DOCUMENT RESUME

ED 394 194 EA 027 517

AUTHOR Hayes, Cheryl D.; And Others
TITLE Compendium of Comprehensive, Community-Based Initiatives: A Look at Costs, Benefits, and Financing Strategies.
INSTITUTION Finance Project, Washington, DC.
PUB DATE Jul 95
NOTE 153p.
AVAILABLE FROM The Finance Project, 1341 G Street, N.W., Washington, DC 20005 ($5).
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS *Agency Cooperation; *Community Programs; Educational Finance; Elementary Secondary Education; *Family Programs; Financial Support; Governance; Human Services; Institutional Cooperation; *Integrated Services; Program Evaluation; Shared Resources and Services; *Social Services; State Aid; State Legislation; State Programs

ABSTRACT

Many service systems have fundamentally reoriented services by creating infrastructures that link resources from many parts of the community. This paper reviews 50 comprehensive community-based initiatives and describes their costs, results, and methods of finance. The overview defines comprehensive community-based initiatives and outlines governance arrangements, financing strategies, and accountability systems. All the models present potentially promising models for community change. For the most part, however, their experiences have not been documented in ways that will help policymakers or community leaders draw well-informed conclusions about costs, benefits, and the feasibility of implementation on a larger scale. A matrix of the initiatives highlights the 50 programs' arrangements for financial support and evaluation. Specific information on each program is provided. Information was gathered from descriptive information about the initiatives, evaluations conducted by or for the initiatives, and phone conversations with participants and evaluators. Appendices describe the methodology and list selected sources for the review of the initiatives. Information on the Finance Project and its available resources are included. (Contains 21 references.) (LMI)

COMPENDIUM OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

A Look at Costs, Benefits, and Financing Strategies

THE FINANCE PROJECT

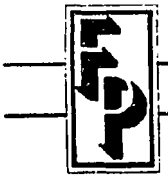
COMPENDIUM OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

A Look at Costs, Benefits, and Financing Strategies

By Cheryl D. Hayes
Elise Lipoff
Anna E. Danegger

July 1995

Prepared for
THE FINANCE PROJECT
1341 G Street, NW
Washington, DC 20005
202-628-4200
Fax: 202-628-4205



THE FINANCE PROJECT

PREFACE

Public financing for education and an array of other children's services has become a topic of significant interest and political concern. Growing skepticism among a critical mass of American voters and taxpayers has fueled doubts about the ability of government to solve social problems and provide basic supports and services that enhance the quality of life in local communities. Many believe government is too big, too expensive and doesn't work very well. Despite steadily increasing public expenditures for health, education, welfare, human services, and public safety over the past two decades, seemingly intractable problems persist. Nearly a quarter of U.S. children are poor and live in families and communities that are unable to meet their basic needs. Education has become increasingly expensive, but student achievement hasn't matched the rising costs, and drop-out rates remain unacceptably high. Health care costs continue to go up, yet many Americans can't get the services they need, and with each passing year their health care dollars buy less. Criminal justice demands a dramatically increasing share of public dollars for police officers, judges, and jails but neighborhood streets aren't safer.

Voters have spoken clearly. They want more for their money. They have called for more and better services, but they have also demanded balanced budgets and cuts in income and property taxes. In this time of big public deficits, they want government at all levels to operate more effectively and efficiently. They also want it to invest wisely and live within its means.

Across the country, there is mounting evidence of efforts to reform and restructure education and other community supports and services in order to improve the lives and future prospects of children and their families. Critical to the success of these initiatives are the ways in which they are financed. How revenues are generated and how funds are channeled to schools, human service agencies, and community development initiatives influence what programs and services are available. Financing determines how services are provided and who benefits from them. It also affects how state and local officials define investment and program priorities, and it creates incentives that guide how educators, other service providers, and community volunteers do their jobs. For these reasons, financing fundamentally affects how responsive programs and institutions are to the needs of the people and communities they serve.

