



# COALITION ON HUMAN NEEDS

## **Labor-HHS-Education** *Programs We Care About*

November 2007

### **Job Corps**

*Administered by the US Department of Labor*

The Job Corps Program serves 62,000 students each year. It is a structured no-cost job preparation and training program, equipping US citizens and legal residents ages 16-24 with the skills they need to attain better long-term employment.

Job Corps Centers are set up like mini-college campuses, providing participants with on-site "classes" where they receive hands-on job training in a wide range of occupations, GED preparation, and housing. The employment options that Job Corps participants choose to train in range from business technology to hospitality to construction to auto mechanics and more. Job Corps defines itself as "self-paced," meaning students take their time to complete the process, usually taking anywhere between 8 months and 2 years. A monthly allowance is provided for participants during the program, as well as career counseling and career transition support for up to 12 months after graduation.

For more information: <http://jobcorps.dol.gov/>

### **Youthbuild**

*Administered by the US Department of Labor*

Youthbuild is a youth and community development program that provides that low-income young adults (ages 16-24) with job training and skills in housing construction in order to build or rehabilitate affordable housing units for low-income or homeless people and families.

This program has enabled over 60,000 young people to construct or rehabilitate over 15,000 affordable housing units since its inception in 1992.

Youthbuild seeks to enroll students who are aging out of the foster care system, have been in the juvenile justice system, and/or have dropped out of high school, helping them also work towards their GED or high school diploma while receiving this very specific job training.

The US Department of Labor (which took over the administration of this program in 2006) awards grant money to public and private non-profit organizations to run Youthbuild programs, which will abide by national standards to provide both education assistance and employment training. In 2007, \$47 million was granted to 96 different agencies in 36 states and the District of Columbia to operate Youthbuild programs.

For more information: [http://www.doleta.gov/youth\\_services/YouthBuild.cfm](http://www.doleta.gov/youth_services/YouthBuild.cfm)

### **Community Health Centers**

*Administered by the US Department of Health and Human Services*

The Community Health Center Program has created accessible health services at one central location in communities with limited access to healthcare. People who are served by

Community Health Centers include low-income individuals and families, uninsured people, homeless people, those who speak limited English and those living in public housing. In 2006, Community Health Centers provided needed health services to 6 million uninsured people, 807,000 migrant and seasonal farmworkers and their families, 829,000 homeless individuals and 129,000 people living in public housing.

Because the uninsured encompass close to 40% of their patients, these centers offer a sliding fee scale, allowing patients to access health services regardless of their ability to pay.

Public and provide non-profit health care agencies apply for funding and recognition as a "Community Health Center" under the Community Health Center Program of the US Department of Health and Human Services. Among other qualifications, these agencies must promote primary health care with support services to meet the special needs of their patients (translation, basic health education, transportation, etc.), and must be governed by a local community board. Community health centers also provide patients with access and enrollment to a variety of social services that they may be eligible for including welfare, Medicaid, Medicare, substance abuse treatment, and WIC.

For more information: [http://bhpr.hrsa.gov/kidscareers/community\\_hc\\_program.htm](http://bhpr.hrsa.gov/kidscareers/community_hc_program.htm)

## **Maternal & Child Health Block Grant**

*Administered by the US Department of Health and Human Services*

The Maternal and Child Health Block Grant is the only federal program that focuses exclusively on improving the health of mothers and their children. By funding local agencies, this block grant program provides prenatal care services to more than 2 million women and primary and preventative care to over 17 million children, including close to 1 million children with special health needs.

Oral health care, child safety initiatives, providing aid to children with special needs, adolescent care, and child and maternal healthcare research are all among the many community-based initiatives that the Maternal and Child Health Block Grant continues to implement. In 2005, the Maternal and Child Health Block Grant was able to provide healthcare services to 10.1 million children who are enrolled in Medicare or SCHIP, continuing to pursue its goal of providing services to the most needy children in America.

For more information: <http://mchb.hrsa.gov/>

## **Rural Health**

*Administered by the US Department of Health and Human Services*

The Rural Health Program provides grants to local organizations that seek to improve the quality of health care in rural areas. The Office of Rural Health Policy was created to address continuing issues of higher rates of poverty and unemployment in rural America, which was linked to the overall poorer health status in these areas. Poorer health in rural America has been linked to a significant lack of access to healthcare.

While this program seeks to fund local organizations and agencies to deliver localized health services, there continues to be a shortage in the ability for the Rural Health Program to meet healthcare needs. While \$271.9 million has been awarded in federal funds, out of the 3,588 applications received between 1991 through 2004, only 628 grants, or 17%, were awarded. This program continues to work with associations, foundations, providers, and community leaders to promote rural health research, fund and improve rural health programs, voice the concerns of rural hospitals and clinics, and work with minority populations in these underserved areas.

For more information: <http://ruralhealth.hrsa.gov/>

## **Substance Abuse & Mental Health**

*Administered by the US Department of Health and Human Services*

The Substance Abuse and Mental Health Services Administration (SAMHSA) seeks to improve the quality, availability and range of substance abuse treatment and mental health and recovery support services in local communities, also seeking to fund and administer state and community efforts to expand and enhance prevention and early intervention programs.

Through the national Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services, initiatives on substance abuse and mental health issues are individually addressed.

Funds are allotted state by state as well as on an individual basis to support localized substance abuse and mental health programs.

For more information: <http://www.samhsa.gov/>

## **Community Services Block Grant**

*Administered by the US Department of Health and Human Services*

The Community Services Block Grant (CSBG) Program seeks to alleviate the causes and conditions of poverty in communities on in individual states and in Native American tribes.

