfully enter into police departments. However, we want to ensure that the programs envisioned here would work with and do not duplicate other efforts to increase the number and diversity of police officers such as those found in Title I of the Senate bill and Title XIV of the House bill. We would be pleased to work with the committee to insure that this program is designed to function well in coordination with those other efforts.

Local Partnership Act. Subtitle I, authorizes the Secretary of Treasury to make direct payment to qualifying units of general local government which would use the money to fund crime prevention activities including the coordination of other prevention programs in the bill with existing federal programs. The Administration supports efforts to assist local governments, which are on the front line of the fight against crime, with prevention efforts as well as police and prisons. We have a number of concerns, however, including among others, whether the distribution formula contained in the subtitle could be efficiently administered, the availability of accurate related data, and about the impact of the allocation of funds in time in relationship to the crime control fund. We look forward to working with you to address these concerns.

Youth Employment Skills (Y.E.S.) The Administration strongly supports the Y.E.S. program contained in Subtitle J and urges the committee to include it in the final legislation. Y.E.S. is a Presidential initiative that targets job training and creation efforts on youth and young adults in high crime, hard-hit neighborhoods. The program is premised on the simple notion that one effective way of keeping young people away from criminal activity is to give them meaningful work opportunities that serve as an alternative, help instill the discipline and habits necessary for productive lives, and that are linked to future jobs and adult employment.

The Administration believes that the Y.E.S. program is sufficiently promising that it should receive a larger share of the overall dollars directed to prevention programs; specifically, we seek a \$1 billion authorization for this program. We also would be pleased to work with the committee to sharpen the targeting provisions of

the program and to insure that it is well coordinated with the other prevention programs in the final legislation.

Hope In Youth. The Administration supports the Hope In Youth program contained in subtitle L. This program authorizes the Secretary of Health and Human Services to make grants to community organizations in units of local government which contain an empowerment zone. The Grants would be used to establish advisory organizations to engage in strategic planning and evaluation of programs serving low income communities. As with other prevention programs, we believe that the Hope In Youth program would be strengthened by providing that the Secretary of HHS also should coordinate with the Ounce of Prevention Council.

Anticrime Youth Councils. Subtitle N authorizes the Administrator of the Office of Juvenile Justice and Delinquency Programs to make grants to public and private agencies to fund anticrime youth councils. These councils would provide a mechanism by which the views of youth who are the focus of prevention programs can be taken into consideration in the grant review process. The Administration supports this provision and has suggested language changes to improve the coordination of the provision with existing programs.

Urban Recreation and At-Risk Youth. Subtitle O amends the Urban Park and Recreation Recovery Act of 1978 to provide for grants to improve and expand recreation facilities and programs in high crime areas. Central to the Administration's approach to preventing crime is the proposition that we must give young people positive alternative activities. Recreation programs and facilities are one such alternative, and we support efforts, targeted at high-crime areas, to improve and expand such programs. However, we also believe that all Administration efforts must be carefully coordinated to eliminate duplication of effort and assure the most cost-effective use of available resources we urge that this program also provide for coordination through the Ounce of Prevention Council.

Boys and Girls Clubs in Public Housing. Subtitle P, authorizes the Secretary of Housing and Urban Development to enter into contracts to establish Boys and Girls Clubs in public housing. The Administration supports this program which would provide youth in public housing, which is all too often located in high crime areas, with a meaningful alternative to gangs, crime and violence. We believe that the utility of this program would be strengthened if it were amended to authorize Boys

and Girls Clubs in Public, Indian and Assisted Housing. We would be pleased to work with the committee to effectuate this change.

Community-Based Justice Grants for Local Prosecutors. Subtitle Q authorizes the Attorney General to make grants to local prosecutors who may use the funds for programs that (1) coordinate local resources to identify and prosecute young violent offenders, (2) focus prosecutorial effort on making the punishment of juveniles fit their offense, and (3) coordinate criminal justice resources with other community resources to develop alternatives to crime. Local prosecutors play a critical role in fighting crime and the Administration supports efforts to assist them in dealing with the serious and growing problem of juvenile violence. Given its focus on the efforts of prosecutors, we believe that this program should be coordinated with the Gangs and Juveniles programs in Title VI of the Senate bill and Title XXII of the House bill. We would be pleased to work with the committee to achieve this result.

Other House Bill Provisions

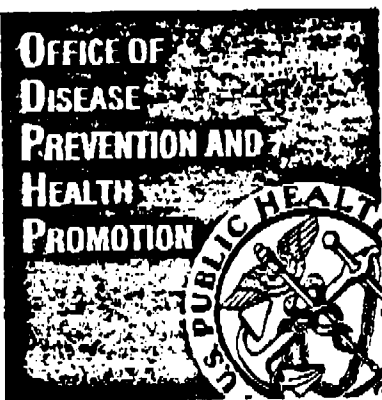
Byrne Grant authorization. We support § 1098A of the House bill, which authorizes necessary sums for the Byrne Grant program through 1999. The inclusion of this provision in a final bill will make it possible to draw on the Trust Fund established to fund the bill to support the Byrne Grant program.

Assaults against children. Title III of the House bill increases maximum penalties for assaults against children in areas under federal jurisdiction. We support the enactment of this proposal.

Racial Justice Act. Title IX of the House bill contains a proposal designed to prevent racial discrimination in the imposition of capital punishment. The Administration abhors discrimination in all aspects of the criminal justice system, including capital punishment. We also support the death penalty as an appropriate sanction for the most heinous cases, such as the murder of law enforcement officers. Accordingly, we would be pleased to work with the committee on provisions that would prevent discrimination while allowing effective use of capital punishment in appropriate cases.

Assistance in deportation. We have no objection to § 2401 of the House bill, which authorizes the Attorney General to accept property and services to assist the Immigration and Naturalization Service in deporting aliens subject to criminal charges.

Increase of Border Patrol agents. We have no objection to

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service

Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
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DATE: 4.5.94

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MESSAGE:

FYI per your request.

READY TO LEARN:
TITLE I HEALTH SCREENING
IN
THE IMPROVING AMERICA'S SCHOOLS ACT

**U.S. Department of Education
Office of the Under Secretary
12/17/93**

TITLE I HEALTH SCREENING

To be ready to learn, a child must be able to see the blackboard and hear the teacher, and be healthy enough to concentrate on what is being taught. Schools have historically played a role in ensuring that students receive necessary preventive care. Ninety-five percent of schools require immunizations prior to admission, and many schools screen children for vision, hearing, and other health problems. However, approximately 20 to 35% of disadvantaged elementary school children do not receive routine preventive health screenings. Many of these children are eligible for health screenings through Medicaid, private insurance, or other providers, but do not receive them because of multiple barriers to access. Too many children are still falling through the cracks.

The Improving America's Schools Act of 1993 would require that school districts establish a procedure to ensure that all students in Title I elementary schools enrolling 50% or more low-income students receive, at a minimum, two health screenings during the elementary school years, at appropriate intervals based on reasonable pediatric standards. Schools would not be required to provide screening themselves and Title I funds could be used to pay for screening only where other funds are not reasonably available. This legislation builds on the important role of schools in linking students to health care to help ensure that all of America's children are ready to learn.

How much Title I funding would be used for health screenings? There are an estimated 1.7 million students in two grade levels in these very high poverty schools. Currently, it is estimated that approximately 74% of these students are covered by Medicaid or a private health insurance plan. Many of these children, although not all, can obtain preventive screenings under their health coverage. For these students, the school district's primary role would be to refer students for health screenings when they have not already received them.

The estimated cost of screening all students covered by the initiative each year who are not participating in Medicaid or in a private health plan that covers screenings is \$27-49 million, based on the median Medicaid reimbursement rate for screening of \$54 per pupil. However, the amount of Title I funding initially used to pay for screenings would undoubtedly be less and would decrease yearly, for several reasons. First, a number of these uninsured children would receive screenings from public health providers at no cost to school districts. Second, if school nurses or medical professionals provide voluntary support (as has been the experience in various areas), the cost to school districts would be significantly less. Finally, over the next few years, the number of children with health coverage may increase since under health care reform, screenings would be available to all students.

What are the benefits? Improved health and educational achievement are the major benefits of this screening. Existing state screening programs detect health problems in a high percentage of children screened. And, the screening is likely to be cost-effective. If one out of a hundred students is identified as having a health problem that hinders learning and treatment prevents that child's retention in grade one year (or other equally expensive remediation), the education savings would pay for screening every one of these children. Current screening programs report identification and treatment of vision, hearing and other problems in excess of this break-even point. If longer term benefits--such as reducing dropout rates--are included, screening could pay for itself many times over.

TITLE I HEALTH SCREENING CONTENTS

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- * How many children don't have a source of screening and preventive care?
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LETTER OF SUPPORT FROM SECRETARY SHALALA

QUESTIONS AND ANSWERS ABOUT TITLE I HEALTH SCREENING

Q: Why should schools be concerned about health screening?

A: The first National Education Goal established by the President and the Governors in 1990 states that, by the year 2000, "all children in America will start school ready to learn". Health screening is a fundamental part of this effort. In the words of Surgeon General Elders, "you can't educate children if they are not healthy, and you can't keep them healthy if they are not educated." Examples abound of children who are tagged as trouble makers, diagnosed with attention deficit disorder or identified as learning disabled simply because they cannot see the blackboard or hear a teacher's instruction.

Experience with school immunization requirements demonstrates that school-linked requirements can significantly boost prevention efforts. While immunization rates of preschool children are quite low, 96% to 98% of children are fully immunized by or shortly after school entry.

Q: How many children don't have a source of screening and preventive care?

A: Nearly one out of four children from households earning less than \$25,000 per year is not covered by a health insurance plan or Medicaid, according to the National Health Interview Survey on Child Health. According to the same source, nearly one out of ten children ages 5-11 had no regular health care provider.

Many of these low-income and uninsured children are not being screened. Data from the 1987 National Medical Expenditure Survey found that almost a third of all uninsured children, 25% of Medicaid-eligible children, and 20% of privately insured children did not have a preventive health care visit during the previous year. Screening in poor schools regularly finds that many students--often a majority--have not had health screenings and many have no regular provider of medical care.

Q: What would the screening consist of?

A: To ensure compatibility with other screening programs, including Medicaid and WIC, it is the intention of the Secretary that the screening provided would, at a minimum, contain the elements of the Medicaid EPSDT screening provided by the State (excluding dental screening).

Q: Isn't screening already being done? Don't states and localities require screening for students?

A: Many states have some screening requirements. For these states, this Title I provision supports requirements already on the books. However, many states do no preventive health screenings of low-income students. In other cases, the laws and regulations are not enforced. Currently, the following screening requirements exist:

- **HEARING:** 33 states require hearing screening for students entering kindergarten, and 12 recommend it. (6 have no state policy.)
- **VISION:** 32 states require vision screening for students entering kindergarten and 13 recommend it. (6 have no state policy.)
- **PHYSICAL:** 29 states recommend or mandate assessment of height and weight.
- **OTHER:** Only 8 states recommend or mandate assessment of physical fitness; only 17 mandate or require blood pressure measurement.

Q: Wouldn't this duplicate what is already being done through Medicaid-EPSDT, health care reform, and other activities?

A: No, it wouldn't duplicate those programs--it would increase their effectiveness. Today, many children lack any health care and those who do have health care too often face barriers to receiving health services, particularly preventive care such as health screenings. The Title I health screening would play an important role in connecting low-income children to health care and in ensuring that uninsured children receive a health screening -- a first, key step towards adequate health care.

- Less than 60% of the children who are eligible for Medicaid receive Medicaid services. To improve low participation rates, in 1989 Congress mandated that the Secretary of Health and Human Services establish Medicaid-EPSDT participation goals. These goals state that by 1995 all States should screen 80% of eligible children. A National Governors' Association study of Medicaid and Maternal Child Health programs found that states are encountering difficulties enrolling newly eligible children and outreach is rare. Under this initiative, school districts could help connect low-income children to Medicaid and help States reach their Medicaid participation goals. By providing a link to health services for low-income children, either by referrals or by providing services, school districts implementing the Title I health screening requirements would increase the effectiveness of Medicaid-EPSDT in reaching these children.
- Under the President's health care reform proposal, health screening would be included in the basic benefits all children would be entitled to. However, there would still be an important role for high-poverty schools receiving Title I funds to provide referrals and to ensure that all children get the health care to which they are entitled.

Q: Wouldn't this involve schools in what properly ought to be the parent's responsibility?

A: School districts will arrange health screenings for students only when the students' parents have not, for whatever reason, managed to have their children screened. For these families, the screening helps ensure that parents have the information they need to help their children be ready to learn. For those families that have no regular health provider and who are unaware of what assistance is available from other sources such as Medicaid, it will help parents by helping them make the connection to health care for their children.

