

Materials Relating to
Existing Federal Programs Providing or Financing
Health Care for Mothers and Children

Prepared by the Staff of the
COMMITTEE ON FINANCE
UNITED STATES SENATE

RUSSELL B. LONG, *Chairman*



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INTRODUCTION

A variety of Federal programs currently provide or pay for some type of health care services for mothers and children. This compilation, which has been prepared with the extensive assistance of the Health Section of the Congressional Research Service, outlines basic information on a number of these programs. The report is not designed to include comprehensive data on each program. However, it does provide basic descriptions of the various programs as well as target populations, fiscal year 1978 expenditures, administering agencies, statutory authorities, and types of assistance (i.e., project grant, formula grant, direct payment). In some cases, the data also cites the accomplishments of the program (i.e., numbers of projects awarded, persons served).

This compilation covers two types of Federal programs—those whose primary objective is to provide health care for mothers and children, and those which provide maternal and child health care services as part of a much broader program activity. The early and periodic screening, diagnosis and treatment program (EPSDT) under Medicaid, title XIX of the Social Security Act, would exemplify the first type. The community health centers program (section 330 of the Public Health Service Act) typifies the second. In addition, it is important to recognize that for programs with broad health objectives, it is often difficult to separate funding and program data on mothers and children from total program funding. Additional Federal programs (i.e., "followthrough," "model cities," etc.) which could offer health care services for mothers and children have not been included in this report because their expenditures in this area are usually a very small part of the larger program.

Population groups targeted for assistance by these programs often overlap. Those population groups include: Medicaid eligible persons; low-income individuals in general; residents of rural areas; crippled children; nutritional risks; children with disability resulting from mental retardation, cerebral palsy, epilepsy and autism; pregnant adolescents, adolescent parents and expectant mothers and parents in general; migrant and seasonal farmworkers; native Americans; children with mental health problems; residents of specified multistate regions; abused and neglected children; and dependents of active and former military personnel.

A variety of Federal and State agencies administer these programs. For example, at the Federal level, programs are administered by several different offices and agencies within the Department of Health, Education, and Welfare as well as by the Department of Agriculture, Community Services Administration, Regional Commissions, Action, and the Department of Defense. At the local level, responsibility for the program is divided among State and local health departments, welfare agencies, various public and nonprofit educational institutions, providers of health care services and other organizations.

One attempt at program coordination was made by medicaid's EPSDT program. When it was first authorized in 1967, the EPSDT legislation provided for the program to be coordinated with two other Social Security Act programs authorized under title V of the act, the maternal and child health (MCH) program and the crippled childrens (CC) program. As indicated by the report, however, many other federally sponsored programs also finance (in whole or in part) services that overlap with EPSDT services. For example, health assessment services are provided by a number of programs other than EPSDT, including the MCH and CC programs, Headstart, handicapped early childhood assistance and the State incentive grants programs.

Following concern expressed over the coordination of an administration proposal for a new health program for children and mothers, the Secretary of HEW, in December 1978, directed the Health Care Financing Administration (HCFA), the Public Health Service, the Office of Education, the Office of Human Development Services and the Social Security Administration to coordinate their child health programs. In addition, HCFA has been coordinating with the Department of Labor to use CETA workers for outreach and with the Department of Agriculture with respect to their WIC program. The Department will provide a status report on their coordination activities at the scheduled June 25 hearing on child health.

With a few exceptions, the information provided on each program is from the 1978 Catalog of Federal Domestic Assistance, published by the Office of Management and Budget. For some programs, such as CHAMPUS and the uniformed services health benefits program, which are not included in the catalog, the information was provided by the respective administering agencies.

Programs described in this report have been categorized in two ways. The first category includes programs which provide direct health care services to their target populations. An example of this type would be the EPSDT program. The second category includes programs which provide support services for health care. The social services program, title XX of the Social Security Act, would represent a program of this type.