In recent years, several blue ribbon commissions and national task forces have presented ambitious prescriptions for reforming and restructuring the nation's education, health, and human service systems in order to improve outcomes for children. While some have argued that public financing and related structural and administrative issues are critical to efforts to foster children's healthy development and school success, none of the reform proposals has been framed for the specific purpose of inventively reconceptualizing public financing. Indeed, many of the most thorough and thoughtful reports have called for an overlay of new funds but have neglected to provide cogent analyses of effective financing strategies, the costs of converting to these approaches, and the potential benefits that might accrue from addressing financing reform as an integral aspect of program reform.

In addition, the past several years have witnessed a burgeoning of experimental efforts by mayors and city managers, governors and state agency directors, legislators and council members, program managers and school officials to make government work better and more efficiently. Such efforts have been enhanced by the work of people outside of government, including foundation executives, business and labor leaders, community organizers, and academics. Some are creating new ways to raise revenues, manage schools, deliver human services, and spur community economic development. Others are designing new public governance and budgeting systems. Still others are developing and testing new approaches to involve citizens more directly in setting public priorities and maintaining accountability for public expenditures. Taken together, these efforts suggest the nascent strands of new and improved public financing strategies.

Against this backdrop, a consortium of national foundations established The Finance Project to improve the effectiveness, efficiency, and equity of public financing for education and an array of other community supports and services for children and their families. Over a three-year period that began in January 1994, The Finance Project is conducting an ambitious agenda of policy research and development activities, as well as policy-maker forums and public education. The aim is to increase knowledge and strengthen the capability of governments at all levels to implement strategies for generating and investing public resources that more closely match public priorities and more effectively support improved education and community systems.

As part of its work, The Finance Project produces a series of working papers on salient issues related to financing for education and other children's services. Some are developed by project staff; others are the products of efforts by outside researchers and analysts. Many are works in progress that will be revised and updated as new information becomes available. They reflect the views and interpretations of their authors. By making them available to a wider audience, our intent is to stimulate new thinking and induce a variety of public jurisdictions, private organizations, and individuals to examine the ideas and findings presented and use them to advance their own efforts to improve public financing strategies.

This paper, *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies*, was prepared by Cheryl D. Hayes, Elise Lipoff, and Anna E. Danegger of The Finance Project staff. It reviews 50 comprehensive, community initiatives to document what is known about their costs, the results they achieve, and the ways in which they are financed. Although this review is not exhaustive, the initiatives are representative of countless other efforts under way in communities across the country. The findings highlight a number of themes and issues that have implications for future research and development.

Cheryl D. Hayes
Executive Director

ABOUT THE AUTHORS

Cheryl D. Hayes is the Executive Director of The Finance Project. Elise Lipoff and Anna E. Danegger are Research Associates there.

TABLE OF CONTENTS

OVERVIEW

States and communities are under increasing pressure to change the way their education, health care, and human service systems are organized and operated. Dramatic demographic shifts and changes in family structure and functioning over the past generation have made it increasingly difficult for many families to provide the material, social, and psychological foundation necessary to care for their children. Children need love, support, and guidance from caring adults--especially their parents. They need adequate food, shelter, and clothing. They need decent educations, health care, and safe neighborhood environments where parents can work, children can play, and people of all ages can socialize and develop personal relationships. Especially, children need hope and the opportunities that give meaning to life.[1] Yet traditional categorical supports and services are organized to respond to narrowly defined problems and are available only when these problems become chronic or severe. They reflect specialized disciplinary or professional orientations, and usually they are delivered through bureaucratic structures that make it difficult to recognize or respond to the full range of a child's or family's needs.[2]

The limitations of existing service systems have spawned a plethora of reform efforts. Some of these initiatives have expanded upon the current array of problem-oriented services and programs. Many others, however, have fundamentally reoriented services by creating infrastructures that link resources from many parts of the community to enhance children's development, strengthen their families' ability to raise them, and at the same time respond to specialized needs and problems as they arise. Though widely varied in their form and content, these initiatives are based on several basic premises: 1) that children and families have multiple needs that are best met in a comprehensive, coordinated manner; 2) that family and neighborhood influences shape individual outcomes; and 3) that responsibility for the design and operation of public programs and services should reside at the neighborhood or community level.