Q: What will it cost to screen all Title I elementary school age children in schools with over 50% poverty enrollment twice during their elementary school years?

A: There are an estimated 1.7 million students in two grade levels in these very high poverty schools. Currently, it is estimated that 74% of these students are covered by Medicaid or by a health insurance plan. Many of these children, although not all, can obtain preventive screenings under their health coverage. For these students, the role of the school district would be to refer students for health screenings when they have not already received them.

If all students covered by Medicaid or private insurance received health screenings through their public or private insurance, school districts would be responsible for screening only approximately 440,000 students. Based on the median Medicaid reimbursement rate for screening of \$54 per pupil, the estimated cost of screening all students covered by the initiative each year would be approximately \$24 million.

However, many students who are covered by Medicaid or private health insurance do not receive preventive health screenings -- some are not enrolled in Medicaid, some do not participate in Medicaid, and some have private insurance that does not include preventive health screening. The number of children enrolled in Medicaid may increase in the next few years. States are striving to increase enrollment of children eligible for Medicaid to 80% within the next few years, from the current figure of less than 60%.

Assuming that 75% of eligible children participate in Medicaid and recognizing that the private health insurance of many low-income children does not cover preventive health screening, an estimated 500,000 to 900,000 students might be screened through the use of Title I funds each year. Based on the median Medicaid reimbursement rate of \$54 per pupil, screening these children could cost as much as \$27 to \$49 million. However, the average cost of screenings in the nation's largest states is only \$45 per pupil. The estimated yearly cost of screening all students with no other source of health care, based on the large state average is \$23 to 41 million. That is less than one cent out of every Title I dollar.

However, the amount of Title I funding initially used to pay for screenings would undoubtedly be less than these estimates and would decrease yearly, for many reasons. First, a number of these children would receive screenings from public health providers at no cost to school districts. Second, if school nurses or other medical professionals provide voluntary support (as has been the experience in various areas), the cost to school districts could be significantly less. Finally, over

the next few years, the number of children with health coverage may increase since under the President's health care reform proposal, screenings would be available to all students.

It is estimated that this screening initiative would, under the current Medicaid program, increase annual federal Medicaid costs by about \$50 million. The Medicaid cost impact is due to several factors: an increase in the number of children who are enrolled in Medicaid who would also participate in EPSDT; an increase in the number of children who would be enrolled in Medicaid; and, for both these categories of children, not only the cost of the screening, but also, the estimated increase in other health services received.

Q: What are other countries doing?

A: The United States has a lower screening rate for child health than every Western European nation, Canada and Japan. Every other industrialized democracy includes schools as a fundamental component of its broader national system for health care. One study of West European nations found that, "For [elementary school age children,] school health systems are important sources of preventive care in every country surveyed. Generally children come to the attention of school health personnel when they begin primary school and a complete physical examination at entry is routine for at least five [of the 10] study countries."

- In the Netherlands, a proportion of students are screened each year so that all students are screened every three to four years.
- In Japan, a health examination is required for all students. These screenings are conducted by the Ministry of Education. School health and medical services generally include health consultation, tuberculin tests, vaccinations, chest x-rays and dental hygiene examinations.

Q: What are the benefits of Title I health screening in high-poverty schools?

A: Screening linked to referrals and further treatment can lead to better health and learning and can be cost effective.

- Screenings in high-poverty schools can detect a significant number of health problems that affect learning. In an Arkansas pilot screening program for children entering kindergarten, 17% of the students were referred for further evaluation and/or treatment of suspected vision, hearing, or other problems. In West Virginia, a screening program in high-poverty elementary schools in five school districts resulted in referral of 14,251 children for further diagnosis and/or treatment of vision problems, 2,837 for hearing problems, 1,819 for scoliosis, 450 for blood pressure and 432 for developmental problems. In a Lansing, Michigan screening program in high-poverty elementary schools, 16% of students screened were referred for conditions that required treatment by a physician, 7% had vision problems and 2% had problems with hearing.
- The Children's Defense Fund estimates that while roughly one out of five low-income

youths suffers from vision defects, only about a third have them corrected.

- If screening in high-poverty Title I schools and subsequent follow-up corrects health problems for roughly one student per hundred (between 0.7% and 1.3% depending on program design), preventing the need for retention in grade for one year (or other similarly expensive remediation or medical care), those savings would cover the costs of screening all students in the school that year. If longer term benefits such as reducing dropout rates and referrals to special education are included, screening pays for itself many times over.

Q: Why target elementary schools with a poverty level of 50% or more?

A: Focusing on high-poverty schools makes sense -- the data show that low-income children are more likely to have undetected health problems than other students. Moreover, the 50% poverty requirement is one used elsewhere in Title I. The Administration proposes to allow all schools that are at least 50% poor to develop schoolwide programs that could include other federal, state and local resources to improve teaching and learning for all children in the school.

Q: Why require only two screenings?

A: The proposal for two screenings during the elementary school years is consistent with the President's proposal in the Health Security Act to cover 6 preventive health visits between the ages of 6 and 19. Moreover, the two visits in the Title I proposal are a minimum -- school districts could do more if they chose. And, as students undergo the mandatory screenings and they and their families develop a relationship with a health care provider, they are more likely to independently make preventive visits.

Q: How much administrative burden would this impose on school districts?

A: Ensuring that children in very high poverty schools are screened creates some administrative burden. However, experience with school-related health screening shows that the burden is not great, and that the alternative -- significant undetected health problems -- creates great burdens on children and on schools.

- The provision only requires that students be screened for health problems. As with immunization requirements already in effect in all states, there is no requirement that the screening be done by the school or during school time. School districts need not provide health services, only a link to services.
- The burden of not providing screening must also be considered. The educational burden of excessive absences, inattentiveness in class and other educational problems that are often linked to health problems is far greater.

WHAT AMOUNT OF TITLE I FUNDS MIGHT BE USED FOR SCREENINGS?

	ESTIMATED PER PUPIL COST OF SCREEN:	MAXIMUM (All students at two grade levels in 50% poor elementary schools to be screened each year by Title I)	MID- LEVEL (Assuming 75% of eligible students participate in Medicaid- EPSDT; and accounting for students covered by health insurance)	MINIMUM (Assuming all eligible students participate in Medicaid- EPSDT; and accounting for students covered by health insurance)
NUMBER OF STUDENTS: (In 50% poor elementary schools, at two grade levels, to be screened each year)	N.A.	approx. 1.7 million	500,000 to 900,000	approx. 400,000
MEDIAN COST: (EPSDT basic screen with vision and hearing)	\$54	approx. \$93 million	\$27 to 49 million	approx. \$24 million
LARGE STATE AVERAGE COST: (Average EPSDT reimbursement in the eight largest states, minus cost of vision and hearing screening for states that already require it for school entry.)	\$45	approx. \$77 million	\$23 to 41 million	approx. \$20 million

- The maximum estimate assumes that Title I is the only source of screening and covers the entire cost of screening all students. This is unrealistic given other sources of screening. The estimate is also inflated because it duplicates current vision, hearing, and other screening conducted by schools and other providers.
- High EPSDT reimbursement rates in various states with few students (e.g., Alaska) inflate the average EPSDT screening cost estimate. The median rate is a more realistic estimate of per pupil costs since it is not influenced by extreme outliers. Screening that utilizes school nurses or professional volunteers could further lower the cost.
- Approximately 700,000 students in these grades in these schools are Medicaid eligible. This number is slated to increase.
- The estimates for numbers of students participating in health insurance plans or eligible for Medicaid-EPSDT are based on national samples. The range of midlevel estimates reflects different assumptions regarding the number of students who have both Medicaid eligibility and insurance, and proportion of private health insurance policies that cover screening.
- The large state average is for states with over one million students enrolled at the preschool and elementary levels: California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. These states account for 48% of the nation's elementary school enrollment.

SCHOOL-LINKED HEALTH SCREENING EXAMPLES OF WHAT WORKS

ARKANSAS: COORDINATION AND SCREENING WITH NO NEW FUNDS

An initiative of the Arkansas Departments of Education and Health and Human Services and local school districts led to 22 school districts participating in a pilot program, providing health screenings to kindergarten students during the 1992-93 school year.

- All students received screenings. The individual school or other provider that was working with the school was responsible for billing Medicaid and private insurance carriers for eligible children.
- The health screenings included all elements of the comprehensive EPSDT screenings as defined by the Arkansas Medicaid Program and recommended by the American Academy of Pediatrics. The screening consisted of a history, physical examination, nutritional and growth assessment, dental, vision and hearing screens, developmental assessment, laboratory tests as appropriate by age, and immunization.
- Schools were encouraged to utilize whatever resources were available in the community. Therefore, students were screened by a variety of providers including local public health nurses or nurse practitioners, private physicians, school nurses, and physicians and nurses from the University of Arkansas for Medical Sciences. In some cases school nurses did portions of the screening and/or private physician completed the screening. All nurses providing screenings had training and experience in pediatric physical assessment.
- Program coordination is encouraged. For example, forms used by students to register for the National School Lunch Program include information to help identify students who may be eligible but not enrolled in Medicaid.
- After the screening, follow-ups on referrals were handled directly by each school district. Sending a letter to the parent(s) was a commonly used method. The letter instructed the parent to seek an appointment with the family's private physician or the health department. Further follow-up depended on the provider and the severity of the problem.

22 schools participated in the pilot program, providing a total of 5,202 student screenings. Many screenings were completed through joint efforts of several providers. Screenings were provided by school nurses and other existing health resources with no new funding. Conditions were suspected in 868 students which lead to referral for further evaluation and/or treatment. Reasons for referral included diagnosis or suspicion of infectious diseases, anemia, nutrition, deficits in vision, speech, and/or hearing, and other problems.

It is expected that the same number of schools will participate on a voluntary basis as the program continues during the 1993-94 school year. In the 1994-95 school year, the screenings will be mandatory upon school entry.

SCHOOL-LINKED HEALTH SCREENING EXAMPLES OF WHAT WORKS

THE PHILADELPHIA STORY: SCREENING FOR HEALTHY LEARNING

In Pennsylvania, every school child is entitled to health screening services. At kindergarten or first grade, all students receive a health screening. Mandated elements include a physical exam, dental examination, vision, growth, and hearing examinations, a tuberculin test, with school nurse services, health counseling and school follow through as needed. Vision and growth are assessed each year through graduation; hearing is assessed in grades 1,2,3,7, and 11.

In some parts of the state, this effort is linked to Medicaid-EPSDT and other services. For example, in Philadelphia, physicians provide EPSDT services for screening in 78 schools. The physicians primarily serve children they have served before outside of school and are responsible for billing Medicaid and private insurers.

SCHOOL-LINKED HEALTH SCREENING EXAMPLES OF WHAT WORKS

WEST VIRGINIA: SCREENING AS A LINK TO HEALTH EDUCATION AND HEALTH SERVICES

Like many states, West Virginia requires screening of vision and hearing for children entering school. However, the need in many low-income communities goes far beyond that. In West Virginia, one in two babies is born into poverty and one in six is born to a teen mother. West Virginia adults have a higher than national average risk for heart disease, cancer, diabetes, injuries and lung disease. Forty-three of 55 counties are medically underserved. It is estimated that approximately 28% of state residents with no health insurance are children. Many health problems start early: boys are 10% heavier and girls are nearly 5% heavier than children surveyed in a national study--and 61% are above the Surgeon General's recommended cholesterol level.

To address these problems, five school districts are participating in pilot projects in the West Virginia Healthy Schools Program. The Centers for Disease Control and the Robert Wood Johnson Foundation are supporting the pilot program. Five more were recently funded. Initiated in 1986 in elementary schools to maximize its effectiveness in preventing health problems, the program is being expanded to middle and high schools. In addition to providing broader coverage, this will allow monitoring and evaluation of long term impacts of the program on school and health outcomes. The pilot includes matched pilot and control schools, and provides for rigorous ongoing evaluation of health and education outcomes.

- The program includes fitness testing and a complete health appraisal that includes, but is not limited to, the components of the EPSDT screening. This includes screening for high cholesterol and other risk factors. Screening results are used as a learning tool for children, their families, and school staff. Screening results are conveyed through letters to the parents, along with information about national norms so that parents can see how their child's results compare. Children receive their measurements in specially designed health passports that provide a personal dimension to the program.
- The screening is part of the Healthy Schools Program, which provides a comprehensive and sequential health curriculum taught by classroom teachers. As recommended by the West Virginia Task Force on School Health, the program provides a comprehensive approach to health. Unique to this program is a Positive Health Profile Screening in which children have their height, weight, blood pressure and cholesterol levels measured. Children gain personal empowerment and self-esteem by learning that they are responsible for their own health and can make decisions that improve their health. As the pilot has progressed, changes have been made in logistics of school screening to make them more of a learning exercise for students and to lessen classroom disruption.
- There is emphasis on coordination with other programs. For example, there is coordination with the school lunch program to enhance knowledge of nutrition and improve dietary

habits. In addition, the state uses a check-off on school lunch applications to link Medicaid eligible children to EPSDT.

