

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[Program Announcement 00011]****Emerging Infections Program; Notice of Availability of Funds****A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program to support the national network of Emerging Infections Programs (EIP). This program will assist in local, State, and national efforts to conduct surveillance and applied epidemiologic and laboratory research in emerging infectious diseases and to pilot and evaluate prevention measures. This program addresses the "Healthy People 2000" priority area of Immunization and Infectious Diseases.

The purpose of the program is to assist State health departments to support established EIPs (California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee) or to develop new EIPs as part of the national network. EIPs will be population-based centers designed to assess the public health impact of emerging infections and to evaluate methods for their prevention and control. The EIP network has developed these guiding principles:

1. The EIP network aims to be a national resource for surveillance, prevention, and control of emerging infectious diseases. EIP activities are intended to go beyond the routine functions of health departments in ways that allow important public health questions to be answered.

2. EIP activities address important issues in infectious diseases and are selected with regard to what is appropriate, in particular, for the EIP network.

3. The EIP network maintains sufficient flexibility for emergency response and to address new problems as they arise.

4. Training is a key function of the EIPs.

5. The EIP network develops and evaluates public health practices and transfers what is learned to the public health community.

6. The EIP network gives high priority to activities that lead directly to prevention of disease.

Activities of the EIPs fall into the general categories of: (1) Active surveillance; (2) applied epidemiologic

and applied laboratory research; and (3) implementation and evaluation of pilot prevention/intervention projects.

The EIPs will maintain sufficient flexibility to accommodate changes in projects as required by the emergence of public health infectious disease problems. EIPs will be strategically located to serve a variety of geographical areas and diverse groups of people. They may enlist the participation of local health departments, academic institutions, and other public and private organizations with an interest in addressing public health issues relating to emerging infectious diseases, and will seek support from sources, in addition to CDC, to operate the EIP. EIPs will work as part of a collaborative network.

**B. Eligible Applicants**

Assistance will be provided only to the health departments of States or their bona fide agents, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In addition, official public health agencies of city governments with jurisdictional populations greater than 2,500,000 (based on 1990 census data) or county governments with jurisdictional populations greater than 8,000,000 (based on 1990 census data) are eligible to apply. Specifically, the three eligible local jurisdictions are New York City; Los Angeles County, California; and Chicago.

**C. Availability of Funds**

Approximately \$9,000,000 is available in FY 2000 to fund up to eight awards. Although only eight awards are expected at this time, CDC may make additional awards to approved applications received and evaluated under this announcement. It is expected that the awards will range from approximately \$500,000 (for a new award) to approximately \$1,200,000 (for a competing continuation) depending on the activities funded per site. This amount is for both direct and indirect costs. It is expected that the awards will begin on or about December 30, 1999, and will be made for a 12-month budget period within a project period of up to five years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress and the availability of funds.

**Note:** Per instructions in Evaluation Criteria section below, the application should

include proposals for the core activities and at least one optional project. CDC will fund core and optional projects based on the application and availability of resources.

**Funding Preferences**

To achieve appropriate geographic representation in the EIP network, funding preference may be given to approved applications that would enhance the geographic diversity of the network.

Funding preference may be given to competing continuation applications over applications for programs not already receiving support under the EIP cooperative agreement.

**D. Program Requirements****Recipient Activities**

1. Establish and operate an EIP to further local, State, and national efforts to address emerging infectious diseases:

- a. Establish the EIP in a defined population, which could include either an entire State or a geographically defined area (or areas) within a State. To accomplish the objectives of certain EIP activities, a minimum population base of approximately 1,500,000 may be necessary.

- b. Organize the EIP so that it will have the capacity to conduct multiple concurrent projects.

- c. Organize the EIP so that it will maintain the ability to accommodate changes in specific activities and priorities as the public health system's need for information changes or new health problems emerge.

- d. Operate the EIP so that it can function effectively as part of a national network of EIPs. Collaborate with CDC and other EIP sites, through the EIP steering group and other EIP working groups, to establish priorities, to coordinate and monitor projects, and to assure that important emerging infections issues are well addressed.

2. Work to obtain technical and financial assistance to complement the basic assistance obtained from CDC.

3. Develop the EIP as a partnership between the health department and other public and private organizations that have an interest in addressing public health issues relating to emerging infectious diseases (e.g., local public health agencies, schools of public health, university medical schools, health care providers, infection control practitioners, clinical laboratories, community-based organizations, other Federal and State government agencies, research organizations, medical institutions, foundations, etc.).

4. Conduct emerging infections activities in collaboration with appropriate partner organizations.

Collaborate with other EIPs, as appropriate, to develop and conduct EIP activities.

a. Categories of EIP activities.