Because they offer a potentially promising approach to address the needs of children and families and improve the quality of life in U.S. communities, comprehensive, community-based initiatives have generated significant interest among public policy makers and public and private sector funders in recent years. Whether or not this interest will be sustained and whether successful initiatives will become models for more ambitious systemic reform depends to a great extent on their costs and benefits relative to more traditional categorical approaches to service delivery and community revitalization. It will also depend on the ability of state and local officials to create governance structures and marshal public

---

[1] National Commission on Children, Beyond Rhetoric: Toward a National Policy for Children and Families. (Washington, DC: U.S. Government Printing Office, 1991).
[2] Joan Wynn, Joan Costello, Robert Halpern, and Harold Richman, Children, Families, and Communities: A New Approach to Social Services. (Chicago, IL: The Chapin Hall Center for Children at the University of Chicago, 1994).

and private funding to support activities that do not fit the narrow definitions and criteria of established categorical funding streams.

As groundwork for an assessment of these issues, The Finance Project has undertaken a review of 50 comprehensive, community-based initiatives to document what is known about their costs, the outcomes they produce, and the ways in which they are financed. Although this review was not exhaustive, the initiatives are representative of efforts under way in communities across the country.[3] The findings highlight several themes and issues that have implications for future research and development.

DEFINING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

Each comprehensive, community-based initiative represents a unique response to local needs and priorities. It may have developed within an existing public service system--for example, schools, public health programs, child welfare services, mental health services, income support programs, and employment services. It may have emerged from community building and development efforts. Or it may have been created from scratch outside of any existing community institution or professional domain.

Defining comprehensive, community-based initiatives is difficult because they vary dramatically in their form and content. Our review found that some initiatives offer children and families primary and more specialized supports and services at a central location. Others coordinate and broker assistance offered by many independent providers thoughout the community. Still others link education, health care, and social services with broader efforts to improve the quality of life in the community through community planning and organizing, economic development, public safety, recreation, and rehabilitation and/or construction projects. The number and variety of supports and services that comprehensive, community-based initiatives offer or can provide access to--in other words, how comprehensive they are--varies. In addition, some initiatives are targeted to a limited number of children and families in a particular school, church, or neighborhood, while others are open to children and families throughout the community or local area.

Despite these differences, researchers and program developers have tried in recent years to articulate common characteristics that are shared by comprehensive, community-based initiatives.[4] Such initiatives are:

- Family-based and responsive to a child's needs in the context of his or her family and community, rather than focused solely on the child;
- Flexible in meeting a child's and family's unique needs, and able to draw on resources that cut across formal professional and institutional domains;

[3] See Appendix I for a more detailed description of selection criteria and data collection methods.

[4] Lisbeth B. Schorr, Within Our Reach: Breaking the Cycle of Disadvantage. (New York: Doubleday, 1988); Frank Farrow and Charles Bruner, Getting to the Bottom Line: State and Community Financing Strategies for Financing Comprehensive Community Service Systems. (Falls Church, VA: National Center for Service Integration, 1993); Wynn et al., 1994.

- Balanced in providing as much or more emphasis on fostering individual development and family strength and preventing problems before they occur as on remedying problems that have reached crisis proportions;
- Focused on and accountable for achieving improved outcomes for children, families, and the communities in which they live; and
- Community-based in their approach to decision making about the design, implementation, and operation of the initiative rather than centralizing decision making in state or municipal bureaucracies that are isolated from neighborhoods and communities and bound by inflexible rules and regulations.

FACILITATING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES: BUILDING THE INFRASTRUCTURE

Our review suggests that individual comprehensive, community-based initiatives reflect these characteristics to varying degrees. The extent to which they do is significantly influenced by federal, state, and local bureaucratic structures, by the ways in which initiatives are financed, and by accountability systems.