- Costs for the screening vary considerably between schools depending on the resources available in the community. In many cases, schools use local hospitals, medical clinics, physicians, nurses, and local civic clubs to provide low-cost or volunteer services. Screening of students typically costs twelve dollars or less per student.

Results include referral of 14,251 children for further diagnosis and/or treatment of vision problems, 4,952 for dental problems, 2,837 for hearing problems, 1,819 for scoliosis, 450 for blood pressure, and 432 for developmental problems. Assessments indicate that children who participated in this program became more knowledgeable about health and developed more positive attitudes about health than children who did not participate, with gains in the younger children's knowledge more evident.

SCHOOL-LINKED HEALTH SCREENING EXAMPLES OF WHAT WORKS

INCLUDING SCREENING IN "THE MICHIGAN MODEL" OF HEALTH EDUCATION

The "Michigan Model" is a comprehensive health education program initiated as part of a cost containment program in 1983-84. It coordinates federal, state, and local resources behind a single model approach that was developed by eight state agencies. One important component of the initiative is that local health departments provide periodic hearing, vision, and screening programs without charge for children in their jurisdiction. A child enrolling in school must document immunization and vision testing before enrolling in school.

A pilot health screening program was initiated in four school districts to address this problem. Schools that initiated screening were matched with similar schools to provide a control group to assess program effectiveness. The screening included height/weight and body mass index, blood pressure, total cholesterol, and step test. Information was also collected on nutritional and health knowledge.

A variety of implementation models were used. In Flint, Michigan, this elementary school screening was carried out with the support of the local hospital, which provided nurses to conduct the screening. Parents and teachers, as well as students, were invited to receive health screenings.

The evaluation found that the screening led to detection of significant numbers of health problems that can affect health and learning. The evaluation also found that screening also contributed to strong support from parents who saw the screening and the involvement of parents and teachers as evidence that the school cared about the whole child, not just the semester's test score.

SCHOOL-LINKED HEALTH SCREENING EXAMPLES OF WHAT WORKS

SCREENING AND COORDINATION OF SERVICES: HAMILTON ELEMENTARY SCHOOL, SAN DIEGO, CALIFORNIA

In the portable classrooms at the edge of its playground, Hamilton Elementary School is participating in a quiet revolution. Here, five "family service advocates" representing as many agencies--including the Medical Center of the University of California at San Diego and the Children's Hospital--are brokering services for families of children attending Hamilton, which serves a low-income area and has the highest mobility rate in San Diego.

This "New Beginnings" initiative was launched two years ago with a clear mission: to strengthen and support families. The advocates and their agencies carry out that mission, shifting from solving single problems and crisis management to ensuring that students are ready to learn and preventing or treating problems that can undermine education.

Health screening is a vital part of this effort. California requires that each child have up to date immunization before entering kindergarten. It also requires a health checkup upon entry to first grade. The New Beginnings project has built on this base with an expanded student registration, screening and family assessment as part of the center's primary activities. Classroom teachers refer to the center students who are experiencing academic, behavioral, attendance or health problems. The center provides health screening, initial diagnosis of medical conditions, treatment of conditions and referral for major treatment. The medical school and medical center of the University of California at San Diego and the Children's Hospital and Health Center are participants in the program.

Information on the child's insurance and eligibility for Medicaid is sought during the screening. This complete EPSDT screening costs between \$55 and \$60 per child. An average of 75% of these children are referred for diagnosis. As many as 50% of the students are found to need treatment (frequently for dental problems) and are referred to medical providers to receive appropriate medical care.

The United States Department of Education
The United States Department of Labor

SCHOOL-TO-WORK OPPORTUNITIES ACT OF 1993
LEGISLATIVE FACT SHEET

The School-to-Work Opportunities Act, jointly administered by the Departments of Education and Labor, will bring together partnerships of employers, educators and others to build a high quality School-to-Work system that prepares young people for careers in high-skill, high-wage jobs.

Key Strategies for Building School-To-Work Systems:

- The legislation allows for flexibility so that programs can address local needs and respond to changes in the local economy and labor market. While the legislation requires core components and goals, it does not dictate a single method for fulfilling those requirements. Multiple sources of support -- federal grants to states, waivers, direct grants to local partnerships, and high poverty area grants -- will allow all states to build School-to-Work systems within the first few years.
- States and localities can build School-to-Work systems upon existing successful programs -- such as youth apprenticeship, tech-prep education, cooperative education, career academies, and school-to-apprenticeship programs.
- The legislation will promote the coordination of state, local and other federal resources. When the School-to-Work funds end, the programs will be supported by other resources.
- The active and continued involvement of local business, education, union, and community leaders is critical to the success of School-to-Work programs.
- The legislation will:
 - ▶ establish required components and goals of every School-to-Work program in the nation;
 - ▶ provide development grants for all states to plan and create comprehensive, statewide School-to-Work systems;
 - ▶ provide five-year, implementation grants to states that have completed the development process and are ready to begin operation of School-to-Work systems;
 - ▶ provide waivers of certain statutory and regulatory program requirements to allow other federal funds to be coordinated with comprehensive School-to-Work programs;
 - ▶ provide direct implementation grants to localities that are ready to implement School-to-Work systems, but are in states that have not yet received implementation grants; and
 - ▶ provide direct grants to high poverty areas to address the unique challenges of implementing School-to-Work systems in impoverished areas.

Basic Program Components

- Every School-to-Work program must include:
 - ▶ Work-based learning that provides: a planned program of job training or experiences, paid work experience, workplace mentoring, and instruction in general workplace competencies and in a broad variety of elements of an industry.
 - ▶ School-based learning that provides: career exploration and counseling, instruction in a career major (selected no later than the 11th grade); a program of study that is based on high academic and skill standards as proposed in the Administration's "Goals 2000: Educate America Act," and typically involves, at least one year of postsecondary education; and periodic evaluations to identify students' academic strengths and weaknesses.
 - ▶ Connecting activities that coordinate: involvement of employers, schools and students; matching students and work-based learning opportunities; and training teachers, mentors and counselors.
- Successful completion of a School-to-Work program will lead to a high school diploma; a certificate or diploma from a postsecondary institution, if appropriate; and an occupational skill certificate. The skill certificate will be a portable, industry-recognized credential that certifies competency and mastery of specific occupational skills.

State and Local Governance

- The Governor, the chief state school officer, and state agency officials responsible for job training and employment, economic development, postsecondary education, and other appropriate officials will collaborate in the planning and development of the state School-to-Work system.
- Partnerships that consist of employers, secondary and postsecondary educational institutions, labor organizations, and other local community and business leaders are responsible for designing and administering the local School-to-Work programs.

Federal Grants to States and Localities

- State and local applications for direct federal grants will be submitted to a peer review team composed of federal staff and outside experts in education and training. State applications for implementation grants must include a plan for a comprehensive statewide system which shows how a state will meet the basic program elements and required outcomes. In addition, states must show how the programs will ensure the opportunity to participate is given to economically disadvantaged students, low achieving students, students with disabilities and dropouts.
- Localities will apply for subgrants administered by the states. The state process for distribution of subgrants will be reviewed and approved by the federal government.



UNITED STATES DEPARTMENT OF EDUCATION

PUBLIC AFFAIRS

Improving America's Schools Act of 1993

The Reauthorization of The Elementary & Secondary Education Act

EXECUTIVE SUMMARY

The reauthorization of the Elementary and Secondary Education Act represents a \$10 billion-a-year investment in America's future. Our proposal aims to reshape the Act—by far the federal government's largest contribution to K-12 education—so that *all* children in America will develop the knowledge, skills, and habits of mind we once expected of only our *top* students. It offers support for making the effort to reach the National Education Goals—GOALS 2000—a reality in all schools, particularly those that serve disadvantaged children. Through upgrading instruction, professional development, and accountability, and aligning these elements with high standards, federal resources can help teachers, principals, and parents move all children toward world-class levels of learning.

Whether this effort succeeds or fails will make a world of difference. For our children, it will mean the difference between finding doors open or closed to them when they are adults. For our nation, it will mean the difference between economic prosperity, a strong democracy, and world leadership, or a decline in our standard of living and influence around the globe. That is why this eighth reauthorization of the Elementary and Secondary Education Act (ESEA) is so important.

WHAT ESEA DOES

Created in 1965 as part of President Lyndon Johnson's War on Poverty, ESEA offered federal support to schools in low-income communities for the first time. It opened a new era of federal involvement in education, in which federal assistance would focus on students who stand to gain the most from it: poor children.

Over the years, Congress amended and expanded the Act seven times, creating programs to help children who speak little English, migrant children, neglected and delinquent youngsters, and other special children. Over time, other programs were added to support school improvement that would benefit all students. The early 1980s witnessed a

consolidation of dozens of small categorical grant programs into a block grant for fostering school improvement. Congress launched other programs to improve math and science instruction, free schools from drugs, promote school desegregation, and to unleash innovation.

Over nearly 30 years, ESEA has contributed to improvements in American education. The needs of at-risk children, once ignored, are now recognized. The academic achievement of these children has improved, particularly in basic skills. Public awareness about the role of schools in combating illegal drug use has grown, and most schools have curricula and policies to prevent drug abuse. Professional development opportunities have expanded, as has support for instructional innovation.

Despite these successes, evaluations indicate that ESEA resources have seldom triggered the kinds of transforming changes that our schools need—particularly in economically disadvantaged communities. These evaluations suggest that:

- o Resources are focused inflexibly on narrow categories of need, instead of helping the comprehensive learning needs of children. Federal programs tend to operate separately from other school operations.
- o Federal programs operate with different, lower expectations for the children they serve.
- o Professional development is brief and ineffective, rather than integrated into a comprehensive strategy to improve teaching and learning.
- o Too often, schools go it alone, instead of enlisting parents and the community in addressing problems.
- o Funds are spread thinly, instead of being targeted where the needs are greatest.

In short, the traditional add-on programs supported under ESEA are not powerful enough to succeed. Research confirms these findings. And it points to what we know must be done—a vision of how American education must change. Our proposal for ESEA offers a partnership for support at all levels, support that can help all communities, schools, and families do what only they can do to enable their children to reach high standards. To accomplish that, our proposal is guided by five principles.

FIVE DIRECTIONS FOR ESEA

1. We must have high standards for *all* children.
2. We must make the improvement of teaching and learning a priority.
3. Government must offer flexibility—to stimulate local initiative—coupled with responsibility for student performance.
4. Students, parents, and communities need to join together to meet education goals.
5. Special federal help should go where it's needed most—in poor communities and schools.

1. *We must have high standards for ALL children.*

High standards for what all children need to know and be able to do are the starting point for ESEA. High standards are the stars by which our journey toward the National Education Goals must be navigated.

ESEA has, in the past, helped children master basic skills. But that is no longer enough. *All* our children must develop the knowledge, skills, and habits of mind we once expected of only our top students. Worksheets and drill-and-practice will not suffice. *All* our children need to be reading novels, writing stories and essays, tackling multi-step math problems, and designing and conducting science experiments. *All* our children, including children with special needs, must develop the habit of using knowledge and skills from key disciplines—mathematics, science, history, geography, civics, English, the arts, and other languages and cultures—to think, to solve problems, and to communicate.

When we look at other countries, the ones whose students consistently outperform ours in science and math, we see those kinds of high standards. Other countries align *every part* of their education systems around high standards—curricula and instruction, student assessment and teacher learning, use of technology and time, and more. The approach is sometimes called "systemic reform." Many states and school districts are already moving in this direction. Goals 2000 and ESEA aim to accelerate the pace.

Our proposal asks that ESEA resources be used as integral—not separate—elements of each school, community, and state's comprehensive, systemic effort to move all students toward high standards. Here are some examples of how the ESEA proposal supports systemic reform:

- o States will be able to create a single set of consolidated plans for how they will use all their ESEA resources, rather than creating a separate and unrelated application for each federal program.

- o Schools and districts will be able to apply for comprehensive grants to integrate bilingual instruction into the overall school effort and help all students reach high standards. Teacher training and parent involvement are essential ingredients.

The four remaining principles for ESEA support school, community, and state efforts to create conditions to meet these high standards.

2. *We must make the improvement of teaching and learning a priority.*

Professional development is seen too often as "something nice to do for teachers" if school districts have the time and money. But today, continuous learning is not a luxury. It is indispensable if teachers are to teach to high standards. It is essential that teachers, other school staff, and administrators have ongoing opportunities to learn how they can help all children reach high standards. And federal programs must help.