Activities of the EIPs fall into three categories:

(1) Active population-based surveillance projects. These may include collection and submission of disease-causing infectious agents to State, CDC, or other laboratories. For example, the surveillance case definition for the condition might involve detection of a positive culture or a drug resistant isolate in a microbiology laboratory, a serologic test result, a histopathologic finding, or a clinical syndrome, depending upon the disease or condition under surveillance; the specific approach to surveillance could also vary depending on the disease or condition under surveillance. Surveillance should be comprehensive (e.g., may include audits to assure complete reporting) with active case-finding.

(2) Applied epidemiologic and applied laboratory projects. Examples of potential projects include: evaluation of illnesses often not specifically diagnosed for which information about trends and etiology are important (e.g., diarrhea, encephalitis); evaluation of clinical outcomes or risk factors for drug resistant infections; and evaluation of the efficacy of upcoming pneumococcal and meningococcal conjugate vaccines.

(3) Implementation and evaluation of pilot prevention/intervention projects for emerging infectious diseases. Examples might include assessment of efforts to promote safe food preparation in the home, evaluation of impact of hand-washing promotion on infectious diseases in child-care facilities, or evaluation of antibiotic prescribing practices in out-patient settings.

b. Specific EIP activities.

In the application, propose the core activities and at least one optional activity. (Note: Approximately 80–90% of resources will go for core and multisite activities.) See Appendix for details about activities. Applicants are encouraged to consult with CDC programs in planning their proposed activities. Core Activities (propose all):

(1) Active Bacterial Core surveillance (ABCs) and related activities.

(2) Active population-based laboratory surveillance for foodborne diseases and related activities (FoodNet).

(3) Unexplained Deaths and Critical Illnesses Project, OR Active surveillance for syndromes of possibly infectious etiology (e.g., encephalitis, fulminant hepatitis).

Optional (applicant may propose activities from the list below or other projects of local interest or concern that are in keeping with the guiding principles of the EIP network):

(1) Sentinel Surveillance for chronic liver disease.

(2) Sentinel Counties Study for Acute Viral Hepatitis.

(3) Population-based laboratory surveillance for invasive disease caused by community acquired methicillin-resistant *Staphylococcus aureus*.

(4) Surveillance of antimicrobial-resistant isolates from clinical microbiology laboratories by aggregating cumulative susceptibility data, i.e., antibiograms and correlation with antimicrobial usage practices.

(5) Facilitating electronic reporting from clinical laboratories to public health (Electronic Laboratory-based Reporting, ELR).

(6) Enhanced case ascertainment for culture negative meningococcal disease.

(7) Active laboratory-based surveillance for *Bordetella pertussis*.

5. As a part of certain EIP projects, provide specimens such as disease-causing isolates or serum specimens to appropriate organizations (which may include, but is not limited to, CDC) for laboratory evaluation (e.g., molecular epidemiologic studies, evaluation of diagnostic tools).

6. Manage, analyze, and interpret data from EIP projects, and publish and disseminate important public health information stemming from EIP projects in collaboration with CDC and the EIP network.

7. Monitor and evaluate scientific and operational accomplishments and progress in achieving the purpose of this program.

8. Incorporate training activities as an important component of the EIP. Training activities may take one or more of these forms:

(1) Providing training opportunities for persons in professional training, such as infectious disease fellows, laboratory fellows, public health students.

(2) Providing training for partner organizations within the EIP area, such as infection control practitioners or local health department personnel.

(3) Acting as a resource for states that are not participating in the EIP network, for example by providing information, training, or recommendations about emerging public health issues and evolving public health practices.

9. If a proposed project involves research on human participants, ensure appropriate IRB review.

### CDC Activities

1. Provide general coordination for the EIP network.

2. Provide consultation, scientific and technical assistance in the operation of the EIP and in designing and conducting individual EIP projects.

3. Participate in analysis and interpretation of data from EIP projects. Participate in the dissemination of findings and information stemming from EIP projects.

4. Assist in monitoring and evaluating scientific and operational accomplishments of the EIP and progress in achieving the purpose and overall goals of this program.

5. If needed, perform laboratory evaluation of specimens or isolates (e.g., molecular epidemiologic studies, evaluation of diagnostic tools) obtained in EIP projects and integrate results with other data from EIP projects.

6. If during the project period research involving human subjects should be conducted and CDC scientists will be co-investigators in that research, assist in the development of a research protocol for IRB review by all institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on, at least, an annual basis until the research project is completed.

### E. Application Content

Use the information in the Program Requirements and Evaluation Criteria sections to develop the application. Applications will be evaluated on the criteria listed, so it is important to follow them in preparing your program plan.