The report is divided into two sections. The first section includes a table which provides the background data on the program. The second section provides further program description. The program numbers listed in the first section correspond to the program numbers in the second section.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN

Programs Providing Direct Health Care

Program name and description of health component*	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>1. Allotments to States for maternal and child health services. Provides services to reduce infant mortality and promote good health care.</p>	<p>Mothers, infants and children in need of health care. Fiscal year 1977—1,856,650 children attended well-child clinics.</p>		<p>(1) DHEW, PHS, Health Services Administration.¹ Social Security Act, title V, sec. 503.</p>	<p>Formula grants to State health departments.</p>
<p>2. Special project grants for maternity and infant care. Provides health care services such as diagnostic, preventive, specialist consultation and family planning services.</p>	<p>Mothers and infants in need of health care. Fiscal year 1977- 632,000 mothers and 171,500 infants received care. 1,220,000 women received family planning services.</p>		<p>(1) DHEW, PHS, Health Services Administration. Social Security Act, title V, sec. 508.</p>	<p>Project grants to State health agencies; health agencies of any political subdivision of the State with the consent of the State agency; or any other public or nonprofit private agency, institution, or organization.</p>
<p>3. Special project grants for health of school and pre-school children. Provides services to promote good health care including screening, diagnosis, preventive measures, treatment, correction of defects, and after-care.</p>	<p>Children and youth of school or pre-school age in need of health care.</p>		<p>(1) DHEW, PHS, Health Services Administration. Social Security Act, title V, Sec. 509.</p>	<p>Project grants to State health agencies; health agencies of any political subdivision of the State with the consent of the State agency; the State agency administering or supervising the administration of the State plan; any school of medicine (with appropriate participation by a school of dentistry); or any teaching hospital affiliated with a medical school.</p>

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN—Continued

Programs Providing Direct Health Care—Continued

Program name and description of health component ^a	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>4. Special project grants for dental health of children.</p> <p>Provides services to promote good dental health including screening, diagnosis, preventive measures, treatment, correction of defects, and after-care.</p>	<p>Children and youth of school or pre-school age in need of dental health care.</p> <p>Fiscal year 1977—993,000 children received treatment.</p>	(1)	<p>DHEW, PHS, Health Services Administration. Social Security Act, title V, sec. 510.</p>	<p>Project grants to State health agencies; any political subdivision of the State with the consent of the State agency or any other public or non-profit private agency, institution, or organization.</p>
<p>5. Crippled children's services.</p> <p>Provides diagnostic and corrective services.</p>	<p>Children under 21 yrs of age who are crippled or are suffering from conditions that lead to crippling.</p> <p>Fiscal year 1977—560,000 crippled children received physicians' services.</p>	\$97,500,000	<p>DHEW, PHS, Health Services Administration. Social Security Act, title V, sec. 504.</p>	<p>Formula and project grants to State crippled children's agencies; and project grants to institutions of higher learning.</p>
<p>6. Medicaid (early and periodic screening, diagnosis, and treatment). Provides preventive health care.</p>	<p>Medicaid eligible children.</p> <p>Fiscal year 1977—1,955,432 children screened.</p>	(1)	<p>DHEW, Health Care Financing Administration. Social Security Act, title XIX, sec. 1905(a)(4)(B).</p>	<p>Formula grants.</p>

<p>7. Special supplemental food program for women, infants, and children (WIC). Supplies supplemental nutritious food to insure good health care.</p>	<p>Pregnant, post partum, or breast feeding women, infants, and children who—</p> <ul style="list-style-type: none"> (1) Reside in an approved project area; (2) Meet an income standard provided by the State agency or are eligible for treatment at less than the customary full charge by the local agency; and (3) Are determined to be in need of the special supplemental foods supplied by the program. 	<p>\$ 388,215,000 USDA, Food and Nutrition Service. Child Nutrition Act of 1966 as amended.</p>	<p>Project grants to local agencies which—</p> <ul style="list-style-type: none"> (1) Give health services free or at reduced cost to residents of low-income areas; (2) Serves a population of women, infants, and children at nutritional risk; (3) Has the personnel, expertise, and equipment to perform measurements, tests, and data collection specified for the WIC program; (4) Maintains or is able to maintain adequate medical records; (5) Is a public or private nonprofit health or welfare agency. All applicants must apply through the responsible State or U.S. territory agency.
<p>8. Comprehensive public health services—formula grants to State health and mental health authorities. Assists in the establishment and maintenance of adequate public health services.</p>	<p>Varies by State.....</p>	<p>90,000,000 DHEW, PHS, Health Services Administration. PHS Act, title III, sec. 314(d).</p>	<p>Formula grants to State health and mental health authorities.</p>