- o ESEA will support professional development tied to high standards in *all* core academic subjects, not just math and science. This new, broader authority for the Eisenhower Professional Development Program also includes helping teachers, other school staff, and administrators learn new skills that enable them to become *real* partners in the sustained transformation of their schools.
- o Professional development will be a vital ingredient in states' long-term comprehensive plans to help all students reach high standards. State plans will include upgrading certification and licensing requirements along the lines of their high standards.
- o Most professional development funds will go to *individual schools*.
- o Seed money will be available for teacher institutes, professional networks, and other high quality professional development options, so that these opportunities will be available to more educators.

As the need for high-powered learning conditions for all students grows, the demand for technical assistance will rise. Our proposal will help build the capacity to supply that demand by transforming federally supported technical assistance.

- o The nearly 50 technical assistance centers now in place will be combined into 10 comprehensive ESEA technical assistance centers. For "customers," this means better service. It means one-stop shopping, instead of going to half a dozen different places for help. It means instant access to federal priorities, policies, and guidelines so they can benefit from Department-funded programs.
- o Intensive assistance will be available for schools not making adequate progress under Title I, Part A (formerly Chapter 1). These schools will receive intensive assistance from their school district and from distinguished educators. Schools that *are* making good progress toward state standards will become "distinguished schools" with the option of mentoring other schools, and the possibility of receiving monetary awards from state Title I funds and other sources.

Technology is a major new thrust in our proposal. For the first time, the U.S. Department of Education will lead on several fronts to see that technology becomes a tool for extending access to high-performance learning, and for promoting efficiency in teaching and learning. To do that, ESEA's technology proposal has the following components:

- o Grants will be available for states to help integrate technology into all aspects of education, including instruction in all content areas, administration, and assessment.
 - o Development grants will support the development of software and television programming that can help teachers teach and students reach world-class standards.
 - o The Department will support research and development to advance our understanding of how technology, as well as other tools and approaches, can help create conditions for high-standards learning.
3. ***Government must offer flexibility—to stimulate local initiative—coupled with responsibility for student performance.***

More energy must be directed toward supporting conditions where all children reach high standards. Government must give local schools greater flexibility and greater responsibility for student performance.

Here are some examples:

- o Our proposal moves away from project-by-project improvement, and toward "whole school" transformation. Under Title I, more schools will overhaul curriculum and instruction according to a comprehensive plan to benefit all students in the school.
- o Our proposal complements state efforts to develop public charter schools. Six states now allow groups of teachers, parents, and others to create their own charter schools within the public school system, yet outside the constraints of certain rules and regulations. Our proposal complements those initiatives by offering funds for planning and starting up public charter schools that aim to help all students reach high standards.
- o A bold, sweeping new waiver authority will enable the Secretary to waive federal regulations that stand in the way of state and community reforms aimed at high standards and integrating services. This is the broadest waiver authority ever proposed for federal education programs. However, waivers would have to promote the purposes of the law, and civil rights regulations could not be waived.
- o School districts and states may consolidate the funds they receive for administering federal programs. This will reduce the fragmented administration and burdensome record-keeping that happens when each program requires separate accounting of administrative funds, which is currently the case.

4. ***Schools, parents, and communities need to join together to meet education goals.***

Schools cannot do it alone. If all students are going to reach high standards, parents must be involved as never before. Yet today, too many parents see learning as solely the responsibility of the school, and too many schools blame the home when learning does not take place. ESEA will help parents and schools recognize their reciprocal responsibilities and work together in the school and at home.

- o Provisions of Title I will promote *compacts* between parents and schools—agreements describing their mutual responsibilities for making sure each child reaches high standards. Progress in meeting reciprocal responsibilities, outlined in these compacts, will be discussed at parent-teacher conferences. The result will be a discussion of the most important question in any child's future: How well is that child learning what he or she needs to know and be able to do?

Social services must be coordinated in ways that really help families. It is time to take to heart an African proverb: "It takes an entire village to educate one child." Our proposal supports integrated services to help the whole child and the whole family. For example:

- o Districts will prepare comprehensive, community-wide plans for National Education Goal 6—drug and violence prevention. These plans are to be developed in cooperation with local governments, businesses, parents, medical and law enforcement professionals, and community-based organizations. Under the Safe and Drug-Free Schools and Communities Program, violence prevention will be an allowable use of funds.
- o Promoting integrated services would result in better coordination of Title I with other community programs and agencies that provide health and social services for children and families. The proposal would also require that school districts receiving Title I funds ensure the provision of health screenings for children in high-poverty elementary schools when no other source of funding for those screenings is available.

5. ***Special federal help should go where it's needed most -- in poor communities and schools.***

Federal funds are spread too thinly across too many schools. Two-thirds of all public schools receive Chapter 1 funding, including almost half of the least needy schools in America. Meanwhile, many schools serving concentrations of poor children get no Chapter 1 help.

It is time to target more resources toward schools and communities having the least capacity—and the most urgent need—to create learning conditions to meet high standards. For example:

- o More Title I (formerly Chapter 1) dollars will be directed to communities and schools where poverty is concentrated. Counties and school districts where poverty is high—over 21 percent—will receive 50 percent of Title I resources, instead of the current 43 percent of Chapter 1 funds.

- o Under Title I, every school with a poverty rate above 75 percent must receive funds before other lower-poverty schools in a district. This includes high schools and middle schools, very few of which receive Chapter 1 support today. High schools and middle schools may use these funds to offer mentoring and counseling for students, to open students' eyes to their career options and colleges, and to prepare students for careers and college.
- o Title I resources will be distributed to schools on the basis of *poverty*, not test scores. Today, if students in a school score high on tests, the school loses Chapter 1 funding. This disincentive to improve student performance works against the very purpose of ESEA and must be removed.
- o Migrant education support will go to the children who need it most—children whose families are the most mobile.
- o Safe and Drug-Free Schools and Communities funds will focus on communities wracked by drugs and violence. A limited number of "high-need school districts," chosen by each state, will receive 30 percent of the state's local grant funds.

* * *

The five directions for ESEA set clear, compelling priorities. They emphasize changing whole schools and school systems, not just federal programs. The Improving America's Schools Act of 1993 targets resources to schools and children that have the farthest to go toward—but the most to gain—by reaching world-class levels of achievement. It encourages real changes for millions of teachers, parents, children, and others. Change is hard. But our proposal makes it possible through a new kind of partnership among schools, communities, states, and the federal government to ensure that America's children reach world-class levels of achievement.

ESEA

"More than one-fifth of 1st graders in high-poverty schools are perceived by their teachers as having general health problems -- almost twice the percentage in low-poverty schools." (Title I - 6)

HELPING CHILDREN IN NEED MEET HIGH STANDARDS

Title I - 11: "strengthens Title I school-community connections to better meet children's needs by fostering integration of Title I with other educational programs and health and social service programs. New provisions will: 1) encourage school districts to coordinate and integrate Title I services with other educational services, including Head Start, and -- to the extent feasible -- with health and social services funded through other sources; 2) require LEAs to ensure the provision of health screening to children in high-poverty elementary schools for early identification of health problems that hinder learning."

FUND FOR THE IMPROVEMENT OF EDUCATION

Title III - 5: One broad program in which funds could be used for ". . . joint activities with other agencies to achieve the National Education Goals, including . . . activities related to integrating education with health and social services. . . [and] . . . activities to promote comprehensive health education"

SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES

Title IV - 3: "All LEAs will be required to submit comprehensive plans for drug and violence prevention programs."

PROMOTING EQUALITY

Title V - 7: Expands Women's Educational Equity Act to implement programs to "help pregnant and parenting teens remain in school, graduate, and prepare their children for preschool."

ESEA-Health Screenings

GOALS 2000: EDUCATE AMERICA ACT

Title I: National Education Goals

Family

Sec. 102. National Education Goals

1.B (iii): "children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low-birthweight babies will be significantly reduced through enhanced prenatal health systems."

2.B (i): "the Nation must drastically reduce its school dropout rate, and 75 percent of the students who do drop out will successfully complete a high school degree or its equivalent."

3.B (iv): "all students will have access to physical education and health education to ensure they are healthy and fit."

4.B (i): "all teachers will have access to preservice teacher education and continuing professional development activities that will provide such teachers with the knowledge and skills needed to teach to an increasingly diverse student population with a variety of educational, social, and health needs."

7: SAFE, DISCIPLINED, AND ALCOHOL- AND DRUG-FREE SCHOOLS

7.B (iv): "every local educational agency will develop a sequential, comprehensive kindergarten through twelfth grade drug and alcohol prevention educational program."

7B (v): "drug and alcohol curriculum should be taught as an integral part of sequential, comprehensive health education."

TITLE III -- STATE AND LOCAL EDUCATION SYSTEMIC IMPROVEMENT

Sec. 301. Findings

7. "State and local education improvement efforts must incorporate strategies for providing all students and families with coordinated access to appropriate social services, health care, nutrition, and early childhood education, and child care to remove preventable barriers to learning and enhance school readiness for all students"

Sec. 302. Purpose

(a) "It is the purpose of this title to improve the quality of education for all students by improving student learning through a long-term, broad-based effort to promote coherent and coordinated improvements in the system of education throughout the Nation at the State and local levels."

Sec. 309. Subgrants for Local Reform and Professional Development

3F. "describe how the local educational agency will implement specific programs aimed at ensuring improvements in school readiness and the ability of students to learn effectively at all grade levels by identifying the most pressing needs facing students and

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their families with regard to social services, health care, nutrition, and child care, and entering into partnerships with public and private nonprofit agencies to increase the access of students and families to coordinated nonsectarian services in a school setting or at a nearby site."

TITLE VII -- SAFE SCHOOLS

Sec. 701. Short title; statement of purpose

(b) "It is the purpose of this title to help local school systems achieve Goal Six of the National Educational Goals, which provides that by the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning, by ensuring that all schools are safe and free of violence."

Sec. 705. Use of Funds

(3) "Planning for comprehensive, long-term strategies for addressing and preventing school violence and discipline problems through the involvement and coordination of school programs with other education, law enforcement, judicial, health, social service, and other appropriate agencies and organizations."

PART C -- NATIONAL RESEARCH INSTITUTES

Sec. 931. Establishment within the office of educational research and improvement

(f) National Institute on Early Childhood Development and Education

(2)C "topics relating to children's readiness to learn, such as prenatal care, nutrition, and health services"

(2)L "the impact that outside influences have on learning, including television, and drug and alcohol abuse"

PART D -- NATIONAL EDUCATION DISSEMINATION SYSTEM

i(4) "Goals 2000 Community Partnerships -- Each learning institution receiving assistance under this subsection shall establish a Goals 2000 community partnership to carry out the activities authorized under this subsection."

i(4B) "may include the participation of human, social service and health care agencies, Head Start and child care agencies, and the State educational agency or tribal department of education"

i(6) "Implementation of Community-Wide Plan. Each Goals 2000 Community Partnership shall, utilizing the District Education Agent, provide assistance in implementing the community-wide plan for educational improvement"

i(6C) "promoting the development of an integrated system of service delivery to children from birth through age 18 and their families by facilitating linkages and cooperation among-

i. local educational agencies;

ii. health and social services agencies and providers

iii. juvenile justice and criminal justice agencies

iv. providers of employment training; and

v. child care, Head Start, and other early childhood agencies"

Currently
OERI - improvement ^{modified} into ESEA
office of research
education

PART G -- OFFICE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION
Sec. 971 Office of Comprehensive School Health Education -- "in general, subsection (c)
of section 4605 of the Elementary and Secondary Education Act of 1965"

TITLE X -- MISCELLANEOUS

Sec. 1018. "Contraceptive Devices. The Department of Health and Human Services and the Department of Education shall ensure that all federally funded programs which provide for the distribution of contraceptive devices to unemancipated minors develop procedures to encourage, to the extent practical, family participation in such programs."

PART C -- ENVIRONMENTAL TOBACCO SMOKE

Sec. 1043. Nonsmoking policy for children's services

(a) "Prohibition -- After the date of the enactment of this Act, no person shall permit smoking within any indoor facility owned or leased or contracted for and utilized by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children."

PART D -- MIDNIGHT BASKETBALL LEAGUE TRAINING AND PARTNERSHIP

Sec. 1052. Grants for Midnight Basketball League Training and Partnership Programs

4(C) "The program shall be designed to serve primarily youths and young adults from a neighborhood or community whose population has not less than 2 of the following characteristics (in comparison with national averages):

- i. A substantial problem regarding use or sale of illegal drugs.
- ii. A high incidence of crimes committed by youths or young adults.
- iii. A high incidence of persons infected with the human immunodeficiency virus or sexually transmitted diseases.
- iv. A high incidence of pregnancy or a high birth rate, among adolescents.
- v. A high unemployment rate for youths and young adults.
- vi. A high rate of high school drop-outs."