Governance Arrangements

When government policies and organizational structures facilitate connections across community agencies and providers, comprehensive, community-based initiatives are more likely to have the autonomy to tailor responses to individual needs and to draw together resources from many parts of the community. In many cases, achieving this autonomy requires the development of new governance structures and processes at the state and local levels. Our review of comprehensive, community-based initiatives highlights several ways in which states and localities are reconfiguring governance arrangements to link financing strategies and service delivery more effectively to goals for enhancing the well-being of children and families:

- The California legislature passed Assembly Bill 1741 to enable local communities to blend categorical funding to support more innovative approaches for meeting the needs of children and families. The legislation creates demonstration projects in five counties. The counties are required to establish new community-based governance structures that are broadly representative of relevant institutional, professional, and consumer interests. These local coordinating councils are expected to develop a vision and goals for a reconfigured service system. State agencies will then assist the counties in obtaining waivers to decategorize federal and state funds to help them achieve their goals.
- In Virginia, the Comprehensive Services Act was enacted to assist youth with serious emotional and behavioral problems who require services from more than one agency or provider system. The law consolidates funding streams from several state agencies and creates the State Executive Council to set fiscal procedures and funding policy. The Council is composed of state agency officials, professional providers, and parent representatives. An even more broadly

representative State Management Team was also established to develop policies to guide the implementation of the new law. Each locality, in turn, is required to establish a local Community Policy and Management Team to identify local needs, establish funding priorities, and coordinate local agency efforts.

- In Kansas City, the Local Investment Commission was established to serve as a local intermediary to facilitate more flexible and responsive uses of existing public resources to meet the needs of neighborhood communities. The commission has no programmatic or budgetary authority. It is an advisory body composed of civic leaders, corporate and labor leaders, public agency officials, service providers, advocates, and private citizens. Its influence depends on its credibility with relevant, often competing, interests in the community and its capability to negotiate among them.
- The West Virginia legislature created the Governor's Cabinet on Children and Families in 1990 to foster a more integrated and collaborative approach to state investments in children's development and families' ability to meet their children's developmental needs. The Cabinet is composed of the Secretaries of Health and Human Resources; Commerce, Labor and Environmental Resources; and Administration; as well as the State Superintendent of Schools and the Attorney General. Representatives of the State Senate and House of Delegates serve in an advisory capacity. The Governor's Cabinet oversees the creation and operation of community-based Family Resource Networks to integrate supports and services for children and their families.

Financing Strategies

How funds are channeled to comprehensive, community-based initiatives significantly affects what supports and services are available, how they are provided, how well they are linked with other resources in the community, and who benefits from them. The bulk of available public funding for education, health care, and human services, as well as for housing, community redevelopment, and economic development is categorical. These narrowly defined funding streams support specialized activities in response to clearly defined problems and deficits. They usually make it difficult to coordinate resources across agencies and programs. They limit community organizers' and providers' flexibility to use resources creatively to meet individual needs and to avert problems before they occur. Under these circumstances, children's and families' needs are often fitted to available services, rather than the other way around.

Creating comprehensive, community-based initiatives typically requires blending funding from several sources. Expanding these models to community-wide support systems will require shifting a large portion of public funding to non-categorical sources. Funding for the initiatives we reviewed comes from a number of discrete federal, state, and local categorical funding streams, from federal entitlement funding, and from private corporate, philanthropic, and individual contributions. In many cases, foundation funding provides the impetus for launching these initiatives and the "glue" money for attracting and orchestrating

funding from other highly specialized categorical funding streams. In most cases, however, foundation support is time-limited, and community groups face the challenge of finding ways to draw upon public funding sources and other community contributions (e.g., United Way support) to sustain their enterprises over the long term. Our review highlighted a number of innovative efforts under way to create more flexible funding.

