

Rapoza Associates

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Re:

June 2, 1999

Ms. Lisa Green
National Economic Council
Old Executive Office Building
1700 G Street, N.W.
Room 235
Washington, DC 20502

Dear Lisa,

Enclosed are a list of the agencies in the Community Development Tax Credit Coalition Steering Committee and a list of the community development corporations we represent. The following descriptions give a closer look at a few of these groups. These agencies and the communities they serve would benefit from the New Markets Initiatives, specifically the New Markets Tax Credit, because of their history of service and performance in the field of community development.

- **New Community Corporation, Newark, New Jersey** is the nation's largest community development corporation, operating 3,100 apartments in 18 complexes, day care centers serving over 700 children, and more than 1,500 employees providing services to 35,000 people a day. Through the 1993 community development tax credit, NCC encouraged Prudential Insurance to purchase \$2 million in tax credits.
- **Bethel New Life, Chicago, Illinois** is a community development corporation whose services since 1979 have included a small business center, housing for seniors, employment through the Health Care Career Ladder Program, the Molade Child Development Center, and a continuing partnership for industrial development initiatives with Argonne National Laboratory. Bethel New Life is also a successful example of the 1993 community development tax credit.
- **Coastal Enterprises, Inc., Wiscasset, Maine** operates Coastal Ventures L.P., Maine's first socially responsible venture capital fund. CVLP seeks to foster employee-owned management practices, and to help create socially beneficial products and services. Through a capital investment from CVLP, Cuddledown of Maine, nationally known for its premium-quality bed-and-bath merchandise, was able to triple its manufacturing space while maintaining its commitment to creating quality jobs with above-average wages and benefits. Coastal Enterprises, Inc. was able to attract KeyBank Corp. to purchase \$2 million in tax credits through the 1993 community development tax credit.
- ✓ • **Delaware Valley Community Reinvestment Fund, Philadelphia, Pennsylvania** has been serving the Philadelphia metropolitan area since 1986, putting imaginative financial thinking – and action – to work in the field of community development and social investment. The Fund's accomplishments include: investing more than \$110 million to more than 500 borrowers; creating 3,500 units of affordable housing; rehabilitating more than 2 million

square feet of commercial real estate and community facilities space; and creating more than 8,000 jobs.

- **Enterprise Corporation of the Delta, Jackson, Mississippi** is a not-for-profit business development organization that provides financing and management assistance to entrepreneurs in the impoverished Delta regions of Arkansas, Louisiana, and Mississippi. ECD has established an impressive track record of retaining and creating jobs, and works in close tandem with the region's banks, educational institutions, public agencies, non-profits, and other related entities. ECD has also assisted 633 businesses, 262 of which are minority-owned, and 345 women-owned.
- **Rural Development & Finance Corporation, San Antonio, Texas** works in the *colonias* areas along the U.S.-Mexico border, native American lands, and largely African American rural communities in the Southeast. With an \$8 million loan fund, RDFC supports micro-enterprises creating jobs and encouraging economic development in the region.

Please feel free to call me with any questions at (202) 393-5225.

Thank you for your interest and attention.

Sincerely,

Bob Rapoza

CD TAX CREDIT GROUP

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Ms. Foundation for Women

THE
NATIONAL
WOMEN'S
FUND

FAX TRANSMISSION

TO: Lisa Green, National Economic Council

FROM: Anna Wadia

DATE: June 21, 1999

PAGES (including cover): 15

FAX: 202-456-2223

PHONE: _____

MESSAGE:

Ms. Foundation for Women

THE
NATIONAL
WOMEN'S
FUND

MEMO

TO: Lisa Green
National Economic Council
The White House

DATE: June 21, 1999

FROM: Anna Wadia
Ms. Foundation for Women

CC: Sara Gould
Ms. Foundation for Women

RE: New Markets Tour

It was a pleasure to meet you last week. Thank you very much for including the Ms. Foundation for Women in Tuesday's meeting with non-profits on the President's upcoming New Markets Tour. As a long-standing funder of women's economic development, we welcome the Administration's New Markets Initiative and the potential of the tour to highlight examples of successful community economic development efforts across the country.

At the meeting, you requested suggestions of relevant announcements about our work and projects to visit around the country. As you may know, the Ms. Foundation has been providing funding and technical assistance to microenterprise programs and cooperative businesses since 1986, making us one of the earliest supporters of this work in the US.

We would welcome the opportunity to talk to you about whether the launch of the third round of our Collaborative Fund for Women's Economic Development could be announced in conjunction with any of the events you are planning. The Collaborative Fund is our principle vehicle for supporting women's enterprise development. It is a unique partnership among large and small foundations and individual donors who pool their financial resources and expertise. In the Collaborative Fund's first two rounds, which ran from 1991 to 1999, 28 donor partners pooled \$5.6 million to support a range of strategies that create jobs in low-income communities. We have just begun to seek partners for the third round, which we hope will generate an additional \$4 million to support these strategies.