Funded
\$4.5 million
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GOALS 2000: EDUCATE AMERICA ACT -- The Interface with Health Reform

Goals 2000 creates numerous new initiatives to address the crisis in education. The connection between education and health is demonstrated throughout the legislation. Within the National Education Goals which articulates the overall direction of Goals 2000, adequate health is necessary for children to learn. "Children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low-birthweight babies will be significantly reduced through enhance prenatal health systems." (I, 102, 1.B(iii)) Throughout the legislation, specific initiatives created explicitly address several overlapping health care needs including drug/alcohol prevention, adequate health care services, and community partnerships.



Alcohol and drug prevention is advocated in the support for alcohol-free and drug-free schools. Money will be allocated for "every local educational agency [to] develop a sequential, comprehensive kindergarten through twelfth grade drug and alcohol prevention educational program." (I, 102, 7.B(iv)) The promotion of safe schools in Title VII also includes the "planning of comprehensive, long-term strategies for addressing and preventing school violence and discipline problems through the involvement and coordination of school programs with other education, law enforcement, judicial, health, social service, and other appropriate agencies and organizations." (VII, 705.3) Goals 2000 also includes additional financial support for the Midnight Basketball League Training and Partnership which is a program that gives kids in troubled areas an opportunity to play basketball at night to keep them off the streets and away from drugs.(X, D, 1052) Although not related to future school-based initiatives, the administration's stand against public smoking because of the health hazards to others is extended to schools under Goals 2000, "after the date of the enactment of this Act, no

person shall permit smoking within any indoor facility owned or leased or contracted for and utilized by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children." (X,C, 1043,(a))

In recognizing the need for adequate preventive health care services to allow children to learn, Goals 2000 has several initiatives which promote health care for school-aged children. The legislation acknowledges that "state and local education improvement efforts must incorporate strategies for providing all students and families with coordinated access to appropriate social services, health care, nutrition, and early childhood education, and child care to remove preventable barriers to learning and enhance school readiness for all students." (III, 301, 7) Under the guidelines for allocation of grants, "local educational agenc[ies] will implement specific programs aims at ensuring improvements in school readiness and the ability of students to learn effectively at all grade levels by identifying the most pressing needs facing students and their families with regard to social services, health care, nutrition, and child care." (III, 309, 3F) Another initiative which promotes the health of children is the establishment of the National Institute on Early Childhood Development and Education which is designed to promote "topics relating to children's readiness to learn, such as prenatal care, nutrition and health services," and "the impact of outside influences have on learning, including television, and drug and alcohol abuse." (VII, 931, 2.C,L)

Under the National Education Dissemination System, Goals 2000 sets up provisions for the establishment of "Community Partnerships". Community Partnerships promote "the development of an integrated system of service delivery to children from birth through age 18 and their families by facilitating linkages and cooperation among: local educational agencies; health and social services agencies and providers; juvenile justice and criminal justice agencies; providers of employment training; and child care,

Head Start, and other early childhood agencies." (D, i, 6c) This provision should aid in creating a community-wide approach to educational improvement.

GOALS 2000: EDUCATE AMERICA ACT -- The Interface with Health Reform

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and health services," and "the impact of outside influences have on learning, including television, and drug and alcohol abuse." (VII, 931, 2.C,L)



Section 3601–PURPOSES.

Subject to the subsequent provisions of this subtitle, the purposes of this subtitle are as follows:

- (1) To support the provision in kindergarten through grade 12 of sequential, age-appropriate, comprehensive health education programs that address locally relevant priorities.
- (2) To establish a national framework within which States can create comprehensive school health education programs that
 - (A) target the health risk behaviors accounting for the majority of the morbidity and mortality among youth and adults, including the following: Tobacco use; alcohol and other drug abuse; sexual behaviors resulting in infection with the human immunodeficiency virus, in other sexually transmitted diseases or in unintended pregnancy; behaviors resulting in intentional and unintentional injuries; dietary patterns resulting in disease; and sedentary lifestyles; and
 - (B) are integrated with plans and programs in the State, if any, under title III of the Goals 2000: Educate America Act and those targeting health promotion and disease prevention goals related to the national health objectives set forth in Healthy People 2000.
- (3) To pay the initial costs of planning and establishing Statewide comprehensive school health education programs that will be implemented and maintained with local, State, and other Federal resources.
- (4) To support Federal activities such as research and demonstrations, evaluations, and training and technical assistance regarding comprehensive school health education.
- (5) To motivate youth, especially low-achieving youth, to stay in school, avoid teen pregnancy, and strive for success by providing intensive, high-quality health education programs that include peer-teaching, family, and community involvement.
- (6) To improve the knowledge and skills of children and youth by integrating academic and experiential learning in health education with other elements of a comprehensive

school health program.

- (7) To further the National Education Goals set forth in title I of the Goals 2000: Educate America Act and the national health objectives set forth in Healthy People 2000.

Section 3602--DEFINITIONS.

- (a) Comprehensive School Health Education Program. For purposes of this subtitle, the term "comprehensive school health education program" means a program that addresses locally relevant priorities and meets the following conditions:

- (1) The program is sequential, and age and developmentally appropriate.
- (2) The program is provided, in the area served by the program, every year for all students from kindergarten through grade 12.
- (3) The program provides comprehensive health education, including the following components:
 - (A) Community health.
 - (B) Environmental health.
 - (C) Personal health.
 - (D) Family life.
 - (E) Growth and development.
 - (F) Nutritional health.
 - (G) Prevention and control of disease and disorders.
 - (H) Safety and prevention of injuries.
 - (I) Substance abuse, including tobacco and alcohol use.
 - (J) Consumer health, including education to ensure that students understand the benefits and appropriate use of medical services, including immunizations and other clinical preventive services.
- (4) The program promotes personal responsibility for a healthy lifestyle and provides the knowledge and skills necessary to adopt a healthy lifestyle, including teaching the legal, social, and health consequences of behaviors that pose health risks.
- (5) The program is sensitive to cultural and ethnic issues in the content of instructional

materials and approaches.

- (6) The program includes activities that support instruction.
 - (7) The program includes activities to promote involvement by parents, families, community organizations, and other appropriate entities.
 - (8) The program is coordinated with other Federal, State, and local health education and prevention programs and with other Federal, State and local education programs, including those carried out under title I of the Elementary and Secondary Education Act of 1965.
 - (9) The program focuses on the particular health concerns of the students in the State, school district, or school, as the case may be.
- (b) Other Definitions. For purposes of this subtitle:
- (1) The term "local educational agency" has the meaning given such term in section 1471(12) of the Elementary and Secondary Education Act of 1965.
 - (2) The term "State educational agency" has the meaning given such term in section 1471(23) of the Elementary and Secondary Education Act of 1965.

Section 3611—AUTHORIZATIONS OF APPROPRIATIONS.

- (a) **Funding for School Health Education.** For the purpose of carrying out parts 3 and 4, there are authorized to be appropriated \$50,000,000 for each of the fiscal year 1995 through 2000.
- (b) **Allocations.** Of the amounts appropriated under subsection (a) for a fiscal year
 - (1) the Secretary may reserve not more than \$13,000,000 for carrying out part 4;
 - (2) the Secretary may reserve not more than \$5,000,000 to support national leadership activities, such as research and demonstration, evaluation, and training and technical assistance in comprehensive school health education; and
 - (3) the Secretary may reserve not more than 5 percent for administrative expenses regarding parts 3 and 4.
- (c) **Relation to Other Funds.** The authorizations of appropriations established in subsection (a) are in addition to any other authorizations of appropriations that are available for the purpose described in such subsection.

Subpart A— Planning Grants for State Education Agencies

Section 3621—APPLICATION FOR GRANT.

- (a) **In General.** Any State educational agency that wishes to receive a planning grant under this subpart shall submit an application to the Secretary of Health and Human Services, at such time and in such manner as the Secretary may require.
- (b) **Application; Joint Development; Contents.** An application under subsection (a) shall be jointly developed by the State educational agency and the State health agencies of the State involved, and shall contain the following:
 - (1) An assessment of the State's need for comprehensive school health education, using goals established by the Department of Health and Human Services and the Department of Education and the State's school improvement plan, if any, under title III of Goals 2000: Educate America Act.
 - (2) A description of how the State educational agency will collaborate with the State health agency in the planning and development of a comprehensive school health education program in the State, including coordination of existing health education programs and resources.
 - (3) A plan to build capacity at the State and local levels to provide staff development and technical assistance to local educational agency and local health agency personnel involved with comprehensive school health education.
 - (4) A preliminary plan for evaluating comprehensive school health education activities.
 - (5) Information demonstrating that the State has established a State-level advisory council whose membership includes representatives of the State agencies with principal responsibilities for programs regarding health, education, and mental health.
 - (6) A timetable and proposed budget for the planning process.
 - (7) Such other information and assurances as the Secretary may require.
- (c) **Number of Grants.** States may receive one planning grant annually and no more than two planning grants may be awarded to any one State.

Section 3683—PREFERENCES.

- (a) In General. In making grants under sections 3484 and 3485, the Secretary shall give preference to applicants whose communities to be served show the most substantial level of need for such services among individuals who are between the ages of 10 and 19 (inclusive), as measured by indicators of community health including the following:
 - (1) High levels of poverty.
 - (2) The presence of a medically underserved area or population (as defined under section 330(a) of the Public Health Service Act).
 - (3) A health professional shortage area, as designated under section 332 of the Public Health Service Act.
 - (4) High rates of indicators of health risk among children and youth, including a high proportion of children receiving services through the Individuals with Disabilities Education Act, adolescent pregnancy, sexually transmitted disease (including infection with the human immunodeficiency virus), preventable disease, communicable disease, intentional and unintentional injuries among children and youth, community and gang violence, youth unemployment, juvenile justice involvement, and high rates of drug and alcohol exposure.
- (b) Linkage to Qualified Community Health Groups. In making grants under sections 3484 and 3485, the Secretary shall give preference to applicants that demonstrate a linkage to qualified community health groups (as defined in section 3421(a)).

Section 4222--ESTABLISHMENT OF PROGRAM FOR POVERTY-LEVEL CHILDREN WITH SPECIAL NEEDS.

- (a) Establishment of Program. Title XIX, as amended by sections 4201, 4213, and 4221(b), is amended by redesignating section 1934 as section 1935 and by inserting after section 1933 the following new section:

``services for poverty-level children with special needs

``Sec 1934. (a) Establishment of Program. There is hereby established a program under which the Secretary shall provide for payment on behalf of each qualified child (as defined in subsection (b)) during a year for all medically necessary or appropriate items and services described in section 1905(a) (including items and services described in section 1905(r) but excluding long-term care services described in section 1933(c)) that are not included in the comprehensive benefit package under subtitle B of title I of the Health Security Act.

``(b) Qualified Child Defined.

``(1) In general. In this section, a 'qualified child' is an eligible individual (as defined in section 1001(c) of the Health Security Act) who

``(A) for years prior to 1998, is a resident of a participating State under the Health Security Act;

``(B) is under the age of 19; and

``(C) meets the requirements relating to financial eligibility described in paragraph (2).

``(2) Requirements relating to financial eligibility. An individual meets the requirements of this paragraph if

``(A) the individual is an AFDC recipient or an SSI recipient (as such terms are defined in section 1902 of the Health Security Act);

``(B) the individual is eligible to receive medical assistance under the State plan under section 1902(a)(10)(C); or

``(C) the individual is

``(i) under one year of age and has adjusted family income at or below 133 percent of the income official poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to a family of the size involved) (or, in the case of a State that established an income level greater than 133 percent for individuals under 1 year of age for purposes of section 1902(l)(2)(A) as of October 1, 1993, an income level which is a percentage of such level not greater than 185 percent),

``(ii) the individual has attained 1 year of age but is under 6 years of age and has adjusted family income at or below 133 percent of such income

official poverty line, or

“(iii) the individual was born after September 30, 1983, has attained 6 years of age, and has adjusted family income at or below 100 percent of such income official poverty line.

“(3) Enrollment procedures.

“(A) In general. Not later than July 1, 1995, the Secretary shall establish procedures for the enrollment of qualified children in the program under this section under which

“(i) essential community providers certified by the Secretary under subpart B of part 2 of subtitle F of title I of the Health Security Act serve as enrollment sites for the program; and

“(ii) any forms used for enrollment purposes are designed to make the enrollment as simple as practicable.