- Several states and communities have created legislation or executive policies to help coordinate (and in some cases consolidate) traditionally separate state-level funding streams. In Iowa, for example, more than 30 separate state funding streams were consolidated at the county level to make funding more flexible and to shift expenditure authority to the local level. Several counties were designated as demonstration sites to develop a continuum of supports and services for children and families and to redirect some resources from institutional services to community-based services.
- Several states have introduced new financing arrangements that pool funds appropriated to various state agencies to serve target populations. In Tennessee, for example, the legislature and state agencies created a funding pool to support comprehensive, community-based initiatives for vulnerable children and families as an alternative to foster care and out-of-home placement. All funds previously spent on out-of-home placements and care have been pooled into one statewide account under control of the Department of Finance and Administration. These funds now finance a redesigned system of community-based care and out-of-home placement managed by Community Health Agencies. Similarly, the Caring Communities Program in Missouri is a collaborative effort among four state agencies--Mental Health, Social Services, Health, and Education--to meet the multiple needs of high-risk children and their families in several local communities. Each agency contributes a portion of the total program budget to a funding pool, and all share responsibility for decision making and oversight.
- Cross-sector financing strategies are emerging in many communities whereby local initiatives are jointly funded by public and private agencies. The Agenda for Children Tomorrow (ACT), for example, is a joint initiative of the City of New York and a coalition of non-profit organizations working in ten community districts to integrate supports and services, including health, housing, family support, job training, mental health, youth services, and economic development. ACT combines public funding with support from private foundations and other private voluntary groups, such as the United Way. In-kind support for the initiative is provided by local corporations and law firms.
- Using private sector and foundation funds to leverage public fiscal resources is another way that many states and communities are beginning to expand the funding base for comprehensive, community-based initiatives. Many foundations and corporations are increasingly interested in getting behind promising system reforms to improve the quality of life in their communities. The Atlanta Project is one example of an ambitious community-based initiative to help empower

neighborhood communities to gain access to resources to address the needs of their children and families and overcome problems of crime, drug use, unemployment, homelessness, teen pregnancy, and school dropout. Each of the 20 participating neighborhood groups has a corporate partner that assists community leaders and residents to identify assets and needs, set goals, obtain needed resources, and plan and manage their use. Another interesting example of public-private partnerships in financing is the Missouri Family Investment Trust. Aimed at fostering the flexible use of public resources to enhance child development and strengthen families through community planning and community-specific approaches, the trust combines state and private foundation funds as a basis for levaraging other funds, including federal entitlement and matching funds.

- In efforts to reshape the way current public dollars are spent, several states and communities are experimenting with strategies to redeploy funds from more restrictive (and usually more expensive) services to less restrictive, community-based supports and services. Kansas City's Local Investment Commission (LINC) is an initiative to reform the city's human services system and devolve responsibility for the design and operation of services to neighborhood communities where community leaders want to do things differently. LINC serves as a catalyst for reallocating current resources from highly formalized categorical services to more flexible responses to community needs, for example, using schools as the hub of neighborhood social services or allocating Aid to Families with Dependent Children (AFDC) and Food Stamp benefits to local employers who hire welfare recipients.
- Some states are experimenting with making available flexible funds that front-line providers can use to meet unique family needs. The Lincoln Intermediate Unit No. 12 Migrant Child Development Program (LIUMCDP), for example, does not provide services directly. Instead, it refers children and their families to a number of community agencies and organizations that offer a variety of kinds of specialized help. LIUMCDP workers have discretion and access to limited funds to purchase the goods and services that families need which may not be available from other institutions or programs.

With increasing pressure at all levels to control costs and improve the effectiveness and equity of supports and services, there will be stronger incentives for public officials and community program developers to find more creative financing strategies. In addition, movement in Congress to consolidate federal programs and provide funds to states in the form of block grants can be expected to add momentum to efforts to devolve more authority for program design and operations to the state and local levels.

Accountability Systems

One of the most salient findings from this review was that very few comprehensive, community-based initiatives have been rigorously evaluated. Although some initiatives have attempted to gather information about the array of activities they manage and the

populations they serve, few have undertaken anything that approaches a careful analysis of the costs, effects, and effectiveness.