From among our Collaborative Fund grantees, we would offer three suggestions for the President's trip. (The addresses and phone numbers of the organizations described below are attached.)

First, we are glad that you will be including microenterprise programs in the itinerary. Particularly relevant to the tour would be microenterprise organizations that are opening up new markets to low-income entrepreneurs. By linking microentrepreneurs to lucrative local, regional and national markets, these programs bring needed outside capital into low-income rural and urban communities. Two of the best examples are in Appalachia: Appalachian By Design in West Virginia, the Appalachian Center for Economic Networks in Ohio.

- **Appalachian By Design** trains women in West Virginia as home-based knitters, and then secures production contracts with major designers and stores, such as Aveda and Ethan Allen. ABD enables these isolated rural entrepreneurs to reach high value national markets that they could never access on their own. Through this strategy, the women earn between \$6.75 and \$10 an hour, a decent income in rural West Virginia. (Please see attached brochure for more information.)
- In Appalachian Ohio, the **Appalachian Center for Economic Networks (ACEnet)** helps low and moderate income entrepreneurs in the food sector expand their markets and increase their incomes. ACEnet recently established a Product Development Fund that provides equity investments to enable small businesses to improve a product's image and label, come up with a marketing strategy, and increase production capacity to meet the new demand. ACEnet will receive royalties on products that do well, enabling it to replenish the Product Development Fund and pay back investors.

Second, as we discussed briefly after the meeting, there are compelling examples of businesses that generate good jobs in low-income communities while providing residents with quality health and child care services. Examples include Cooperative Home Care Associates in the Bronx and the Childspace Cooperative in Philadelphia. The CHCA model has been replicated in Philadelphia and Boston, and the Childspace model in Richmond, CA.

- **Cooperative Home Care Associates (CHCA)**, a worker-owned paraprofessional home care agency, has created 500 jobs for low-income women of color in the South Bronx. Because CHCA is a cooperative and markets its services based on the premise that quality jobs result in quality care, it offers the best wage and benefit package for home health aides in New York City. With the establishment of Independence Care System (ICS) -- a company that will provide long-term care for people with disabilities -- CHCA will be able to create an additional 500 jobs over the next several years. ICS has already received investments from the New York City Investment Fund and the Ford Foundation and has the potential to benefit from the types of venture capital programs in the New Markets Initiative. More information on ICS is attached.

- **Childspace Cooperative Development Incorporated** trains low-income women as worker-owners in cooperative child care centers, where they receive living wages, health and child care benefits, and control the businesses' governing body. Based on the belief that quality jobs result in quality care for children, Childspace actively advocates for increases in state child care reimbursements for low-income children. The two Childspace centers in Philadelphia employ 60 women and serve almost 100 children.

Third, you mentioned that the President will be visiting an Indian reservation as part of the tour. If the Pine Ridge Reservation is on the itinerary, we would suggest that the President visit the **Lakota Fund**, a microenterprise program that has seeded several hundred Native American-owned businesses in one of the poorest regions of the country.

Please feel free to call me at 202-955-8499 if you would like to discuss these suggestions further. We look forward to learning more about the plans for the tour.

**MS. FOUNDATION FOR WOMEN
COLLABORATIVE FUND FOR WOMEN'S ECONOMIC DEVELOPMENT
Second Round**

Suggested sites for New Markets Tour

Diane L. Browning
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fax: 647-3466

Amy Borgstrom, Executive Director
June Holley, President
**Appalachian Center for Economic
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fax: 593-5451

Steve Dawson
President
Cooperative Home Care Associates
349 East 149th Street
Bronx, NY 10451
ph: (718) 993-7104
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Wendy Epstein
Executive Director
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fax: 842-3075

Elsie Meeks
Executive Director
The Lakota Fund
PO Box 340
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ph: (605) 455-2500
fax: 455-2585

WHY WE MAKE A DIFFERENCE

We live in the rugged terrain is nearly impossible to develop commercially and makes transportation a major issue for workers. Since most of our network is composed of women, it is significant to note that women here have the lowest employment rate in the U.S. — 41% compared to 54% nationally. Nearly 70% of West Virginia women who work full-time earn less than \$20,000 annually; 20% earned less than \$10,000. We are working to create new options for rural women.

Appalachian By Design's flexible manufacturing strategy means we can reach markets that individuals can't reach on their own. We rely on advanced telecommunications and focus on niche markets that want high quality goods. ABD provides its network members with the training and support services they need to succeed. These qualities have made ABD a model for economic development in rural areas.

Appalachian By Design is a nonprofit corporation for Appalachian artisans that receives financial support from the Appalachian Regional Commission, the Claude Worthington Benedum Foundation, the Charles Stewart Mott Foundation, the Ms. Foundation's Collaborative Fund for Economic Development, The Norman Foundation, West Virginia's Governor's Guaranteed Workforce Training Program and USDA's Rural Business Enterprise Grant program.