“(B) Individuals under alliance plans automatically enrolled. The Secretary shall establish a process under which an individual who is a qualified child under paragraph (1) and is enrolled in a health plan (as defined in section 1400(a) of the Health Security Act) shall automatically be deemed to have met any enrollment requirements established under paragraph (1).

“(c) Additional Responsibilities of Secretary. Not later than July 1, 1995, the Secretary shall promulgate such regulations as are necessary to establish and operate the program under this section, including regulations with respect to the following:

“(1) The benefits to be provided and the circumstances under which such benefits shall be considered medically necessary.

“(2) Procedures for the periodic redetermination of an individual's eligibility for benefits.

“(3) Qualification criteria for providers participating in the program.

“(4) Payment amounts for services provided under the program, the methodology used to determine such payment amounts, and the procedures for making payments to providers.

“(5) Standards to ensure the quality of services and the coordination of services under the program with services under the comprehensive benefit package, as well as services under parts B and H of the Individuals With Disabilities Education Act, title V, and any other program providing health care, remedial, educational, and social services to qualified children as the Secretary may identify.

“(6) Hearing and appeals for individuals adversely affected by any determination by the Secretary under the program.

(7) Such other requirements as the Secretary determines to be necessary for the proper and efficient administration of the program.

Section 8501—ADDITIONAL FUNDING FOR SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC).

- (a) Authorization of Additional Appropriations. There is hereby authorized to be appropriated for the special supplemental food program for women, infants, and children (WIC) under section 17 of the Child Nutrition Act of 1966, in addition to amounts otherwise authorized to be appropriated for such program, such amounts as are necessary for the Secretary of the Treasury to fulfill the requirements of subsection (b).
- (b) WIC Fund.
 - (1) Credit. For each of fiscal years 1996 through 2000, the Secretary of the Treasury shall credit to a special fund of the Treasury an amount equal to
 - (A) \$254,000,000 for fiscal year 1996,
 - (B) \$407,000,000 for fiscal year 1997,
 - (C) \$384,000,000 for fiscal year 1998,
 - (D) \$398,000,000 for fiscal year 1999, and
 - (E) \$411,000,000 for fiscal year 2000.
 - (2) Availability. Subject to paragraph (3), amounts in such fund
 - (A) shall be available only for the program authorized under section 17 of the Child Nutrition Act of 1966, exclusive of activities authorized under section 17(m) of such Act, and
 - (B) shall be paid to the Secretary of Agriculture for such purposes.
 - (3) Limitation. For a fiscal year specified in paragraph (1), the amount credited to such fund for the fiscal year shall be available for use in such program only if appropriations Acts for the fiscal year, without the addition of amounts provided under subsection (a) for the fund, provide new budget authority for the program of no less than
 - (A) \$3,660,000,000 for fiscal year 1996,
 - (B) \$3,759,000,000 for fiscal year 1997,
 - (C) \$3,861,000,000 for fiscal year 1998,
 - (D) \$3,996,000,000 for fiscal year 1999, and
 - (E) \$4,136,000,000 for fiscal year 2000.

Section 1114. Clinical Preventive Services. Clinical preventive services consist of the following items and services:

- (1) items and services for high risk populations (as defined by the National Health Board) when furnished in a manner consistent with any periodicity schedule for such items and services promulgated by the Board;
- (2) age-appropriate immunizations, tests and clinician visits furnished in accordance with a specific periodicity schedule set forth on Table 1; and
- (3) other immunizations, tests and clinician visits furnished in accordance with standards established by the Board under section 1153.

The immunization or test and any administration fee is covered if the test or immunization is administered to an individual consistent with a periodicity schedule but not during a clinician visit.

For purposes of this section, "clinician visit" consists of the following services provided by a health professional: a complete medical history; an appropriate physical examination; risk assessment; health advice and counseling (including nutrition counseling); and administration of age-appropriate immunizations and tests.

TABLE 1: CLINICAL PREVENTIVE SERVICES AGE - UNDER 3 YEARS:

IMMUNIZATIONS- Age-appropriate immunizations for: Diphtheria,

Tetanus, Pertussis, Polio, Haemophilus influenzae type B,

Measles, Mumps, Rubella, Hepatitis B

TESTS- One hematocrit; Two blood tests to screen for blood lead levels for children at risk for lead exposure

CLINICIAN VISITS- Eight age-appropriate visits, including a newborn visit

AGE - 3 TO 6 YEARS:

IMMUNIZATIONS- Age-appropriate immunizations for: Diphtheria,

Tetanus, Pertussis, Polio, Measles, Mumps, Rubella.

TESTS- One urinalysis

CLINICIAN VISITS- Three clinician visits

AGE - 6 TO 12 YEARS:

IMMUNIZATIONS-

TESTS-

CLINICIAN VISITS- Three clinician visits

AGE - 13 TO 19 YEARS:

IMMUNIZATIONS- Age-appropriate immunizations for: Tetanus,

Diphtheria

TESTS- Papanicolaou smears and pelvic exams for females who have reached childbearing age and are at risk for cervical cancer every 3 years, but annually until 3 negative smears have been obtained, if medically necessary, and annually for females who are at risk for fertility-related infectious disease;

Annual screening for chlamydia and gonorrhea for females who have reached childbearing age and are at risk for fertility-related infectious illnesses

CLINICIAN VISITS- Three clinician visits

Section 2103. Individuals with Disabilities Defined. (a). An individual in one or more of the following four categories is an "individual with disabilities," for purposes of eligibility under this part.

(1) Individuals requiring help with daily living. These are individuals who need, and who are expected to need for at least 100 days, specified types of assistance to perform three or more activities of daily living. The specified types of assistance are hands-on, standby, supervision or cueing. "Activities of daily living," (ADLs) mean eating, toileting, dressing, bathing, and transferring in and out of bed.

(2) Individuals with severe cognitive or mental impairments. These are individuals of any age who satisfy the following criteria:

(A) the individual's scores on a standard mental status protocol that is appropriate for the person's condition (as specified by the Secretary), indicate severe cognitive or mental impairment or both;

(B) the individual requires hands-on or standby assistance, supervision of cueing with one or more ADLs, or requires assistance or cueing with one or more cognitive-related instrumental activities of daily living (IADLs)(as specified by the Secretary), or displays symptoms of one or more serious behavioral problems that create a need for supervision to prevent harm to self or others; and

(C) The individual is expected to meet these requirements for at least 100 days.

(3) Individuals with severe or profound mental retardation. This means an individual with severe or profound mental retardation, as determined by a protocol specified by the Secretary.

(4) Severely disabled children. These are children under 6 years of age who have a severe disability or chronic medical condition and who would need to be institutionalized in a hospital, nursing facility or intermediate care facility for the mentally retarded if personal assistance, or other "additional services" described in section 2104 were not provided. The individual must also be expected to have the disability or condition, and to require the services for at least 100 days.

(b) Disability must be determine by persons or entities specified under the state plan and using protocols that include an initial screening and assessment specified by the Secretary. A state may also collect additional information for purposes of assessing an individual's need for care and for developing a plan of care for the individual, as required under section 2104.

March 29, 1994

To: Education and Training Group
 From: Gene Sperling
 Subject: Urban Excellence Corp

As part of our efforts for our economic agenda and our youth opportunity mobilization, I would like to propose a intensive Urban Excellence Corp. This program would fit into our overall economic program and could be a positive side of welfare reform. I do not suggest that all of our Build Essential Skill for Tomorrow proposal for welfare reform be in this intensive form, but I would like to propose that this be a major element.

I. PROGRAM DESCRIPTION:

A: SUMMARY: The basic idea of the UEC is as follows: colleges would reach out to 6th graders and ask them to sign a mutual responsibility contract. The sixth graders and their parents would agree to dedicate themselves to graduating high school and continuing education that follows; the colleges would agree to provide them with individual attention -- mentoring and monitoring -- from 6th grade to 12th grade, and then to place them either in their university -- or in an appropriate advanced training or education program. A main part of the program would be that the colleges would train and deploy a cadre of Mentors who would be paid and would make their main extracurricular/employment activity one-on-one tutoring and mentoring of the young people. This is essence, Eugene Lang incorporated into our university system.

Presidential Challenge: While we would have funds available to help carry this out, the President could still challenge major institutions to do this anyway. Certainly, the top private schools in the nation -- located in such urban areas as Boston, New Haven, Philadelphia, Chicago etc -- could do this without major new federal support if it was part of a national -- Presidential -- mobilization effort. A Presidential challenge for 20 universities to do this voluntarily could stir up real support and excitement.

B: MAIN COMPONENTS OF UEC:

STUDENTS: The early contract creates for young people what many more fortunate young people can perceive far more easily: that there is a path that can be traveled with hard work and responsibility that pays off. For a young person who looks around his or her neighborhood and sees little proof that playing by the rules pays off, suddenly there is a tangible proof that it does. A young person who participates in the program must agree to "play by the rules" within the program. That means meeting

with the mentors or summer programs. It means avoiding drugs and teen pregnancy. Nonetheless, I would not kick out of the program anyone who was satisfactorily meeting the academic requirements. Middle class kids don't have to be perfect to have a future; we should be tough on the participants but not kick them out of the program any time they display disruptive behavior.

MENTORS: For mentors, the UEC would be not a volunteer activity, but a major commitment -- like being on a sports team. It, therefore, needs to be an important source of tuition assistance and support. The mentors would be paid tuition assistance and extra cash. Pay would increase with each year they were in the program to encourage mentors to stay in the program for multiple years. In other words, if one received 1/5 of tuition the first year, 2/5 the second year etc -- the mentors would have a strong financial incentive to stay in the program which would give the young people more continuity. Despite the fact that this would be "a job" -- it would still be a form of public service -- and the program could benefit many college students who want to give-back something even as they are in college. Thus, while the goal is on the young students, this would be another facet of the President's national service agenda.

OUTSIDE MENTORS: Business people, seniors etc, would be solicited for the program. Thus, an ideal situation might be one in which every student had both a student mentor and some form of business or outside role model as well. Yet, the key is that the university -- takes responsibility for continuity, mentoring and monitoring.

UNIVERSITIES: The university has the tools, the expertise and the stability to be the institution for such a long-term mentoring and monitoring project. They would be the institution challenged to carry out this project. This would require them working with the local school systems to decide how to do the adoptions of students into the UEC program. They would have to maintain a high quality team of mentors with a financial incentive to make the program a serious commitment. And it would be critical, at all times, that they have a full-time position to run the mentoring team.

GOVERNMENT AND FINANCING: There would be three elements that would require financing. One, funds for the mentors. Two, assistance for the young people to enter college or training. Three, administration of the program. As to paying for the mentors, tuition aid that is now given to students could become conditioned on participation in this program. Work-study money could be used here -- as this would be entirely consistent with the original intention of how work-study would be used. As to tuition for students at the sponsoring institution, they already provide such scholarships. The federal government could provide additional assistance. Mostly, however, the federal government could assist in reciprocity and ensuring that all students received full-tuition somewhere. We should require a serious person be put in charge of the mentors -- as the success of so many programs hinges on the inspiration and talent of the person who is in charge. In sum, there is enough money

out there, that if federal support could be used to fill the gap -- as oppose to pay for everything from scratch.

II. RATIONALE FOR THE UEC:

A: OVERALL RATIONALE: The UEC proposal is built around certain basic principles that enjoy support.

1) EARLY OUTREACH THAT CHANGES EXPECTATIONS: Early outreach for college opportunity is, of course, important. Yet, if that outreach or intervention is only temporary, it may not have the desired affect. Yet, this is not only early intervention, it is early intervention explicitly designed to change the expectations for young people and the cost-benefit analysis of playing by the rules.

2) CONTINUITY AND LONG-TERM MONITORING CAN DO MORE TO TURN YOUNG PEOPLE AROUND THEN TEMPORARY INTERVENTIONS: Certainly, we may not be able to afford such intensive and long-term attention. But, a UEC proposal does assume that there may be a greater return in turning lives around if there is a way for programs to stay with young people for a longer period of time. Also, it may be the case that for people -- who may often be from unstable environments -- stability in this type of empowerment may be particularly important.

3) INDIVIDUAL MENTORING THAT PROVIDES SUPPORT, ROLE MODELS, AND SIGNALLING TO ESTABLISHED NETWORKS: I rest more on common sense that data the belief that individual attention helps all people -- but particularly those who are behind or lack the advantages that most young people have.

4) SIGNALLING, NETWORKING AND ROLE MODELS: One problem we have discussed is that young people -- particularly economically-disadvantaged minority males -- have a tough time even getting in the door for interviews. This program would potentially give such a young person three people -- the mentor, his or her outside business mentor, and the university administrator -- to be not only role models, but people who can be credible references and offer their own networks.