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN—Continued

Programs Providing Direct Health Care—Continued

Program name and description of health component ^a	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
9. Migrant health grants. Assists in the establishment and maintenance of adequate services.	Migrant and seasonal agricultural workers and their families. Fiscal year 1978—577,000 persons.	34,500,000	DHEW, PHS, Health Services Administration. PHS Act, title III, sec. 319.	Project grants to public or nonprofit private entities. Fiscal year 1978—112 centers.
10. National health service corps. Improves the delivery of health care and services to residents in areas critically short of health personnel.	Residents of medically underserved areas which receive corps assignees.	* 42,599,000	DHEW, PHS, Health Services Administration. PHS Act, title III, sec. 331.	Provision of specialized services in public or nonprofit private health or health-related organizations in designated areas. Fiscal year 1977—421 communities; 701 personnel.
11. Community health centers. Provides primary health services, supplemental health services, and environmental health services.	Population groups in medically underserved areas. Fiscal year 1978—3,047,250 persons.	* 247,000,000	DHEW, PHS, Health Services Administration. PHS Act, sec. 330.	Project grants to State and local governments; public or nonprofit private agencies, institutions, or organizations. Fiscal year 1978—591 centers.
12. Family planning projects. Provides educational, comprehensive medical, and social services.	Persons who desire family planning services and who would not otherwise have access to them (priority given to low-income families). Fiscal year 1978—3,460,000 patients received services in clinics partially funded by title X (1,180,000 were adolescents).	128,800,000	DHEW, PHS, Health Services Administration. PHS Act, title X.	Project grants to public or nonprofit private entities.

13. Indian health services. . . . Provides curative, preventive, and rehabilitative health services. Generally, individuals, who are members of an eligible applicant tribe, band, or group or village and who may be regarded as within the scope of the Indian health and medical service program and who are regarded as Indians by the community in which they live as evidenced by such factors as tribal membership, enrollment, residence on tax exempt land, ownership of restricted property, active participation in tribal affairs or other relevant factors in keeping with general Bureau of Indian Affairs practices in the jurisdiction.

14. Mental health-children's services. Provides services emphasizing prevention and coordination of community services, and expands training activities. Children and their families in the service area, and personnel of schools and other agencies serving children.

\$ 10,000,000 DHEW, PHS, Health Services Administration. Act transferring responsibility for health services to Indians from the Bureau of Indian Affairs (Interior) to PHS; Public Law 83-568. Project grants to federally recognized tribes and tribal organizations. Fiscal year 1977-61 grants.

\$ 20,599,000 DHEW, PHS, Alcohol, Drug Abuse, and Mental Health Administration. Community Mental Health Centers Amendments of 1975; part A, sec. 203 (e). Project grants to public or private nonprofit agencies providing or coordinating with programs which will provide a full range of mental health services for children and their families residing in the target area (must be a part of, or affiliated with, a community mental health center unless there is no center serving the community). Fiscal year 1977-143 awards.