**APPALACHIAN
BY DESIGN**
208 South Court Street
Lewisburg, West Virginia 24901

*A Training, Marketing
and Design Corporation*



**APPALACHIAN
BY DESIGN**

208 South Court Street
Lewisburg, West Virginia 24901
Tel: 304-647-3455
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WHO WE ARE

ABD is a nonprofit economic development organization dedicated to finding markets and providing training for a network of self-employed people in rural Appalachia. We link these home-based artisans to markets for their high-quality merchandise.

What began in 1991, with eight women who owned home knitting machines, has become a large network of knitters, weavers and hand finishers who work in their homes throughout the mountains. They produce high quality knitwear for ABD contract customers in national and international markets. ABD has also developed its own home furnishings line to provide year-round work to knitters. Many knitters and weavers also sell work of their own design through local outlets.



WHAT WE DO

The women and men we work with are residents of rural areas, living where jobs are few and far between. Many have children or other family to care for, some are retired, some lost jobs when factories in the area closed. ABD helps them by providing the option of working at home.



*"This is work that fits your life
- not life that fits your work."*
- ABD Knitter

When the ABD staff secures an order, we notify our network. Network members decide what orders they want to accept and how much time they can commit. Working in partnership with ABD provides a valuable source of income and allows network members to work at home, at their own pace. Completed work is delivered to ABD's centralized distribution facility where it is packaged and shipped to customers around the world.

ABD does more for its knitters than just obtain orders. It offers a year-long apprenticeship program that begins with an introduction to machine knitting, business training on self-employment, and then a period of hands-on training. During this first year, knitters "earn while they learn," gradually improving their skills and their incomes. After the apprenticeship, ABD continues to provide skills training and troubleshooting for technical problems.

A newsletter and annual meetings give network members an opportunity to build professional relationships. In addition, knitters have the opportunity to serve on a Steering Committee, which provides a forum for knitters and ABD staff to address common issues and make plans together.



Independence Care System



349 East 149th Street • Bronx, New York 10451 • Telephone: ~~718-993-7104~~ • FAX: ~~718-993-0971~~
212-564-2500

March, 1999

~ PROGRAM DESCRIPTION ~

INDEPENDENCE CARE SYSTEM

A

*Managed Long-Term Care Demonstration Program
For People With Disabilities*

*Rick Surpin
President*

*Steven L. Dawson
Chairperson, Board of Directors*

A nonprofit organization supporting people with disabilities to live independently

INTRODUCTION

Independence Care System, Inc. (ICS) is a nonprofit organization committed to assisting people with disabilities to live independently. It uses the vehicle of a managed long-term care program to provide a comprehensive range of services integrated within a specialized, yet flexible system of care. The primary target population is adults living in New York City who are eligible for Medicaid and are severely physically disabled.

Adults with severe physical disabilities are often viewed as "problem" consumers in the fee-for-service health care system. Most health care providers --from physicians to home care aides --have little training or knowledge about their disabilities. Adults with disabilities often require more time and have more unusual problems than the typical patient or consumer. And the implications in daily life of a fragmented system mean that the medical specialist too often cannot obtain consistent rehabilitation services or infusion therapy in the home, or the home health care nurses and aides have little information from the consumer's physician to guide their work.

Further, the mobility needs of severely disabled adults are virtually ignored in this system. Almost every disabled consumer finds it impossible to secure a transportation service that consistently arrives on a timely basis for medical appointments. The consumer whose wheelchair needs maintenance or minor repairs often does not know where to get reliable service or who will pay for it. Yet, access to health care for many people with severe disabilities depends on both an adequate wheelchair and regular transportation.

ICS was established to address these issues. Consumers become members who plan and manage their own health care and social supports in conjunction with care coordinators and service providers. We use the flexibility of managed long-term care to allocate resources and attention where they are most needed --care coordination, paraprofessional home care, transportation, durable medical equipment, information systems and training for both consumers and providers of care.

ICS was also established to further develop and broaden the impact of the "good jobs/good care" model of paraprofessional home care developed by *Cooperative Home Care Associates (CHCA)* one of its co-sponsors. *ICS* will provide a unique opportunity for *CHCA* to grow to a 1,000-person agency within the next five years. *ICS*, in conjunction with *CHCA*, will also create a new upgraded, specialized aide position for working with *ICS* consumer-members. This position will require additional training and receive additional compensation.

BACKGROUND

Independence Care System, Inc. (ICS) is a new 501(c)(3) nonprofit subsidiary of the *Paraprofessional Healthcare Institute (PHI)*. The Institute is a seven-year-old independent 501(c)(3) nonprofit organization affiliated with *Cooperative Home Care Associates (CHCA)*, a 14-year-old worker-owned home health care agency employing approximately 500 African-American and Latina women as home care aides in the Bronx and Harlem. Approximately 75

percent of *CHCA*'s workforce was dependent on public assistance before being trained and employed by *CHCA*; the majority are single mothers of young children.