5) UNIVERSITIES ARE THE RIGHT INSTITUTIONS TO RUN THIS: For the reasons mentioned above and below, I believe that this type of long-term project cannot be sustained on a meaningful basis if we count on institutions like businesses and volunteer groups to run it. Colleges are the place that can make it work.

B: RATIONALE FOR THE UNIVERSITY ROLE: Much of the UEC is just an extention of the Eugene Lang model. Therefore, it is worth considering the main difference in the UEC -- the primary role of universities.

1. COLLEGES INCREASING THE POOL OF COLLEGE READY

DISADVANTAGED STUDENTS: Currently colleges all over America -- including the best colleges -- fight to meet affirmative action goals. The problem with much of this is that it is a zero-sum game. If Stanford meets their affirmative action goals by doing a better job of recruiting than Berkeley, it is good for Stanford -- but there is too much fighting among colleges over the distribution of the existing pool of college-ready minority and disadvantaged students and too little focus on all colleges working to expand the pool of college ready minority and disadvantaged students. I can remember one college in the middle of a major city being criticized for recruiting Puerto Rican students from the best high school in San Juan instead of from the schools in the local city. The college responded that there were not enough college-ready Puerto Rican students in the surrounding city and they should not be criticized for looking else where to achieve admirable diversity. Yet, the real question is why couldn't this excellent school have taken responsibility for reaching young sixth graders in the surrounding area and using their resources to increase the number of Puerto Rican college-ready students in the surrounding area? That is the core of this idea.

2. UNIVERSITIES AND LONG-TERM MENTORING AND MONITORING:

Most people who engage in mentoring or tutoring have a limited, time-specific interaction with a child in need. A disadvantaged child may have a tutor in fifth grade, a Big Brother in eighth grade, and a business mentor for six months in tenth grade. Yet, it is fragmented and the hope is that these time specific interventions somehow make a difference -- or trigger. Certainly, everything helps, but for young people who have such odds against them -- and who may lack the support system that many middle class kids are fortunate enough to have.

One solution is to find tutors that will make longterm commitments. This may be impossible when one is simply asking for volunteers. How can one ensure that volunteers stay with the same young people year after year. The best solution is to ensure that there is a stable institution that experiments with many ways to provide longterm mentoring but that ensures that if this fails -- the institution does its best to provide institutional memory and continuity. Thus, a model UEC program might be one where a sixth graders has only two mentors who each mentor for over three years. Yet, if that does not work, the institution is always doing its best to make sure the student has type of individualized attention that fits.

3. A LESS CONTROVERSIAL MEANS TO AFFIRMATIVE ACTION: Certainly, historic discrimination often makes it necessary to consider carefully tailored race-conscious remedies. Yet, this is a case where an intelligent approach could dramatically increase the number of minority students going to college without having to even enter the controversial world of race-conscious approaches. The reason is that our cities have become so segregated that simply reaching out to the poorest areas of the city will lead to disproportionately minorities and whites who live in those areas as

well. Such approaches help are race neutral way to help those who live in the poorest areas.

4. CHANGE THE CULTURE OF UNIVERSITIES: Colleges now often stand of islands of affluence among some of the most depressed areas of our nation.

Enlightened members of such universities always look for ways the university can interact positively with the community. This is the most natural and productive of such relationships. The President could change the culture of higher education, by creating the expectation that the role of universities was not only to train those who enter their university, but to help increase the pool of college ready students in their area.

April 6, 1994

DRAFT DISCUSSION PAPER: NATIONAL MOBILIZATION B.E.S.T. CENTERS

A key component of the National Mobilization for Opportunity and Responsibility for Youth is the creation of a national network of school-linked, community-based teen opportunity and responsibility centers in up to 2500 high poverty middle and high schools with at-risk students by the year 2000. These "Build Essential Skills for Tomorrow" (BEST) centers will serve as a focal point for exposing youth to positive role-models and opportunities, for motivating them to stay in school and on track to the labor market, and for communicating messages of responsibility concerning sexual behavior and parenting. They will also be home to efforts to create Be the BEST You Can Be partnerships with a "million mentors" serving as coaches and tutors on a sustained basis for at-risk youth from age 10 to 18.

National Support

We propose offering federal challenge grants which communities and schools can use to create BEST centers under a wide range of models. In addition to funding, schools in the program will each be provided an Americorps member to staff the center, which guarantees a central role for young role models at the heart of the program. The challenge grant process will be designed to promote local flexibility, to maximize the use of existing sources of federal and other support, and to build on successful local initiatives already underway.

To encourage schools to develop BEST centers by linking to community sponsors and by maximizing the use of other available funding streams, awards could be made to schools which take several of the following steps:

- establish a link with a local college or university to create mentoring relationships between their students and the school and/or commitments to help guarantee further education to high school graduates (see Urban Excellence Corp description below)
- create a partnership with a private sector employer in their community to sponsor, for instance, a school-to-work style apprenticeship program or to provide mentors, tutors, or other support for the school

- set up a partnership with a broad-based consortium of local institutions including employers, community-based organizations, churches, colleges, and others to support the school and the students
- apply for and receive any of a wide range of new federal opportunities from school-based health clinics through the Health Security Act to funds from the crime bill to support youth programs, to participation in federal school-to-work initiatives

Funding awarded through the challenge grant process could be used to hire additional staff, purchase equipment and supplies, or run special programs such as opportunity fairs, or special classes for teens on responsible parenting decisions.

Targeting

The grants will be made available to high poverty schools, which corresponds to areas with high teen birth rates. The Department of Education has suggested a targeting strategy that focuses on schools where at least 75 percent of the children are from families below the poverty line. There are 786 75% poor middle and junior high schools and 1149 75% poor high schools. They estimate that the target population in these schools would be approximately 1.3 million students. Many of these schools are in rural areas, so there would need to be a requirement regarding the distribution of funds between urban and rural areas.

Cost and Phase In

Cost estimates depend on the extent of the support provided. A rough estimate per position of each National Service participant is \$15,000. Schools could be provided, for instance, up to \$50,000, including the National Service position to cover the cost of equipment, supplies, special classes, and materials. If the goal of the program is to enroll 500 schools per year, then the total cost would be \$125 million per year when fully implemented. There would also be costs at the federal level associated with running a new grant program and perhaps with supplying some national training, technical assistance, and materials. This modest investment would marshal many sources of local support and make information about school-to-work and college scholarship and loan opportunities available to every young person who succeeds at learning.

POSSIBLE B.E.S.T. CENTER MODELS

Schools and communities would be able to develop BEST centers in a variety of ways designed to meet local needs and harness local resources. We initially envision several components common to all schools -- including the central role of the National Service program, partnerships with outside entities such as universities and businesses to provide mentors and other resources, and the center's function as a focal point for a range of programs related to both youth opportunity and responsibility. These are described in more detail below. Schools could also choose to develop centers in a variety of creative ways to fit within this broad model. Some of these options include an Urban Excellence Corps or an intensive community service model as outlined below.

Common Features of the BEST Model

While ensuring local flexibility to design BEST center models to meet community and school needs is important, several central features of the model would likely be common to all sites:

- National Service participation -- one common factor is the participation of people engaged in National Service as the focal point for organizing the centers. We envision a National Service participant in each school helping to develop the BEST center, engage outside partners, and coordinate access to available outside resources. A reasonable phase-in of this program will be critical to the ability of the Corporation for National and Community Service to play such a central role. A phased roll-out of perhaps 500 schools a year beginning with the '95-96 school year might be feasible.
- Partnerships -- a second key element of the BEST model is each school developing partnership with one or more leading institutions in its community. Partners would primarily be responsible for organizing and supporting mentoring programs which engage people, primarily young people, as tutors, coaches, and role models for the youth in the schools. One option for a BEST center, described below, is to engage local universities and colleges as early as possible in the lives of kids in schools in their communities (see Urban Excellence Corps, below). Other possible partners include local businesses who could provide support through school to work apprenticeships or consortia of local actors such as community based organizations, spiritual communities and existing cooperative councils.

- Mentoring -- Establishing a network of well-trained and well-informed mentors to provide information to youth in the schools and act as role models and guides is central to the National Mobilization. The BEST center would be the focus for organizing a sustained, ongoing mentoring program and coordinating the involvement of outside actors. The mentors would be the "glue" connecting youth to other administration initiatives promoting opportunity and responsibility.
- Wide Range of Services -- An important part of the vision of the BEST centers is that their focus is broader than simply counseling on avoiding teen pregnancy. They should be a catalyst for bringing a range of opportunities to youth at the school and others in the community. BEST centers would be expected to promote programs that deal with parenting and responsibility as a central feature of their mission. However, they would also be expected to match that focus with sponsorship and coordination of programs ranging from recreation to family literacy to apprenticeships.

A couple of issues have arisen around the target age group and the focus of the proposed services:

- Focus on Younger Children -- There is interest both in targeting the efforts of the BEST centers toward high school students at the greatest need of this kind of programming and in focusing on children as early as possible. One way to structure the program to avoid valuing one approach over another is to permit applications from schools of any level, and to make tradeoffs during the selection process. Another possibility is to encourage applications from school districts that propose integrating services in a group of elementary, middle and high school to ensure continuity of contact and services to particular students as they progress through the school system.
- Balance Focus on Opportunity and Responsibility -- A second issue is to define more clearly the focus of the centers. These centers are a part of the "teen pregnancy prevention" initiative. Therefore, some people see them as focused exclusively on the "responsibility" side sponsoring programs, mentoring and other activities geared at lowering the rate of teen pregnancy. Others see the emphasis on opportunity -- the Urban Excellence Corps, the School Service Corps, etc. It is not clear whether there would be separate centers in the same school, or whether these are, in fact, best viewed as part and parcel of the same center.

Optional Model A: Urban Excellence Corps

One option proposed for developing a school-based BEST center is to engage a local college or university as a full partner in a broad effort to promote a vision of opportunity for youngsters as early as the sixth grade. Gene Sperling has proposed what he calls the Urban Excellence Corps which would have some of the following features:

- **RESPONSIBILITY CONTRACT:** Colleges would reach out to 6th graders and offer them a Eugene Lang style challenge -- commit to your education and graduate from high school, and we will find you a place in our university or an appropriate advanced training or education program. Early outreach to children is critical to changing their expectations for the future.
- **MENTORS:** The colleges would provide mentors from the student ranks possibly as a paid work assignment to help with tuition and other expenses. Outside mentors, graduates or business people might also be involved.
- **GOVERNMENT AND FINANCING:** To fund paid mentors, tuition aid at the universities could become conditioned on participation in mentoring programs or work-study funds could be used. Government assistance with tuition through Pell grants and income-contingent student loans should make it financially possible for the students to attend.
- **PRESIDENTIAL CHALLENGE:** With or without federal funding, the President could still challenge major institutions in major urban areas to become part of this new national mobilization.

Optional Model B: Urban School Service Corps

A second potential model involves a much greater commitment of National Service resources to a school that is attempting to become more of a community based service center. In such a model, a team of National Service participants would be engaged not simply to coordinate or facilitate a BEST center, but to assume significant direct service responsibilities. Existing models of such program involve as many as 20 full and part time service corps members, engaged in running after-school recreation and family literacy programs.

The National Service team could be involved in all aspects of such a program from organizing a mentoring program at the school to tutoring and teaching. They could be involved in programming designed to reach out to youth and their family to reinforce messages on pregnancy prevention, responsibilities of parenting and the like. They could also be outstationed at a

university or community organization in partnership with the school to coordinate mentoring activities on behalf of the partner.

Optional Model C: Tie to School Based Health Clinics

The Health Security Act proposes the creation of a network of school-based health clinics with the broad mandate to provide comprehensive school health education programs. Among the many issues with which they are supposed to deal is sexual behavior and among the many purposes of the programs is to motivate youth to stay in school, avoid teen pregnancy and strive for success. It is important to the health team that these clinics not be viewed as primarily vehicles for addressing the teen pregnancy. The underlying vision of the BEST centers, though, is obviously closely related to at least part of the vision for the health centers.

This option envisions that the BEST program would be created as an adjunct to a school based health clinic developed in the form envisioned in the Health Security Act. Many direct services would be provided by the clinic, and the clinic could conceivably be the sponsor of the BEST center. The mentoring and partnership would be the enhancements that the BEST program would bring to the clinic. Schools with health clinics willing to take these extra steps could be given extra consideration during the grant process as models of the type of comprehensive, interlinked program we envision.