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN—Continued

Programs Providing Direct Health Care—Continued

Program name and description of health component*	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>15. Community mental health centers - comprehensive services support. Provides mental health services via staffing, planning, initial operations, consultation and education, conversion, and financial distress grants.</p>	<p>All children who reside in the designated area served by the center have priority for services.</p>	<p>\$ 190,327,000</p>	<p>DHEW, PHS, Alcohol, Drug Abuse and Mental Health Administration. Community Mental Health Centers Amendments of 1975.</p>	<p>Project grants (eligibility depends on type of grants). Fiscal year 1978—122 initial operations grants; 109 converted staffing grants; 101 consultation and education grants; 30 financial distress grants.</p>
<p>16. Appalachian health program. Provides for the development of health demonstration projects.</p>	<p>Recipients of health and child development services.</p>	<p>\$ 24,282,092</p>	<p>Appalachian Regional Commission. Appalachian Regional Development Act of 1965 as amended.</p>	<p>Project grants to States, and through them, health services agencies, local governments, and nonprofit organizations.</p>
<p>17. Appalachian child development. Assists in planning child development programs.</p>	<p>Children up to 6 yrs of age and their families.</p>	<p>\$ 11,108,000</p>	<p>Appalachian Regional Commission. Appalachian Regional Development Act of 1965 as amended.</p>	<p>Project grants to public and nonprofit organizations. Fiscal year 1978—195 (estimate) service projects.</p>

<p>18. Health to underserved areas program. Integrates primary care services into a system of rural health care delivery and develops mechanisms to provide better health care to rural people including those eligible for medicaid.</p>	<p>Population groups in medically underserved areas.</p>	<p>15,000,000</p>	<p>DHEW, PHS, Health Services Administration. Social Security Act, title XI, sec. 1110</p>	<p>Project grants to public or private organizations.</p>
<p>19. Civilian health and medical program of the uniformed services (CHA MPUS). Provides medical care in civilian facilities.</p>	<p>Dependents of active duty, retired, and deceased military personnel.</p>	<p>* 491,332,444</p>	<p>U.S. Department of Defense. Military Medical Benefits Act of 1966, as amended.</p>	<p>Direct payment for specified use. Fiscal year 1976—964,679 persons received services.</p>
<p>20. Uniformed services health benefits programs. Provides medical care.</p>	<p>Active duty uniformed services personnel and their dependents; also retirees on a space-available basis.</p>	<p>* 2,350,000,000</p>	<p>U.S. Department of Defense. Military Medical Benefits Act of 1966, as amended.</p>	<p>Direct provision of care. Fiscal year 1977—874,233 total admissions to 170 hospitals worldwide. 49,756,290 outpatient visits to clinics worldwide. 436,317 dependent admissions. 22,878,874 dependent outpatient visits.</p>
<p>21. Health maintenance organization development. Provides assistance for feasibility surveys, planning, and initial development and operation.</p>	<p>Individuals enrolled in an HMO plan.</p>	<p>* 26,220,000</p>	<p>DHEW, PHS, Office of the Assistant Secretary for Health. PHS Act, title XIII.</p>	<p>Project grants and loans to public and nonprofit organizations that plan to develop, operate or expand an HMO. Loan guarantees to profit organizations that plan to develop or operate and expand an HMO in a medically underserved area. Fiscal year 1977—46 grants.</p>

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN—Continued

Programs Providing Support Services

Program name and description of health component*	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>1. Headstart..... Provides certain comprehensive services including health services such as referral.</p>	<p>Full-year program: Primarily for children age 3 up to the age when the child enters the school system. Summer program: Children attending kindergarten or elementary school for the 1st time in the fall. Fiscal year 1978—330,000 children served in full-year, summer, and experimental programs.</p>	<p>\$625,000,000</p>	<p>DHEW, Office of Human Development Services. Community Services Act of 1974.</p>	<p>Project grants to public or private nonprofit agencies.</p>
<p>2. Developmental disabilities-basic support. Assists States in developing and implementing a comprehensive and continuing plan to meet the target population's needs including therapy.</p>	<p>Persons with developmental disabilities attributable to mental retardation, cerebral palsy, epilepsy, or autism.</p>	<p>\$33,058,000</p>	<p>DHEW, Office of Human Development Services Developmental Disabilities Services and Facilities Construction Act of 1975, as amended.</p>	<p>Formula grants to designated State agencies.</p>
<p>3. Immunization grants..... Provides vaccine to carry out immunization programs against vaccine preventable diseases.</p>	<p>General public including children.</p>	<p>\$55,000,000</p>	<p>DHEW, PHS, Center for Disease Control. PHS Act, title III, secs. 317 and 318.</p>	<p>Project grants to States; and in consultation with State health authorities, public entities.</p>