Cooperative Home Care Associates is widely recognized as a model for providing both high-quality paraprofessional home care jobs and high-quality services to its elderly and disabled clients. *CHCA* received the 1992 "Business Enterprise Award" from the Business Enterprise Trust for social responsibility in business, the 1993 "Brookdale Award for Best Practice in Human Resources and Aging" from the Brookdale Center on Aging and the American Society on Aging, and the "1997 Corporate Conscience Award" for employee relations from The Council on Economic Priorities.

In 1991, *CHCA* sponsored the creation of the *Paraprofessional Healthcare Institute (PHI)*, a 501(c)(3) nonprofit organization to develop new programs and conduct policy analysis consistent with *CHCA*'s "Quality Jobs/Quality Care" mission. *PHI* was commissioned by the United Hospital Fund in 1994 to articulate this approach in a monograph, "Better Jobs, Better Care: Improving the Health Care Workforce."

PHI and *CHCA* are now sponsoring the creation of *ICS* to develop a coordinated, interdisciplinary system of care for adults with disabilities in New York City. *ICS* and *CHCA* combined have the potential for becoming major actors in New York City's long-term care industry. *ICS* will be highly visible as the payor and coordinator of care for a vulnerable disabled and chronically ill population throughout four of the five boroughs of New York City. *CHCA* will be a major, integral component of its system of care.

GOAL AND OBJECTIVES

The goal of *Independence Care System* is to enable people with disabilities of all ages to remain at home, or in the least restrictive setting possible, by integrating the full range of primary care, acute care and home and community-based services in a comprehensive, flexible manner.

Independence Care System will be the first managed long-term care program in New York State designed expressly to meet the needs of people with disabilities. The other existing and planned programs focus on the elderly. The health care system in general, and managed care programs in particular, typically view people with disabilities as "problem consumers" who are not easily treated due to their multiple, interrelated conditions and impairments. In this context, we will demonstrate a managed long-term care approach that builds on New York City's existing system of health care and social service providers in developing a specialized program for each of its members.

Further, *CHCA* represents a school of thought about paraprofessional home care that directly connects investment in the front-line worker with a higher quality of care and self-direction for its clients. *ICS* will demonstrate that home care paraprofessionals can play a vital role in supporting people with chronic illnesses to live independently at home and in their communities.

TARGET POPULATION

ICS will serve Medicaid recipients with significant physical disability or chronic illness who are eligible for placement in a nursing home level of care. This population primarily consists of younger adults with significant disabilities such as quadriplegia, paraplegia, poliomyelitis, muscular dystrophy and multiple sclerosis. ICS will also serve a relatively small number of older people who wish to receive consumer-directed personal care services.

People with disabilities want to remain at home for as long as possible, to be supported by family, friends and familiar service providers. Severely disabled individuals are exclusively neither acutely nor chronically ill. Instead, their conditions tend to be long-term, often degenerative, with episodic flare-ups that may have an uncertain prognosis. Their concern is much less with "curing" their illness than with managing their illness with maximum dignity and comfort. As a result, the clients require care that recognizes and responds to their specific needs--care that is delivered in a coordinated, "seamless" manner and that blends both medical and support services. They also require continuity of care so that both client and family can be supported emotionally and psychologically --not just medically --over extended periods of time.

The typical person with disabilities either has no accessible primary care physician, or at best, relies on a physician who has little knowledge about chronic illnesses and severe disabilities. The result is discontinuous, and at times even conflicting, medical advice as well as a general failure to monitor closely the progress of chronic conditions, low-level illnesses such as colds or infections, decent nutrition, safe surroundings, adequate exercise, and changes in mental status. Unattended, these conditions often lead to dangerous complications ranging from pneumonia to substance abuse. Too often, the results are unscheduled hospital and emergency room visits that are not only very costly, but are also truly avoidable.

Paraprofessional home care is widely regarded by many disabled individuals as their "lifeline" or primary support. Home care aides are the immediate link between client/family care givers and professional service providers, particularly in terms of daily support for self-care and prevention programs, early detection of problems and changes in physical condition. Yet within the formal service system, the paraprofessional is often perceived as a "glorified domestic servant" and relegated to second-class status. Therefore, paraprofessionals are rarely respected, trained or communicated with in a way that recognizes their value to the health care team. Our relationship with CHCA represents a school of thought about paraprofessional home care that directly connects investment in the front-line with a higher quality of care and self-direction for its clients.

PROGRAM DESCRIPTION

Independence Care System will begin operations in June, 1999. It will begin service delivery to consumers living in the Bronx and Manhattan and later expand to Brooklyn and Queens. ICS plans to enroll approximately 1,000 participants in the first three years of operations.

Independence Care's program has four key elements:

1. **Consumer Participation**

We are building a new framework for balancing provider and consumer perspectives that incorporates both substantial consumer participation in governance, as well as a role for consumers in care planning and care management. Encouraging client self-direction recognizes the client's and family's right to maximum autonomy while still obtaining support from the formal service system.