There are undoubtedly several reasons why so few comprehensive, community-based initiatives have been carefully tracked and assessed. First, evaluation research is expensive and time-consuming. Unless funders are willing to pay for this kind of data gathering and analysis, program managers are often reluctant to allocate the necessary fiscal and human resources--especially when doing so diverts dollars and staff from the initiative itself. Second, program staff rarely have the technical research skills required to undertake rigorous evaluation research. To mount this kind of effort generally requires expertise from outside the initiative. Third, as advocates for their own efforts, program staff may find it difficult to objectively assess the costs and benefits of their initiatives. If funders don't require evaluations and aren't willing to support them separately, there may be little incentive to undertake them.

Finally, and perhaps most important, comprehensive, community-based initiatives are complex endeavors that work across systems and sectors. This complexity makes them difficult to evaluate. Traditional economic measures don't adequately address the range of monetary, political, and social costs of creating comprehensive, community-based initiatives and how cost curves change over time. Nor do they take adequate account of the range of child, family, and community outcomes that such initiatives aim to achieve or the critical intermediate markers that indicate progress toward those outcomes. Because comprehensive initiatives work across sectors and traditional institutional and professional domains, the costs and outcomes that are relevant to one part of the newly configured system may not be the same ones that are important to others. In addition, conventional evaluation models for measuring the cost-effectiveness of particular program components do not adequately capture the interactions or synergy among components or the range of outcomes that comprehensive initiatives are intended to achieve. They typically fail to take account of how positive or negative changes in individuals and families affect communities and vice versa. They rarely examine how conditions and circumstances outside the community--for example, macro-economic trends, political factors, geographic patterns and demographic shifts--affect individual, family, and community outcomes and the effectiveness of the comprehensive initiative. Moreover, comprehensive, community-based initiatives are intended to be flexible responses to the changing needs of the children and families they serve. Existing evaluation research methods are not designed to track a changing and evolving "intervention."[5]

As a consequence, our review of the evaluations of existing comprehensive, community-based initiatives yields relatively little generalizable information about the costs and benefits of these efforts. With regard to costs, we found the following:

[5] For a more detailed discussion of the methodological difficulties associated with evaluating comprehensive, community-based initiatives, see James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss, eds., New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts. (New York: Roundtable on Comprehensive Community Initiatives for Children and Families of the Aspen Institute, 1995).

- Concrete data on the costs of creating and maintaining comprehensive support systems are almost totally lacking. Where data are available, they generally address the costs of providing a unit of service rather than the costs of achieving desired results for children, their families, the community, or the public and private sector systems that serve them. One exception among the initiatives reviewed is Cleveland Works, which calculates the average costs of placing program participants in jobs, not just the costs of providing units of service.
- Although some initiatives collect data on the costs of discrete program components, very little information is available on the administrative costs of linking supports and services across agencies and sectors or of reconfiguring delivery systems. Where these data exist, they are usually described in separate, single line items independent of the costs of individual programs or service components.
- No comparative data are available to assess the costs of comprehensive, community-based approaches relative to more traditional categorical service delivery modes.
- No data are available to estimate the start-up costs associated with creating comprehensive, community-based initiatives or expanding promising models to community-wide systems. Similarly, data are not available to reliably track the cost curves related to converting from more traditional, categorical systems to comprehensive approaches.

With regard to benefits we found the following:

- Available data concerning costs do not link this information to specific outcomes or results. They do not indicate how much benefit a given expenditure can be expected to yield. One exception is Cleveland Works, which calculates the financial benefits to employers who hire program participants and to state and local governments that no longer bear the costs of family dependency for participants who move from welfare to work.
- Where evaluations have been done or are under way, they focus primarily on "process" variables (e.g., the number of children and families served, the units of service provided). Very limited information is available on child, family, or community outcomes that may have been affected by the creation of a comprehensive, community-based initiative. Although some initiatives make claims of significant benefits, more often than not these claims are based on impressionistic or anecdotal information rather than data systematically collected to yield carefully defined measures. For example, programs to strengthen families report that parents feel more comfortable in their parenting roles; programs to rebuild communities report that citizens have more positive feelings about their neighborhoods and communities. Few evaluations have systematically collected information and compared measures before and after the intervention. Similarly, very few involved carefully constructed control groups to assess the impact of an initiative.