<p>4. Adolescent health services and pregnancy prevention and care.⁷ Expands community services including those to assist in the prevention of unwanted pregnancy.</p>	<p>Pregnant adolescents and adolescent parents.</p>		<p>(7) DHEW. PHS Amendment of 1978 (Public Law 95-623).</p>	<p>Project grants to public or nonprofit agencies and organizations.</p>
<p>5. Social services..... Provides certain health related and family planning services.</p>	<p>Any recipient of AFDC or SSI benefits as well as other low-income individuals. Fiscal year 1978—Family planning: 21,000,000; health services: 1,500,000.</p>	<p>•• 2,492,000,000</p>	<p>DHEW, Office of Human Development. Social Security Act, title XX.</p>	<p>Formula grants to designated title XX State agencies.</p>
<p>6. Childhood lead-based paint poisoning control. Stimulates program development including community child screening programs.</p>	<p>Communities demonstrating an incidence of lead-based paint poisoning. Fiscal year 1977—380,496 high risk children screened.</p>	<p>• 10,250,000</p>	<p>DHEW, PHS, Health Services Administration. Lead-Based Paint Poisoning Prevention Act, as amended.</p>	<p>Project grants to public and private nonprofit agencies and organizations.</p>
<p>7. Child abuse and neglect prevention and treatment. Assists in the development of programs to prevent, identify, and treat child abuse and neglect.</p>	<p>Children and their families. Fiscal year 1977—Over 25,000 persons reached through demonstration projects. 18,000 professionals and para-professionals trained in positions related to child abuse and neglect services. 15,000 children and families aided by grants to States.</p>	<p>• 18,928,000</p>	<p>DHEW, Office of Human Development Services. Child Abuse Prevention and Treatment Act, as amended.</p>	<p>Project grants to public or other nonprofit institutions of higher learning; public or other private nonprofit agencies or organizations engaged in activities related to prevention, identification, or treatment of child abuse and neglect. Research contracts to public and private organizations State grants to States qualifying under provisions of sec. 4(b)(2) of Public Law 93-247. Fiscal year 1977—38 demonstrations grants.</p>

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN—Continued

Programs Providing Support Services—Continued

Program name and description of health component*	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>8. Handicapped early childhood assistance. Provides certain services including health services such as identification and referral.</p>	<p>Handicapped children..... Fiscal year 1977—22,000 children served.</p>	<p>\$ 22,000,000</p>	<p>DHEW, Office of Education.. Education of the Handicapped Act, title VI, part C.</p>	<p>Project grants to public agencies and private nonprofit organizations. Fiscal year 1977—207 demonstration grants.</p>
<p>9. Handicapped innovative programs—deaf-blind centers. Establishes regional centers to provide certain services including comprehensive diagnostic and evaluative services.</p>	<p>Children with visual, auditory, language, speech and/or learning disabilities. Fiscal year 1978—5,872 deaf-blind children served.</p>	<p>\$ 16,000,000</p>	<p>DHEW, Office of Education.. Education of the Handicapped Act, title VI, part C.</p>	<p>Project grants to public or nonprofit agencies, organizations, or institutions.</p>
<p>10. State incentive grant program. Provides educational and related opportunities including certain health services such as assessment and referral.</p>	<p>Handicapped children (ages 3-5).</p>	<p>12,500,000</p>	<p>DHEW, Office of Education. Education for all Handicapped Childrens Act.</p>	<p>Formula grants to State agencies.</p>