Funds from the CSBG program are designated to assist the needs of low-income individuals in education, employment, housing, nutrition, emergency services and health. The local organizations and issues that this program is able to support are very broad.

Since its inception, the Community Services Block Grant has:

- Created over 3.2 million service opportunities were created for low-income families (affordable and expanded public and private transportation, medical care, child care and development, and educational programs)
- Provided over 600,000 low-income families experienced improved housing
- Helped over 4.4 million low-income households in crisis meet their emergency needs

In 2006, CSBG-funded services and activities were in 95% of all US counties acting in 950 community action agencies, several hundred community-based organizations, and 61 Native American tribes and tribal organizations. While in 2006, \$630.4 million was available for the CSBG program the President did not request any funds for 2007.

The CSBG Program funds local organizations based on the population of those in poverty that the program would reach. Annual applications are required of states and tribes to access this block grant.

For more information: <http://www.acf.hhs.gov/programs/ocs/csbg/>

## **Low-Income Home Energy Assistance Program (LIHEAP)**

*Administered by the US Department of Health and Human Services*

The Low Income Home Energy Assistance Program (LIHEAP) seeks to meet the home energy needs of low-income households, specifically those that devote a high proportion of their household income towards home energy expenses.

The US Department of Health and Human Services confirms that:

- LIHEAP used to be able to cover an average of 23% of a federally income eligible home's energy expenses in 1981, but only 12% in 2002.

- In 2002, only 13 percent of federally income eligible households were able to receive the assistance they needed with home energy costs.
- In 2003, the average LIHEAP-reliant home devoted 13.6% of its household income toward energy expenses, a figure that was almost double the national average.

Since its inception, the focus of LIHEAP has become narrower as the program seeks to provide home energy aid to the lowest income-earners who devote a high percentage of their income to their home energy bills. While the program is seeking to focus on those who need this type of aid the most, many eligible households are not receiving the assistance they need.

In order to apply for LIHEAP, copies of utility bills, a payroll stub, proof of address, documentation of income, and proof of US citizenship or permanent residence, are required. Assistance is provided for general home energy needs, energy crisis intervention or assistance, low-cost residential weatherization, and other energy-related home repair.

For more information: <http://www.acf.hhs.gov/programs/liheap/>

## **Head Start**

*Administered by the US Department of Health and Human Services*

Head Start is a national program that seeks to promote school readiness by providing educational, health, nutritional and social services to children in need.

Serving over 900,000 children in FY 2005 (62,000 under the age of three), Head Start provides grants to local public and private agencies to provide these development services for economically disadvantaged children and families. A special focus is placed on encouraging preschoolers to develop reading and math skills early on.

Head Start seeks to reach the most needy children. In FY 2005, nineteen percent of Head Start families were receiving TANF benefits and 12.5 percent of Head Start children had some sort of disability.

With clearly defined goals in early childhood development and health, as well as building family and community partnerships as a main focus, the Head Start Program has set standards that delegate grantees and agencies must implement in their individual Head Start initiatives.

For more information: <http://www.acf.hhs.gov/programs/hsb/>

## **Childcare**

*Administered by the US Department of Health and Human Services*

Low-income working families, families receiving temporary public assistance, and those transitioning from public assistance, are provided financial assistance for childcare. This assistance includes access to an improved quality of early childhood care, education and after school programs.

This Child Care and Development Fund (CCDF), which administers this program, served approximately 1.74 million children in FY 2004. In applying for this program, priority is given to children with special needs and to children from very low-income families, a measure determined by each state. Families contribute to the cost of childcare on a sliding fee basis, meaning they pay according to their family size and income. States exempt some families below the poverty level from this co-payment.

The CCDF operates as a state block grant program. Services for low-income families are subsidized through a voucher system, allowing parents to select any legally operating childcare provider for services, or with contracted CCDF providers. Providers who are funded by the CCDF must meet basic requirements that will ensure the health and safety of children in their care.

For more information: <http://www.acf.hhs.gov/programs/ccb/>

## **Individuals with Disabilities Education Act (IDEA)**

*Administered by the US Department of Education*

The Individuals with Disabilities Education Act (IDEA) ensures services for children with disabilities throughout the United States. This measure governs how states and public agencies provide early intervention, special education and other related services to the over 6.5 million eligible children with disabilities.

Reauthorized by President Bush in 2004, new measures have been established to expand formula grants to states. It is estimated that just over \$19.2 billion in state grants will be provided for disabled youth ages 3-21 for specialized education programs for FY 2008. IDEA provides early intervention services, a "Highly Qualified Teachers" program, and the enforcement of Individualized Education Programs for students in need.

For more information: <http://idea.ed.gov/>

## **Nutrition for the Elderly**

*Administered by the US Department of Health and Human Services*

The Elderly Nutrition Program serves approximately 3.1 million older adults in either congregate settings (senior centers, schools) or through home delivery. This program also provides a range of nutrition services including screening, assessment, education and counseling, helping program participants identify their nutrition needs that may relate to specific health concerns. Among the participants, 80-90% have incomes below 200 percent of the Department of Health and Human Services' poverty level index, which is twice the rate for the overall elderly population. Twice as many program participants live alone and participants have twice as many physical impairments as compared to the overall elderly population. Two-thirds of program participants are either over or under their desired weight, adding an additional need for a structured nutrition program due to the health implications of this impairment. The Elderly Nutrition Program targets older adults with the greatest economic or social need, focusing on the needs of low-income minorities in particular.

For more information: [http://www.aoa.gov/press/fact/alpha/fact\\_elderly\\_nutrition.asp](http://www.aoa.gov/press/fact/alpha/fact_elderly_nutrition.asp)

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