

D. Manpower Development and Training (Department of Labor).

1. *Institutional training* is provided through a bewildering maze which starts with the Bureau of Employment Security and follows two separate paths to actual implementation. The U.S. Employment Service identifies the need and people to receive training, and pays living allowances to the trainees. The Labor Department makes use of the Department of Health, Education, and Welfare to handle the actual training, in cooperation with State vocational education agencies.

2. *On-the-job training* is handled by the Bureau of Apprenticeship and Training either through direct negotiation with employers, or by using a national or community organization as an intermediary.

E. Work experience (Office of Economic Opportunity; delegated to Department of Health, Education, and Welfare).—This program is designed to help recipients of public assistance and other needy persons acquire the job skills needed to become self-supporting.

1. Currently, the State welfare agency arranges for training, pays the allowances, etc.

2. Under new procedures which will take effect on July 1, 1967, the Department of Labor will take on the responsibility for the training aspects of the program. The new path will be a circuitous one. The OEO delegation to HEW will continue in effect. However, while the payment of allowances will remain in the hands of the Federal and State welfare agencies, the training will be shifted to the Department of Labor—which will, in turn, make use of HEW's vocational education complex to provide the actual training. Hence, on the training side, the flow of funds goes from OEO to HEW (Welfare Administration) to Labor to HEW again (OE) to actual implementation.

F. Community work and training (Department of Health, Education, and Welfare).—The purposes and process are much the same as in "E" above, except that the funds are appropriated directly to HEW.

IV. Administrative and Technical Problems.—Many of the administrative and technical obstacles to joint funding which would be anticipated in the tangled skein above are partially overcome by two factors: (1) as in most grant programs, the obstacles are not statutory in nature, but are lodged in administrative regulations; and (2) the extensive pattern of delegation puts the actual administration of many of the programs in the hands of one agency.

FUNDING AN URBAN COMPREHENSIVE HEALTH CENTER

The purpose of this example is to delineate the variety of Federal funding sources potentially available to a community organization desiring to establish a comprehensive health center which will provide a comprehensive program of diagnostic and treatment services for the poor in an urban community. While a substantial number of grant programs are potentially available to construct, staff, and operate a health center, the description below is limited to those programs which appear most susceptible to utilization and some form of consolidation.

A. Facilities Construction

1. **Community Mental Health Center Construction** (National Institute of Mental Health, PHS). Formula grants are available for construction of new facilities or remodeling or expansion of existing facilities to provide the mental health component of the community health center. The project must conform to the State mental health facility plan. Funds are made available by the State agency administering the plan upon determination that the project meets a community need.

B. Staffing

1. **Community Mental Health Staffing** (NIMH, PHS). *Project grants* are available to cover a portion of the costs of professional and technical personnel serving in a comprehensive community mental health center. The program of the center must be in consonance with the State mental health plan.

C. Operations

1. **Comprehensive health services** (PHS). *Block formula grants* are available under the "Partnership for Health" program. Funds are allocated to the State