2. **Emphasis on Home and Community-Based Care**

We emphasize a "consumer's eye view" of the service network, focusing on home care and community-based care. Primary care, home care and other community-based services will substitute for far more expensive inpatient and institutional care. Within the provision of home-based care, the model particularly highlights paraprofessional services.

3. **Full Range of Services**

We will offer the full range of supports and services that consumer's value. This includes at least: consumer-directed paraprofessional care; a new service of specialized and more highly trained home care aides; respite care; consumer training; care management; and social day care. We must not only make these services widely available, but also allow maximum flexibility in their use.

4. **A Specialized Integrated Network**

We must coordinate care over time, with multiple providers, and across primary, acute and long-term care settings. The process of care must appear "seamless," so that information obtained from the consumer is shared and used by various providers (and is not repeatedly requested from the client) --reducing the use of specialists and clinics, and eliminating duplicative tests, or worse, countervailing medications.

ICS will initially offer a benefit plan that will include: care management, home health care, personal care, adult day health care, durable medical equipment, transportation, prescription and non-prescription drugs, podiatry, dentistry, optometry, audiology, home delivered meals, social day care, respiratory therapy, social and environmental support, rehabilitation services and nursing home care.

Inpatient and outpatient hospital services, physician services and several other areas will initially be excluded from the capitation arrangement; however, all care will be coordinated by *ICS*. Providers will bill Medicare directly for Medicare-covered services. This plan will become fully capitated, including all benefits, for Medicaid in the period 2000-2001 and for Medicare in 2002.

ICS will be built around care management teams. Upon enrollment, each member will be assigned to a physician, a clinical specialist, a nurse and a social worker. The team will also include any other service providers working with the member, such as home care aides. Different

team members will assume responsibility for care coordination, depending on the needs of the client. Nurses and social workers will each have caseloads of about 25. Caseloads may be smaller or larger, depending on client need. Care planning, care management and conflict resolution will be the overall responsibility of the care management team, under the leadership of the care coordinator.

ICS will have three "lead agencies" that will provide a large proportion of the services in their specialty area and will work with us to maintain system-wide standards and protocols. The *Visiting Nurse Service of New York (VNS)* will perform nursing and rehabilitation services in the home. *Cooperative Home Care Associates* will provide paraprofessional home care services and will also develop a specialized home care aide position. *Concepts of Independence* will provide consumer-directed paraprofessional services, either solely or in conjunction with *CHCA's* staff.

The service network will have a broad array of options and will be diverse in specialty and geographic capabilities. ICS members will be able to retain their physicians if they wish, as long as the provider agrees to use our standards and protocols. This network will continuously work toward integrating its activities through interdisciplinary training, automated information systems and practice guidelines.

We have identified several critical tasks for implementation in the first few years. We will focus on providing:

- *A comprehensive array of services and supports* that may be combined and used in a highly flexible manner by consumers who are directly involved in care planning and management.
- *Professional and paraprofessional staff* who are trained to work with self-directing clients and able to communicate readily and effectively with other members of the care team.
- *Primary care physicians in accessible settings* who are familiar with a range of disabling conditions.
- *Home care nurses and aides* who work in collaboration over time and develop specialized knowledge and skill working with people with disabilities.
- *Specialized support for fitting, purchasing and maintaining durable medical equipment*, especially motorized wheelchairs.
- *Transportation services* that operate on a timely basis and treat clients/members with respect at all time.

The ultimate success of the program will depend in large part upon our ability to establish a sense of community among our caregivers and our client members. With this sense of community will come the trust, loyalty and mutual support that provides the basis for long-term organizational development. This is the philosophy that has driven the development of Cooperative Home Care Associates and PHI for the last 15 years.

ORGANIZATIONAL STRUCTURE

ICS is essentially a nonprofit alliance between the paraprofessional workers of *CHCA* and their managers/advocates and people with physical disabilities and their leaders/advocates. Its nine member Board of Directors consists of representatives of the *Paraprofessional Healthcare Institute*, *Cooperative Home Care Associates*, consumer advocates and public representatives. A Consumer Advisory Board consisting of representatives of advocacy organizations for people with disabilities has also been established and has been meeting on a regular basis.

An Ombudsperson/Director of Advocacy, who is a full-time staff person and a recognized leader in the disabled community, will help facilitate and ensure that consumers have a real and effective voice in the organization. The Ombudsperson will also play the lead role in initiating a service exchange program to promote informal support and a sense of reciprocity among *ICS* members. This will be done in conjunction with the *Time Dollars Institute* in Washington, D.C.

The senior management team consists of the following:

President	Rick Surpin
Director of Operations	Frances Sadler
Chief Financial Officer	Jan Saglio
Director of Care Management	Ann Wyatt
Medical Director	Dr. Peter Connolly
Director of Clinical Services	Eileen Hanley
Chief Information Officer	Greg Paque

The team has extensive experience in: design and management of long-term care programs and specialized programs (including people with AIDS and hospice care); traditional and specialized managed care organizations; and business development and finance.