<p>11. Educational innovation and support. Supports supplementary educational centers and services including health-related and nutrition programs.</p>	<p>Elementary and secondary, public and nonpublic school children; and elementary and secondary public and nonpublic school teachers. Fiscal year 1977—7,800,000 (estimate) public and private school children in 2,000 local school districts were served by the program.</p>	<p>* 194,000,000</p>	<p>DHEW, Office of Education. Elementary and Secondary Education Act, title I, part C, as amended.</p>	<p>Formula grants to State and local educational agencies.</p>
<p>12. Regional commission health and nutrition demonstration projects.</p>	<p>General public including children.</p>	<p>.....</p>	<p>Public Works and Economic Development Act of 1965, title V.</p>	<p>Project grants to States in the regions, and through them health systems agencies, local governments and non-profit organizations.</p>
<p>Provides for the development of health demonstration programs.</p>	<p>Coastal Plains Regional Commission. Designated counties in North and South Carolina, Virginia, Georgia, and Florida.</p>	<p>* 300,000</p>	<p>Coastal Plains Regional Commission.</p>	
<p>Four Corners Regional Commission.</p>	<p>Arizona, Colorado, New Mexico, Nevada, and Utah.</p>	<p>* 100,000</p>	<p>Four Corners Regional Commission.</p>	
<p>Ozarks Regional Commission.</p>	<p>Arkansas, Kansas, Louisiana, Missouri, and Oklahoma.</p>	<p>* 500,000</p>	<p>Ozarks Regional Commission.</p>	
<p>Upper Great Lakes Regional Commission.</p>	<p>Designated counties in Michigan, Minnesota, and Wisconsin.</p>	<p>0</p>	<p>Upper Great Lakes Regional Commission.</p>	
<p>Old West Regional Commission.</p>	<p>Montana, Nebraska, North and South Dakota, and Wyoming.</p>	<p>* 500,000</p>	<p>Old West Regional Commission.</p>	

See footnotes at end of table.

FEDERAL PROGRAMS PROVIDING OR FINANCING HEALTH CARE TO MOTHERS AND CHILDREN -Continued

Programs Providing Support Services—Continued

Program name and description of health component*	Target population	Fiscal year 1978 expenditures	Administering agency and statutory authority	Type of assistance
<p>13. Community action..... Supports community action agencies in their antipoverty efforts including providing services for medical care, dental care, and day care.</p>	<p>Low-income families and individuals of all ages (as defined by CSA poverty guidelines), in urban and rural areas.</p>	<p>† 639,000,000</p>	<p>Community Services Administration. Economic Opportunity Act of 1964, as amended by the Community Services Act of 1974.</p>	<p>Project grants in areas including medical care, dental care, and day care and others. A community action agency must be designated by the State, a political subdivision of the State, or a combination of such political subdivisions or Indian tribal governments. A State or local government (or a combination of subdivisions) may designate itself or another agency which may be either a separate public agency or a private nonprofit organization.</p>
<p>14. Mini-grant program..... Provides funds to mobilize volunteers to work on community, human, social and environmental needs.</p>	<p>Communities having human, social and environmental problems, particularly those related to poverty.</p>	<p>† 225,000</p>	<p>Action..... Domestic Volunteer Service Act of 1973.</p>	<p>Project grants to State and local government; public or private nonprofit organizations. Fiscal year 1977—150 mini-grants.</p>

*See pp. 21-25 for additional program description.
 † \$214,370,030 was appropriated in fiscal year 1978 for secs. 503, 508, 509, and 510. No expenditure data is available.
 ‡ The following abbreviations are used: DHEW: Department of Health, Education, and Welfare; PHS: Public Health Service; USDA: U.S. Department of Agriculture.
 § Grants.
 ¶ DHEW has no current data on money spent.

‡ Estimate.
 § Includes funds for grants for venereal disease program.
 ¶ Legislation passed 95th Congress, 2d session. Program not yet implemented.
 † Not available.
 ‡ Federal share. Total title XX expenditures estimated to be \$3,725,000,000.

PROGRAM DESCRIPTION

I. PROGRAMS PROVIDING DIRECT HEALTH CARE

1. *Allotments to States for maternal and child health services.*—Provides services for reducing infant mortality, and promoting good health care of mothers and children. Grants to States may support maternity clinics, public health nurse home visits, well-child clinics, pediatric clinics, school health and vision-hearing screening, dental care for children and pregnant women, immunizations, mental retardation clinics and screening programs.