THE WHITE HOUSE

WASHINGTON

April 8, 1994

MEMORANDUM FOR THE CO-CHAIRS, WELFARE REFORM WORKING GROUP

FROM: Bill Galston Sheryll Cashin
Gene Sperling Paul Dimond
Chris Edley

SUBJECT: National Campaign for Youth

"The American people have got to want to change from within if we're going to bring back work and family and community. We cannot renew our country when within a decade more than half of the children will be born into families where there has been no marriage. We cannot renew this country when 13 year-old boys get semi-automatic weapons to shoot 9 year-olds for kicks. We can't renew our country when children are having children, and the fathers walk away as if the children don't amount to anything. . . . We can't renew our country unless more of us - I mean all of us - are willing to join the churches and the other good citizens. . . unless we're willing to work with people . . . who are saving kids, adopting schools, making streets safer. All of us can do that. We can't renew our country until we realize that governments don't raise children, parents do.

. . . I'm telling you, we have got to stop pointing our fingers at these kids who have no future and reach our hands out to them. Our country needs it, we need it, and they deserve it.

So, I say to you tonight, let's give our children a future. Let us take away their guns and give them books. Let us overcome their despair and replace it with hope. Let us, by our example, teach them to obey the law, respect our neighbors, and cherish our values. Let us weave these sturdy threads into a new American community that can once more stand strong against the forces of despair and evil because everybody has a chance to walk into a better tomorrow."

-- William J. Clinton
State of the Union
January 26, 1994

We continue to believe that the Administration's welfare reform plan must include a strong commitment to addressing the future life chances of the young people on whom the President focussed so passionately in the conclusion to his State of the Union address. If we are serious about transforming the welfare system, welfare reform must include a national commitment and a program of national scope that targets young people before they become pregnant, before they go on welfare, before they become trapped in a cycle of poverty. No demonstration program even purports to address the nature of the problem or to respond to the President's call.

The troubling statistics bear repeating:

- Welfare caseloads are rising dramatically -- 25 percent in the last five years, with most of the growth due to increasing rates of out-of-wedlock births.
- Dramatic percentages of boys and men continue to fail to meet their obligations to support the children they father --nearly \$34 billion dollars a year in potential child support goes uncollected.

- The poverty rates for unmarried, young single mothers are dramatic -- almost 80 percent of the children of young persons who have a child before they graduate from high school, outside of marriage, and while a teenager are living in poverty. Nothing hurts the life chances of teenage girls more than out-of-wedlock parenting.
- The number of births to unmarried teen mothers quadrupled in the past twenty years -- from 92,000 in 1960 to 368,000 in 1991.

As you know, we have proposed a National Campaign for Youth Opportunity and Responsibility as a central feature of the Administration's welfare reform effort. The idea clearly met with wide and favorable response from the Working Group and the Cabinet. We have proposed a broad, universal scope for this campaign to send a powerful message to youth of all backgrounds, ages and classes -- through our lifelong learning agenda for all youth, a newly organized private support organization, and a variety of media. We have urged the adoption of clear, national and individual goals to reflect our commitment to increase high school graduation rates, reduce teen pregnancy, and increase the number of youths moving on to higher education and into the workforce.

However, these broad national efforts are only one part of our recommendation. Another part of our proposal is an effort targeted at those youth most at risk of being trapped in a cycle of poverty and dependency. This must be a significant program, national in scope, and sufficient in the scale of resources devoted to it to reflect its central role in the overall welfare reform effort. It must use limited federal resources to leverage far larger commitments of continuing support throughout each local region and to make real for youth most at risk the broad range of Administration initiatives to increase opportunity, to promote responsibility, and to connect young people to pathways to college, work, lifelong learning and responsible parenting. It must provide support on a sustained basis, at least from ages ten (or earlier) through age eighteen. Attached is an outline of the proposal and budget for such a targeted effort that we are in the process of refining with the relevant participants.

We realize that final financing and budget decisions for welfare reform are about to be made and appreciate the difficult trade-offs we face in the current budget environment. As these decisions are made, we urge that the resources devoted to the targeted initiative for at-risk youth reflect a real commitment to dealing with these issues. We urge the adoption of an Ounce of Prevention funding strategy, with one sixteenth of the overall funding for welfare reform to go into these targeted opportunity efforts. Such a balanced funding strategy for welfare reform addresses the basic prevention issue of youth opportunity and responsibility directly. It will permit us to build a broader base of political and public support for welfare reform from the outset. Such a new approach to teen pregnancy prevention and parental responsibility may also provide a key to reducing poverty and the welfare rolls in the long run, whatever the particulars of any proposal for a transition from welfare to work once on welfare.

cc Peter Edelman
Belle Sawhill

PROPOSED BUDGET -- National Campaign for Youth
Community-Based, School-Linked Centers and A Million Mentors

We assume an incremental welfare reform budget cost of \$100,000 per year per school. These funds would be used to galvanize the creation of community-based, school-linked centers and to mobilize resources from existing federal and state programs and from outside partners. This figure includes the cost at each school for coordinating a network of mentors and institutional partners to support the students on a sustained basis from late elementary through middle and high school years. It also includes a ten percent overhead cost for administering the challenge program, providing training and technical assistance and other general support, and creating and operating a national information clearinghouse and network. In addition, each school will have several participants from National Service assigned to provide an on-going foundation of support for the students and the institutional partners, coaches and mentors; the ethic of responsible service will be built by example for all.

Local school communities will be challenged to develop their own network of institutional partners, mentors and coaches as a condition of applying for a grant. Models include:

- Urban Excellence Corps. A college or university will become a full partner with the schools and offer a Eugene Lang-style pathway to college or work to students who commit to learning. Universities are well-positioned to provide a steady supply of their students to serve as mentors and coaches, paid through work-study or as a condition of financial aid.
- Private Sector partnership. Private businesses and employers will "adopt" schools and provide a range of supports. These could include school-to-work apprenticeships, time for employees to become mentors, tutors and coaches, and summer employment and training.
- Consortium of Community-Based Support. A consortium made up of local non-profits, churches, universities, labor and business organizations will join to form a partnership with a school. This would permit a wide range of supports, e.g., further education, recreation, cultural or employment opportunities, as well as a large pool of mentors and coaches.

The Challenge Grant process could roll out with 400 schools added each year for five years -- a total of 2000 schools by the year 2000. This would result in sustained personal mentoring and peer group coaching for more than 2,000,000 students and 2,000 on-going institutional partnerships between the local school communities and their partners, e.g., 500 colleges, 500 major employers, and 1000 community-based consortia.

Based on these assumptions, the five-year cost for the welfare reform budget would be:

Year 1	\$40 million
Year 2	\$80 million
Year 3	\$120 million
Year 4	\$160 million
Year 5	<u>\$200 million</u>
FIVE YEAR TOTAL	\$600 million

Discussion of Goals -- DRAFT

GOAL: **Increase the percentage of children born to parents who 1) are married 2) have graduated from high school, and 3) have at least one parent in the work force from % to % by the year 2000.**

If the criteria are ranked in the above order, with marriage being the first cut, this goal can be measured through several different existing surveys. Each survey has its own drawbacks. Below is a brief description of each one. In all cases, this information is not currently collected on the fathers who are not married to the mothers of the children. In such cases, education and employment data is collected only on the mothers, not the fathers.

*age related
disaggregated*

Current Population Survey (CPS)

- Largest national survey that comes close to measuring these outcomes (demographic file sample is 60,000 households)
- Measures the educational attainment, marital status and employment status of the mothers who have had a child in the past year and of fathers who are married to the mothers.
- Given the structure of the survey, the demographic information does not refer to time of birth, but rather to time within the year of birth that survey is administered.
- Administered by the Census Bureau.

Survey of Income and Program Participation (SIPP)

- Includes information on educational attainment, marital status, and employment status on both the mother of children born in the past year and on the father, if the father is married to or living in the same household as the mother.
- Information is collected every four months, so closer approximation of demographics of parents at time of birth is possible.
- Administered by the Census Bureau.
- Format will be changing to a four year panel study in 1996.

Health Interview Survey

- Includes information on educational attainment, marital status, and employment status on both the mother of children born in the past year and on the father, if the father is married to or living in the same household as the mother.

- Annual randomized probability survey that is representative of the United States population. The survey includes about 45,000 households.
- Number of respondents that has had children in the past year may not be sufficiently large to use for National projections.
- Administered by the National Center on Health Statistics (NCHS)

Vital Statistics

- National data
- Information collected on birth certificates varies from State to State.
- If the relevant information were collected on the birth certificates in many of the largest States, a large enough portion of the population would be included and reliable estimates could be made.

GOAL: Increase the percentage of parents who provide support and nurture for their children from % to % by the year 2000.

While the financial support provided to children can be measured, there is no measurement or good proxy for nurturing.

Financial support can be measured in the following way:

Children receiving support are:

- children living in married families (excluding those in step-parent families who are eligible for child support)
- children living in single parent households who are eligible for and receive child support

Children not receiving support are:

- children living in single parent households who are eligible for, but do not receive child support.

This information is available using the Current Population Survey (CPS) for Family Status and applying child support payment rate information, also from CPS.

GOAL: Increase the percentage of persons age 18-to-25 in school, on the job or in the military from % to % by the year 2000.

This is problematic in that workforce data is collected on the civilian population only. The Bureau of Labor Statistics uses data from the Current Population Survey to measure the number of people 18-to-24 who are either in school, working, or both. The Departments of Defense and Transportation collect information on those in the military and Coast Guard. It is possible that these data sources could be combined to measure this goal.

Additional or Sub-goals

Adolescent sexual activity and childbearing

The Healthy People 2000 goals related to adolescent sexual activity and childbearing are the following:

- Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. (Baseline: 71.1 pregnancies per 1,000 girls aged 15 through 17 in 1985)
- Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)

Violence reduction

Among the goals related to adolescents and violence in Healthy People 2000 are following:

- Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 through 17.
- Reduce by 20 percent the incidence of weapon-carrying by adolescents aged 14 through 17.
- Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 19.

TALKING POINTS HEALTH CARE AND WELFARE REFORM

We must have comprehensive health care reform in order to move forward on the rest of the President's domestic agenda. Without reform, health care costs will continue to explode and eat up our investment dollars. Without reform, people will continue to be locked in current jobs or on welfare.

The bottom line: we cannot end welfare unless we also have comprehensive health care reform.

THE PROGRAM

From the outset of this Administration, the President has been working to make good on his pledge to end welfare as we know it. This initiative has four major parts: the Earned Income Tax Credit; health care reform; personal responsibility and work.

The Earned Income Tax Credit (EITC). We ought to reward work over welfare. Enacted in last year's budget, the expanded EITC will ensure that any family that has a full-time worker will no longer live in poverty. Expanding the EITC represents a giant step forward in reducing those dependent on welfare.

Comprehensive health care reform. Today, millions of welfare recipients stay on Medicaid or return to welfare -- the Federal government's health care program for the poor -- because taking a job means they will lose health benefits for themselves and their children. Comprehensive health reform will eliminate so-called "Medicaid lock" and enable people to seek jobs, secure in the knowledge that they and their children will be covered. By ensuring universal coverage, the Health Security Act provides the necessary foundation for welfare reform. The proposals being drafted by the President's working group on welfare are specifically designed to complement health reform.

Personal responsibility. The President's welfare reform plan will include initiatives to prevent teen pregnancy, ensure that parents fulfill their child support obligations, dramatically increase paternity establishment, and try to keep people from going on welfare in the first place. The message is clear: Governments don't raise children, parents do.

Work, not welfare. The final part of the President's welfare plan will build on the Family Support Act by requiring people who can work to do so within two years, either in the private sector or community service. This includes expanding child care for working families; providing education, training, and job search and placement for those who need it; and restoring the basic social contract of providing opportunity and demanding responsibility in return.

TIMING

Q: When will welfare reform legislation be introduced?

A: We expect to introduce welfare reform legislation this year and want Congress to pass it.

[if pressed on specific timing]

No decisions have been made. We think it's premature to make decisions on timing before you make decisions on policy.

Q: What comes first? Health reform or welfare reform?

A: The President has made clear that health reform is his number one domestic priority for 1994. The Administration and Congress want to enact both health and welfare as quickly as possible -- and consultations are continuing on the exact sequencing.

Q: The Republicans say you're dragging your feet on welfare reform. What's taking so long?

A: No President -- Democrat or Republican -- has done more than Bill Clinton to "end welfare as we know it."

Look at the record. President Clinton has been at the forefront of welfare reform in this country since he led the nation's governors in writing and worked with Congress to pass the Family Support Act of 1988. And when the House Republicans introduced their bill last November, they pointed out that it is based on proposals put forth by President Clinton in the 1992 campaign.

In addition, the Administration has been working closely with states and local officials to reward innovative welfare reform programs. In 1993, the Department of HHS granted a number of waivers for innovative state programs.

President Clinton's four-step welfare reform package makes economic and common sense, and will attract bipartisan support.

[if pressed]

Those who are criticizing us now are the same people who voted against the first part of the President's welfare reform package -- the EITC.