Royal Health Care, a management services organization, will provide administrative services for *ICS* including: claims processing; financial reporting; and financial and administrative information systems. *ICS* will use the care management information system software developed by the *Wisconsin Partnership Program*.

PROGRAM EVALUATION

Dr. Barbara Bowers, a Professor of Nursing at the University of Wisconsin, will conduct the ongoing evaluation component for the program. Dr. Bowers is the researcher for the *Wisconsin Partnership Program*, and her research team has interviewed extensively among both the elderly and physically disabled service populations. The research team has identified common issues and differences related to control; comfort expressing preferences and concerns; and the reasons for enrollment. Their findings have challenged some long-standing assumptions about client preferences, and have been used in training sessions to heighten staff sensitivities to frequently overlooked issues. Dr. Bowers will also assist in the development of ICS's quality management program. Her evaluation for ICS will focus initially on the role and value of the paraprofessional in our program.

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THE ENTERPRISE FOUNDATION
DC-PUBLIC POLICY OFFICE
415 Second Street, NE 2nd Floor
Washington, DC 20002

FAX

*Pine
Ridge*

TO: LISA GREEN

DATE: 6/4/99

FROM: ALAN GREENLEE
DC-Public Policy Office

PAGES: (incl. trans. page): 2

ENTERPRISE FAX # (Public Policy): (202) 543-8130

VOICE: (202) 543-4599

MESSAGE:

PINE RIDGE INFO

JUN 4 1999 4:28PM
From: Jay L. Hinton
To: efwashpo.efwashpo.ALANG
Date: 6/3/99 6:30pm
Subject: Pine Ridge Initiative....

NO. 6484 P. 2

Is a major effort by the U.S. Department of Housing and Urban Development and the Oglala Sioux Tribe to document the feasibility of home ownership development on Tribal land and to leverage new resources to assist distressed tribal communities.

The goal is to build 250 houses over the next several years, with the first 20 being built this summer. The Enterprise Foundation is part of a team of consultants (primarily Price WaterhouseCoopers and the Communities Group and Enterprise) to work with the HUD created nonprofit - the Oglala Sioux Tribe Partnership for Home Ownership - to develop this project and to become a major local financial packager for Pine Ridge.

Enterprise's role has been primarily in packaging the financing for the project and in defining a new lease purchase element (2-4 of the 20 houses will be lease purchase). Enterprise assisted in writing grants, continues to run the pro-forma for the project, wrote the policies and procedures for the lease purchase program. We are also having some role in working with PriceWaterhouse on management and organizational issues.

The project is being coordinated by Karen Hinton, Senior Advisor to the Secretary at HUD.
Call either myself or Karen (202-708-1240) with questions.

Jay

Using the outlined deliverables strategy as a guide, the following is a suggested manifest for the New Markets Tour.

Washington, DC – Kentucky Highlands, KY – Memphis, TN

Monday, July 5

Kentucky Highlands: CDFIs and Investment in Appalachia and Rural New Markets

* 1. John McCoy, Bank One (regional announcement)
* 2. Frank Newman, Bankers Trust (regional announcement)
* 3. Bill Harrison, Chase Manhattan (national announcement) — E
* 4. Terrence Murray, Fleet Bank — (national announcement) — C
* 5. Ms. Foundation (national announcement)
* 6. Dick Grasso, New York Stock Exchange
* 7. Chad Gifford, Bank Boston — E
* 8. <u>Jessie White</u>

Memphis, TN – Clarksdale, MS – East St. Louis, IL –

Ellsworth Air Force Base, SD

Tuesday, July 6

Clarksdale, MS: Investment in the Delta and Rural New Markets

East St. Louis: Investment in Urban Ezs and the Inner Cities

* 1. Fred Smith, FDX (regional announcement in MS)
* 2. David Glass, WalMart (highlight work with ECD in MS)
* 3. Duane Ackerman, Bell South — (regional announcement in MS)
* 4. Steve Case, AOL (BusinessLine regional announcement in MS) — <u>Pete Ridge</u>
* 5. Hugh McColl, BankAmerica (site announcement in East St. Louis)
* 6. Daniel Jorndt, Walgreens (regional site announcement in East St. Louis)
* 7. Floyd Hall, Kmart (regional site announcement in East St. Louis)
* 8. Howard Schultz, Starbucks (regional site announcement in East St. Louis)