2. *Special project grants for maternity and infant care.*—In order to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and to help reduce infant and maternal mortality, provides health care services and family planning services. Health care services may include diagnostic and specialist consultation services.

3. *Special project grants for health of school and preschool children.*—Provides services to promote good health care particularly in areas with concentrations of low-income families. Health care services may include screening, diagnosis, prevention, treatment, correction of defects, and aftercare.

4. *Special project grants for dental health of children.*—Provides services to promote good dental health particularly in areas with concentrations of low-income families. Services may include screening, diagnosis, prevention, treatment, correction of defects and aftercare.

5. *Crippled children's services.*—Assists States, especially in rural areas, in locating children with crippling conditions or suffering from conditions leading to crippling, and providing a full range of diagnostic and corrective services.

6. *Medicaid (early and periodic screening, diagnosis, and treatment).*—Provides preventive health care to children in low-income families by identifying, diagnosing and treating medical, dental, and developmental programs.

7. *Special supplemental food program for women, infants, and children (WIC).*—Supplies nutritious foods as an adjunct to good health care to participants identified to be nutritional risks because of inadequate income and inadequate nutrition.

8. *Comprehensive public health services—formula grants to State health and mental health authorities.*—Assists States in establishing and maintaining adequate public health services in accordance with priorities and goals established by States. Activities include chronic disease programs, environmental health services, laboratory services, home health and public health services, and community mental health services.

9. *Migrant health grants.*—Increases the availability of high quality comprehensive health services to migrant and seasonal farmworkers and their families through the establishment of family health services and payment for the costs of other necessary care. Includes diagnostic, therapeutic, and followup medical services.

10. *National health service corps.*—Improves the delivery of health care and services to residents in areas critically short of health personnel.

11. *Community health centers.*—Supports the development and operation of community health centers which provide primary health

services, supplemental health services and environmental health services to medically underserved populations.

12. *Family planning projects*.—Provides educational, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, to promote good health for mothers and children, and to help reduce maternal and infant mortality.

13. *Indian health services*.—Seeks to raise to the highest possible level the health of American Indians and Alaska Natives by providing a full range of curative, preventive and rehabilitative health services that include public health nursing, maternal and child health care, dental and nutrition services, psychiatric care, and health education.

14. *Mental health—children's services*.—Seeks to stimulate innovative approaches to children's mental health problems emphasizing prevention and coordination of community service; and expand training activities and broad resources for children's mental health services.

15. *Community mental health centers—comprehensive services support*.—Provides comprehensive mental health services through a community mental health center via six grant programs; staffing, planning grants, grants to initial operations, consultation and education services, conversion grants, and financial distress grants. Centers provide comprehensive services, including specialized services for the mental health of children.

16. *Appalachian health program*.—Provides a flexible, noncategorical approach to the development of health demonstration projects through community planning on a multicounty basis and implementation of that planning through service. Includes multicounty demonstration for health program development, health facilities, health programs, and health innovations such as primary care, nutrition, emergency service and home health care.

17. *Appalachian child development*.—Seeks to create a state and sub-state capability for planning child development programs and a program to provide child development services in underserved areas throughout the region and to test innovative projects and programs for replicability.

18. *Health to underserved areas program*.—Integrates primary care services into a system of rural health care delivery and develops mechanisms to provide better health care to rural people, including those eligible for medicaid.

19. *Civilian health and medical program of the uniformed services (CHAMPIUS)*.—Provides medical care in civilian facilities to dependents of active duty, retired, and deceased military personnel.

20. *Uniformed services health benefits program*.—Provides medical care to, among others, dependents of active duty uniformed services persons in uniformed services and hospital and clinic facilities.

21. *Health maintenance organization development*.—Stimulates the development of various models of prepaid, comprehensive health maintenance organizations throughout the United States and the expansion of federally qualified health maintenance organizations. Provides Federal financial assistance for feasibility surveys, planning, and initial development and operation.