Applications should address the following topics in the order presented:

1. Understanding the objectives of the EIP
2. Description of the population base for the EIP
3. Description of existing capacity to assess, control, and prevent emerging infectious diseases
4. Operational plan
5. Evaluation plan
6. Budget

Applicants should propose the core activities and at least one optional activity. Optional activities may be chosen from the list provided or initiated by the applicant based on local interest, concern, or expertise that are in keeping with the guiding principles of the EIP. Each activity proposal, including both core and optional activities, should be clearly identified in a distinct portion of the Operational Plan and should not exceed 3 pages. Although the activities described below

address distinct issues and needs, they may be implemented in an integrated manner such that staff members work on more than one activity, or supplies and equipment are shared.

#### *Page Limitations*

The application narrative (excluding budget, budget narrative, appendices, and required forms) must not exceed 25 single-spaced pages, printed on one side, with one inch margins, and a font size no smaller than 10. The following information should be presented in appendices: Letters of support, documentation of bona fide agent status, curricula vitae, and budget. In addition, documentation of relevant accomplishments, such as abstracts, manuscripts, or bibliographies may be included in appendices. Materials or information that should be included in the narrative will not be reviewed if placed in the appendices.

#### *Budget Instructions*

For each line-item (as identified on the Form 424a of the application), show both Federal and non-Federal (e.g., State funding) shares of total cost for the EIP. For each staff member listed under the Personnel line item, indicate their specific responsibilities relative to each of the proposed projects. All other line-items should also be clearly justified. In addition to the budget justification, provide an estimate of the budget for each separate activity or project (e.g., FoodNet, ABCs, etc.).

#### *Bona Fide Agent Status*

If applicant is an agent of a State public health agency and not a State public health agency itself, documentation that applicant is acting as a bona fide agent of a State public health agency should be provided in an appendix. Applicants acting as bona fide agents of a State public health agency are strongly encouraged to consult with CDC's Grants Management Specialist (identified in Section J below) prior to submitting the application for guidance regarding what constitutes acceptable documentation.

#### **F. Submission and Deadline**

##### *Notice of Intent To Apply*

In order to assist CDC in planning and executing the evaluation of applications submitted under this announcement, all parties intending to submit an application are requested to inform CDC of their intention to do so at least thirty (30) days prior to the application due date. Notification should include: (1) Name and address of institution, and (2) name, address, and telephone number of contact person. Notification should be

provided by facsimile, postal mail, or E-mail, to: Catherine Spruill, National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C-12, Atlanta, GA 30333, E-mail address cas5@cdc.gov. Facsimile (404) 639-4197.

#### *Application Submission and Deadline*

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are provided in the application kit. On or before September 1, 1999, submit the application to: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 00011, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

1. *Deadline:* Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. *Late Applications:* Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

#### **G. Evaluation Criteria**

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC. Your application should address each section in the order presented below:

1. Understanding the objectives of the EIP (5 points)

a. Demonstration of a clear understanding of the background and objectives of this cooperative agreement program.

b. Demonstration of a clear understanding of the requirements, responsibilities, problems, constraints, and complexities that may be encountered in establishing and operating the EIP.

c. Demonstration of a clear understanding of the roles and responsibilities of participation in the EIP network.

2. Description of the population base of the EIP area (10 points).

a. Clear definition of the geographic area and population base in which the EIP will operate. Detailed description of the demographics of the proposed population base.

b. Clear description of various special populations within the defined population base as they relate to the proposed activities of the EIP, such as the rural or inner-city poor, underserved women and children, the homeless, immigrants and refugees, and persons infected with HIV.

c. Extent to which the population base is demographically diverse.

3. Description of existing capacity to assess, control and prevent emerging infectious diseases (40 points).

a. Description of applicant's past experience and documentation of accomplishments in conducting active surveillance, applied epidemiologic research, applied laboratory research, and prevention research, in general, and on emerging infectious diseases, including antimicrobial drug resistant, foodborne and waterborne, currently or potentially vaccine preventable, and opportunistic diseases. (A list of relevant papers and abstracts should be included in an appendix.) Demonstration of applicant's ability to develop and maintain strong cooperative relationships with both public and private, local and regional, medical, public health, laboratory, academic, and community organizations. Evidence of applicant's ability to solicit and secure programmatic collaboration, and financial and technical support from such organizations.

c. Demonstration of support from non-applicant participating agencies, institutions, organizations, laboratories, individuals, consultants, etc., included in the operational plan. Applicant should provide (in an appendix) letters of support which clearly indicate collaborators' willingness to participate in the EIP and define their roles. Do not include letters of support from CDC personnel.

d. Demonstration of applicant's ability to participate in a multistate collaborative network.