* Parker

* Allyle

Pine Ridge, SD -- Phoenix, AZ -- Los Angeles, CA

Wednesday, July 7

Pine Ridge: Private Sector Investment in Native American Communities

Phoenix: SBICs and Providing Access to Capital in Hispanic Communities

* 1. Franklin Raines, Fannie Mae (national site announcement in Pine Ridge)
* 2. Michael Armstrong, AT&T (regional site announcement in Pine Ridge)
* 3. Richard Kovacevich, Norwest (site announcement in Phoenix Pine Ridge)
* 4. Paul Hazen, Wells Fargo (regional site announcement in Phoenix)
* 5. Richard Huber, Aetna (regional site announcement in Phoenix)
* 6. Capital One (regional announcement in Phoenix)
* 7. Ed Whitacre, SBC Communications (national announcement in Phoenix)
* 8. Kenneth Lay, Enron (national site announcement in Phoenix)

Los Angeles, CA -- Anaheim, CA -- Washington, DC

Thursday, July 8

*Los Angeles/Anaheim: Private Sector Workforce Investments
in Disadvantaged Youth*

* 1. Sandy Weill, Citigroup (site announcement in Anaheim)
2. John Chambers, Cisco Systems (site announcement in LA)
3. Jim Kelly, UPS (site announcement in LA)
4. Philip Carroll, Shell Oil (site announcement in LA)
5. Steven Burd, Safeway
6. Richard Huber, Aetna
7. Rich McGinn, Lucent (site announcement in Anaheim)
8. Arthur Ryan, Prudential Securities (site announcement in LA)

Early birds back)
J. H. W.

P. H. W.

Non Profit — From Fay Bass

Community Preservation & Development Corp.

Edgewood Terrace — in DC

Leslie Steen, CEO

(301) 986-1600

Ryan Turner
will check on
some possible
reservations

Grace Hill in St. Louis (9 sites)

Dr. Whead (314) 539-9506 director of services

Mr. Lynn Steele business activity (job training/micro-enterprise)

ICIC Initiative for a Competitive Inner City

TO: Lisa Green
FROM: Deirdre Coyle, ICIC, Director of Communications
DATE: 16 July 1999
RE: New Market Initiatives Tour



VIA FAX: 202-456-5802

I wanted to outline a few specific areas where ICIC could add value to the President's New Market Initiative Tour. These points are all within ICIC's core programs.

1. **Benchmarking Federal Spending and Guidelines for Actions:** Recently completed ICIC study on the role of the Federal Government in inner-city development.

Study discovered that over half (56%) of Federal dollars going to programs that affect urban business development are going to inner-city programs.

Capital programs, while small in direct spending dollars (\$300 million) leveraged an additional \$3 billion dollars from the private sector by guaranteeing private-sector investments, for a leveraging ratio of 10 to 1.

The majority of this spending was in job training and placement programs, with about 60% or \$5.4 billion in direct Federal expenditures.



2. **The Inner City Shopper Survey:** A joint study of ICIC and PricewaterhouseCoopers, which is the first national survey focused on the consumption patterns, brand preferences and preferred store types of 1,200 inner-city shoppers. The survey included detailed analysis of grocery, apparel, furniture, electronics and other household categories.

We have recently cut the research to focus on the consumption patterns by inner-city ethnic group. This is valuable information because it not only shows current consumption patterns, but also helps us to see how consumption patterns will change as the inner city demographics shift over the next 10 - 20 years, i.e. Hispanics are currently the smallest of the three major inner-city ethnic groups, but the fastest growing on a national basis.

3. **The Business Case for Pursuing Retail Opportunities in the Inner City:** A joint study of ICIC and The Boston Consulting Group, which identifies the size and opportunities in the inner-city retail market.

Estimates that households in America's inner cities possess more than \$85 billion in annual retail spending power (excluding unrecorded income from legal activities, which could add another \$15 billion). That amounts to nearly 7% of total U.S. retail spending, far more than Mexico's entire formal retail market.

In many inner cities, the total retail demand in a square mile area is 2 - 6 times greater than the surrounding metropolitan area square mile.

4. **Corporate Engagement:** ICIC has developed a number of successful corporate partnerships with major US firms like The Boston Consulting Group and PricewaterhouseCoopers. What is unique about these relationships is that they turn traditional corporate philanthropy on its head. These organizations have made a significant financial and organizational commitment to work with ICIC to further the competitive agenda in inner cities across America and establish an innovative approach to corporate philanthropy.

ICIC and our corporate partners are applying market-based solutions to social problems, by applying the resources of these company, both the intellectual and financial capital.

In turn these companies are gaining valuable market intelligence on a "new market" which they can then share with their clients, thereby becoming "ambassadors" for business development in inner cities. This is a new vision of giving, whereby philanthropy becomes part of business.

5. **Untapped Labor Pool:**

Growth in the labor supply, projected to be 1.1% a year by the U.S. Census, will fall far short of the demand for labor, which has increased by an annual average of 2.6% over the past two years.

In the new economy the available and growing labor force will be in Inner cities. More than 57% of the workforce growth will come from minority communities which are heavily concentrated in cities and inner cities.

The challenge for many companies will be to attract, train and retain that increasingly diverse and urban workforce.

ICIC has a number of data points and research around this available labor pool, as well as case studies highlighting success stories and opportunities.