II. PROGRAMS PROVIDING SUPPORT SERVICES

1. *Headstart*.—Provides comprehensive health-related, educational, nutritional, social and other services primarily to preschool economically disadvantaged children and their families, and involves their parents in activities with their children so that the children will attain overall social competence. Seeks to find and remedy health defects of headstart children by introducing them and their families to continuing services of health care, nutritious meals, and health education. Health services include referral.

2. *Developmental disabilities—basic support*.—Assists States in developing and implementing a comprehensive and continuing plan to meet the needs of developmentally disabled individuals including therapy.

3. *Immunization grants*.—Provides vaccine to carry out immunization programs against vaccine-preventable diseases.

4. *Adolescent health services and pregnancy prevention and care*.—Establishes better coordination, integration and linkage among existing programs in order to expand availability of and access to community services to assist in prevention of unwanted pregnancies and to assist pregnant adolescents and adolescent parents.

5. *Social services*.—Assists States in the furnishing of services to public assistance recipients and low- and middle-income individuals and families. Services must be directed at one or more of the following goals: (1) achieving or maintaining economic self-support; (2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency; (3) preventing or remedying neglect, abuse, or exploitation of children or adults who cannot protect themselves and helping families stay together; (4) preventing and reducing inappropriate institutional care by making home and community services available; and (5) arranging for appropriate placement and services in an institution when other forms of care are not appropriate. Certain health and family planning services can be provided at State option. In addition, other health-related services may be provided under different categories such as home based services, adult daycare, information and referral, and home delivered meals.

6. *Childhood and lead-based paint poisoning control*.—Stimulates communities in the development of comprehensive lead-based paint poisoning control programs, and assists State agencies in establishing centralized laboratory facilities for analyzing biological and environmental lead specimens obtained from local lead-based paint poisoning prevention programs. Grant programs include: (1) educational programs; (2) community child screening programs; (3) community followup programs of medical treatment and or surveillance; and (4) followup programs to insure protection against further exposure.

7. *Child abuse and neglect prevention and treatment*.—Assists States, local and voluntary agencies and organizations to strengthen their capacities to develop programs that will prevent, identify, and treat child abuse and neglect.

8. *Handicapped early childhood assistance*.—Supports experimental demonstration, outreach and State implementation of preschool and early childhood projects for handicapped children. May include certain health services such as identification and referral.

9. *Handicapped innovative programs—deaf-blind centers.*—Establishes regional centers to provide all deaf-blind children the following: (1) comprehensive diagnostic and evaluative services; (2) a program for their education, adjustment, and orientation, and (3) effective consultative services for their parents, teachers and others involved in their welfare.

10. *State incentive grant program.*—Provides educational and related opportunities to handicapped children (age 3–5) including certain health services such as assessment and referral.

11. *Educational innovation and support.*—Supports supplementary educational centers and services, innovative projects, dropout prevention projects, health-related and nutrition programs, and strengthening of State and local educational agencies.

12. *Regional commission health and nutrition demonstration projects.*—Provides a flexible, noncategorical approach to development of health demonstration projects through community planning on a multi-county basis and implementation of that planning through service programs. Grants may be used for the planning, construction, equipment and operation of multicounty demonstration health and nutrition projects.

13. *Community action.*—Establishes community action agencies which are mechanisms to mobilize and channel the resources of private and public organizations and institutions into antipoverty actions, to increase the capabilities as well as the opportunity for participation of the poor in the planning, conduct, and calculation of programs affecting their lives; to stimulate new and more effective approaches to the solution of poverty problems; to strengthen communications, achieve mutual understanding, and to strengthen the planning and coordination of antipoverty programs in the community.

14. *Mini-grant program.*—Provides small amounts of money (not to exceed \$5,000 per grant) to local public and private nonprofit organizations for the purpose of mobilizing relatively large numbers of part-time, uncompensated volunteers to work on human, social, and environmental needs, particularly those related to poverty.