4. Operational plan (40 points).

a. The extent to which the applicant's plan for establishing and operating the population-based EIP clearly describes the proposed organizational and operating structure/procedures and clearly identifies the roles and responsibilities of all participating agencies, organizations, institutions, and individuals.

b. The extent to which the applicant describes plans for collaboration with CDC and other EIP sites in the

establishment and operation of the EIP and individual EIP projects, including project design/development (e.g., protocols), management and analysis of data, and synthesis and dissemination of findings.

c. Description and quality of applicant's partnerships with necessary and appropriate organizations for establishing and operating the proposed EIP and for conducting individual EIP projects.

d. Description and quality of plans to provide training opportunities in one or more of these areas: (1) Providing training opportunities for persons in professional training, such as infectious disease fellows, laboratory fellows, public health students; (2) Providing training for partner organizations within the EIP area, such as infection control practitioners or local health department personnel; (3) Acting as a resource for states that are not participating in the EIP network, for example by providing information, training, or recommendations about emerging public health issues and evolving public health practices.

e. Description of a plan to solicit and secure financial and technical assistance from other public and private organizations (e.g., schools of public health, university medical schools, public health laboratories, community-based organizations, other Federal and State government agencies, research organizations, foundations, etc.) to supplement the core funding from CDC.

f. Quality of the proposed projects (as requested in the Application Content section above) regarding consistency with EIP guiding principles, public health needs, intent of this program, feasibility, methodology/approach, and collaboration/ participation of partner organizations.

g. Identification of applicant's key professional personnel to be assigned to the EIP and EIP projects as well as key professional personnel from other participating or collaborating institutions, agencies, and organizations outside of the applicant's agency that will be assigned to EIP activities (provide curriculum vitae for each in an appendix). Clear identification of participants' respective roles in the management and operation of the EIP. Descriptions of participants' experience in conducting work similar to that proposed in this announcement.

h. Description of all support staff and services to be assigned to the EIP.

i. The extent to which the applicant clearly describes how the EIP or its design for the EIP is flexible and able to swiftly address new public health challenges in infectious diseases.

j. The degree to which the applicant has met the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in any proposed research. This includes:

(1) The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

(2) The proposed justification when representation is limited or absent.

(3) A statement as to whether the design of the study is adequate to measure differences when warranted.

(4) A statement as to whether the plans for recruitment and outreach for study participants include the process of establishing partnerships with community(ies) and recognition of mutual benefits.

5. Evaluation (5 points).

a. Quality of plan for monitoring and evaluating scientific and operational accomplishments of the EIP and of individual EIP projects.

b. Quality of plan for monitoring and evaluating progress in achieving the purpose and overall goals of this cooperative agreement program.

6. Budget (not scored).

Extent to which the line-item budget is detailed, clearly justified, and consistent with the purpose and objectives of this program. Extent to which applicant shows both Federal and non-Federal (e.g., State funding) shares of total cost for the EIP.

If requesting funds for any contracts, provide the following information for each proposed contract: (1) Name of proposed contractor, (2) breakdown and justification for estimated costs, (3) description and scope of activities to be performed by contractor, (4) period of performance, and (5) method of contractor selection (e.g., sole-source or competitive solicitation).

8. Human Subjects (not scored).

Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

## H. Other Requirements

### Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Semiannual progress reports. The first semiannual report is required with each year's continuation application and should cover program activities from beginning of the current budget period to date of report/application preparation. The second semiannual report is due 90 days after the end of each budget period and should cover activities for the entire budget period recently completed.

2. Financial Status Report (FSR), no more than 90 days after the end of the budget period; and

3. Final FSR and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 00011, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR-1 Human Subjects Requirements

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7 Executive Order 12372 Review

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2000

AR-12 Lobbying Restrictions

## I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 301(a), 317(k)(1) and 317(k)(2) of the Public Health Service Act [42 U.S.C. sections 241(a), 247b(k)(1) and 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

## J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all the documents, business management assistance may be obtained from: Andrea Wooddall, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 00011, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone: (770) 488-2751. E-mail address: ayw3@cdc.gov.

For program technical assistance, contact: Catherine Spruill, National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop C-12, Atlanta, GA 30333,

Telephone (404) 639-2603. E-mail address: cas5@cdc.gov.

See also the CDC homepage on the Internet for a copy of this announcement, application and forms: <http://www.cdc.gov>.