6. **Inner City Ventures, LP:** ICIC, together with American Securities Capital Partners, has formed Inner-City Ventures, LP, a private equity fund focused on high potential inner-city growth companies. American Securities is a New York-based leader in middle market private equity and a distinguished investment management firm with over \$1 billion under management. The fund has a dedicated management team of outstanding investment professionals. The fund is a for-profit fund that will seek market rates of return. **The aim is to demonstrate the market opportunities in inner cities and, over time, stimulate flows of equity capital to address the market opportunity.**

7. **The Inner City 100:** ICIC's newest program is the *Inner City 100*, a partnership with Inc. Magazine to identify 100 of the fastest-growing private companies based in America's inner cities. This first-ever national ranking, published in the May 1999 issue of Inc. Magazine, spotlighted the new frontier of entrepreneurship located in America's core urban areas. The *Inner City 100* companies are leading companies contributing to the business growth and economic vigor of the inner city.

The *Inner City 100* Companies:

- Average five-year growth rate: 700%
- Average Compound Annual Growth Rate: 44%
- Average 1997 Sales: \$13,868,970
- Collective 1997 Sales: \$1,386,897,014
- Collective 1997 Jobs: 10,485
- Collective Number of Jobs Generated in the Past Five Years: 4,695

Top Competitive Advantages for Locating in Inner City:

(as cited most frequently by *Inner City 100* CEOs)

- Proximity to customers
- Low Land Costs
- Available Labor

TOP TEN REASONS FOR DOING BUSINESS IN THE INNER CITY*

1. There are approximately 8 million households in America's inner city.
2. America's inner cities represent \$85 billion in retail spending per year, approximately 7% of U.S. retail spending and far more than Mexico's entire formal retail market.
3. Approximately 25% of inner-city retail demand is unmet by retailers in the inner city.
4. 54% of workforce growth over the next ten years will come from minority communities, which are heavily concentrated in cities and inner cities.
5. Between 1993 and 1997, 100 of the fastest-growing inner city companies, the Inner City 100, have generated close to 5,000 jobs.
6. Average retail demand per inner-city square mile is 2-6 times greater than each surrounding metropolitan area square mile.
7. Approximately 56% of the Federal Government's spending on programs that affect urban business development is targeted towards inner cities.
8. Compared to the average U.S. household, inner-city African American households annually spend more in absolute dollars on apparel - 20% more on women's apparel, nearly 75% more on men's, and twice as much on children's.
9. New York's inner-city grocery stores outperform the regional average by 39%.
10. The average hourly wage excluding benefits for Inner City 100 companies is \$11.60, more than double the minimum wage.

*The inner city is defined as distressed urban areas (zip codes) that have 50% lower income, and 50% higher poverty and unemployment than the Metropolitan Statistical Area average.

National Association of Affordable Housing Lenders**1200 19th Street, NW, Suite 300****Washington, DC 20036****Phone (202) 429-5150; Fax (202) 857-5320****E-mail: naahl@dc.sba.com****Fax Cover Sheet****To: Lisa Green****Firm: NEC****Fax: 202-456-2223****From: Judy Kennedy****Pages (including cover): 3****Date: June 24, 1999****Comments: FYI.**

CALIFORNIA COMMUNITY REINVESTMENT CORPORATION**225 W. Broadway, Suite 120****Glendale, California 91204****MEMORANDUM****Telephone: (818) 550-9801 FAX: (818) 550-9806****DATE: June 24, 1999****TO: NAAHL****FROM: Mary Kaiser****SUBJECT: President's Trip to America's New Markets**

I'm hopeful you will identify economic development stories in each of the local President Clinton plans on visiting in July. I wanted to make you aware of a major community housing revitalization project in Anaheim that warrants some attention should he find the time.

Project: Paseo Village Apartments
Prior to Rehab: 10-acre site of 183 units in 50 single and two-story residential buildings on 43 individual, contiguous parcels of land.
Post Rehab: 48 residential buildings with 176 units, community center and pool.

Borrower: South of Romneya Housing Partners, LLP
c/o The Related Companies of California

Related/Anaheim Development Co.

Orange Housing Development Corp.

Anaheim Community Development Dept.

Financing: Wells Fargo Bank-Construction Lender-\$10.1 million
Syndication Equity-Related Capital-\$8.5 million
City of Anaheim-\$8.7 million
CCRC-Permanent Loan-\$6.25 million

CONSORTIUM OF
CALIFORNIA BANKS →

PRIVATE/
PUBLIC PARTNERSHIP

The 43 one-bedroom, 79 two-bedroom and 54 three-bedroom reconfiguration and revitalization project of a crime-ridden neighborhood in Anaheim is an excellent

(SEE P. 2 →)

example of a public/private partnership where 176 units of housing were rehabilitated and rented to households earning on average 48% of the area median income. Additional amenities include 3 tot lots, a swimming pool, laundry facilities, and community center with computer training center, childcare and gym.