Potential applicants may obtain a copy of "Preventing Emerging Infectious Diseases: A Strategy for the 21st Century" through the Centers for Disease Control and Prevention (CDC), National Center for Infectious Diseases, Office of Planning and Health Communication—EP, Mailstop C-14, 1600 Clifton Road, NE., Atlanta, GA 30333 or on the CDC webpage.

Dated: July 6, 1999.

**John L. Williams,**

*Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention  
(CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[99-01]

#### New Child Welfare Demonstration Project Proposals Submitted by States for Waivers Pursuant to Section 1130 of the Social Security Act (the Act); Titles IV-E and IV-B of the Act; Public Law 103-432

**AGENCY:** Administration for Children and Families, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice lists new proposals for child welfare waiver demonstration projects submitted to the Department of Health and Human Services pursuant to the guidance contained in Information Memorandum ACYF-CB-IM-99-03 dated January 21, 1999, public notice of which was given in the **Federal Register** of February 8, 1999, Vol. 64, No. 25, page 6099.

**Comments:** We will accept written comments on these proposals, but will not provide written responses to comments. We will neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

**ADDRESSES:** For specific information or questions on the content of a project or requests for copies of a proposal, contact the State contact person listed for that project.

Comments on a proposal should be addressed to:

Laura Oliven, Children's Bureau, Administration on Children, Youth and Families, 330 C Street, SW, Mary E. Switzer Building, Room 2058, Washington, D.C. 20447. FAX: (202) 260-9345.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Under Section 1130 of the Social Security Act (the Act), the Secretary of Health and Human Services (HHS) may approve child welfare waiver demonstration project proposals with a broad range of policy objectives.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. The most recent expression of these policies and procedures may be found in the January 21 Information Memorandum cited above, a copy of which may be found at the ACF website at <http://www.acf.dhhs.gov/programs/cb/cww.htm> or may be obtained from the National Clearinghouse on Child Abuse and Neglect Information, (800) 394-3366, internet address <nccanch@calib.com>. We are committed to a thorough and expeditious review of state proposals to conduct child welfare demonstrations.

##### II. Listing of New Proposals

As part of our procedures, we are publishing a notice in the **Federal Register** of all new proposals. This notice contains summaries of five new proposals received as of July 6, 1999. Each of the proposals contains an assurance that the proposed demonstration effort will be cost neutral to the federal government over the life of the proposed effort; and each proposal contains an evaluation component designed to assess the effectiveness of the project.

##### State: Colorado

**Description:** Colorado proposes to test the impact of contracting with a single provider (or consortium of providers) under a case rate financing model to achieve improved outcomes for children in the target population. Under the case rate, the providers will have a defined amount of resources to achieve case outcomes. Each of the six counties participating in the project will individually negotiate their case rate. One of the most critical aspects of the case rate structure is that providers will be expected to meet child specific outcomes and system performance targets. In addition to the case rate financing structure, the provider will be able to use flexible title IV-E funds to provide an expansive array of

preventive and treatment intervention services. To be eligible for the demonstration, the provider must have access to such services as mental health, substance abuse, transportation, education, post placement services and many more. Because few providers have the full array of services "under one roof" they will need to collaborate to ensure a comprehensive network. The State seeks waivers of child welfare eligibility requirements and restrictions on allowable expenditures for their proposed five year demonstration.

The target population for the project would be children who are at high risk of, or already experiencing "placement drift" and are at significant risk of aging out of the system without a permanent relationship with a family. The State hypothesizes that by converting the financing from fee-for-service to risk-based, performance based contracting, the State will produce improved safety, permanency and well-being outcomes for this population and overall efficiencies in the system. The State will analyze the impact of the project using a random assignment evaluation design.

**Contact Person:** Marva Livingston Hammons, Director, Colorado Department of Human Services, 1575 Sherman Street, 8th Floor, Denver, Colorado 80203-1714, Phone: (303) 866-5700, Fax: (303) 866-4214.

##### State: Florida

**Description:** Florida proposes to test the effectiveness of capitating payments and providing flexible use of title IV-E dollars to support and incentivize locally controlled systems of care in select districts to better meet the needs of abused and neglected children and their families. This demonstration will assist the State in meeting its 1998 legislative requirement to develop a plan for privatizing the entire child welfare system, with the exception of child protective service intake and investigations, by the year 2003. Florida plans to conduct this demonstration in at least 8 of its 15 districts. The target population will be all title IV-E and non-title IV-E eligible children and families in each of the demonstration sites who are reported for abuse or neglect with some finding of maltreatment and require services beyond those provided by the department during the investigation phase. Each demonstration site will contract with community-based, nonprofit agencies for the management and delivery of services, using a lead agency community network model. These lead agencies will assume the financial risk for providing all services for all children referred and receive