- Because so many comprehensive, community-based initiatives are relatively new, they have not tracked results over time. Those that report effects on measures of child, family, and community well-being generally do so on the basis of relatively brief experience.
- Very few data are available to track intermediate results, particularly those affecting systems and community resources themselves. Community-focused reforms are intended to change the shape of service delivery, governance arrangements, and financing strategies. Yet information on the process of creating a collaborative decision-making process, for example, or developing the capacity of service providers to operate differently, or decategorizing funding in various ways and the effects of these changes, typically is not documented.

The challenge of implementing comprehensive, community-based initiatives is significant, given the myriad of structural impediments that exist. But the congressional movement to create block grants holds the possibility of greater administrative flexibility and opportunities to tap local ingenuity. Presumably, states and communities will have latitude to focus on their own priorities and craft initiatives without federal micro-management. However, this renewed emphasis on federalism will not amount to much if decision makers are unable to draw concrete lessons from local experimentation about what works at what costs. Measuring results has become a predominant theme in policy discussions about federalism reforms. Yet accurately measuring the outcomes of public programs, where profit is not the bottom line, is easier to talk about than it is to do.[6] As several observers have noted, new models of evaluation that are consonant with the objectives of comprehensive, community-based support systems are needed.[7] This will require methodologists and evaluators to work together with community developers to overcome many technical issues associated with evaluating community reforms. Not the least of these issues is developing performance goals and standards and defining appropriate measures of costs and benefits to assess progress toward meeting them. Decision makers and funders must also make the necessary commitment to collect data and be patient until the results are in.

CONCLUSION

Comprehensive, community-based initiatives have gained support and prominence in recent years. The experiences of the 50 programs included in this compendium and countless others that were not reviewed provide strong and convincing evidence that these initiatives present a rich opportunity to test new concepts of service delivery, community building, and economic development. They demonstrate that changing established systems is a slow and cumbersome process, and it requires participation and support from all parts of the community. It is often difficult for institutions with established missions to imagine their roles and relationships changing. It is equally difficult for service providers with established

[6] Rochelle L. Stanfield, "The New Fixation of Federalism," in National Journal, vol. 27, no. 4, January 28, 1995, p. 260.
[7] Connell et al., 1995; Wynn et al., 1994.

disciplinary orientations to change their behavior and for governance structures to loosen their control over funding and administrative procedures.

All of the initiatives described here present potentially promising models for community change. Some are more ambitious than others. For the most part, however, their experiences have not been documented in ways that will enable policy makers or community developers to draw well-informed conclusions about the costs and benefits of this kind of reform and the feasibility of implementing it on a larger scale. Defining an effective evaluation methodology will require coming to grips with different and sometimes conflicting ideas about what a comprehensive, community-based initiative is, what it aims to achieve, and at what costs. It will also require expanding current concepts of costs and benefits to take account of purposes that are broader than single program components, that depend on the energies and resources of different institutions, and that reflect the context of the individual communities in which they have developed. With these kinds of tools, policy makers and program developers can learn much more from the growing portfolio of existing comprehensive, community-based initiatives. With the information that such studies will yield, they will have a sound basis for deciding on the next steps to restructure and reform existing systems to better meet the changing needs of children, families, and communities.

Matrix of Comprehensive, Community-based Initiatives

Program	Location	Funding Source/Financing	Evaluations
Agenda for Children Tomorrow	New York, NY	In-kind support from the mayor's office. Private and United Way funding. Local sites leverage additional funds.	Qualitative diaries categorizing activities and impact are kept by staff. An evaluation design has been funded.
The Atlanta Project	Atlanta, GA	Private/foundation and in-kind support flows through The Carter Center. Significant use of corporate partners. Specific projects also have government funding.	Evaluation being conducted. The first part of the evaluation will be process. The evaluation will be primarily qualitative. The Immunization/Children's Health Initiative was evaluated in 1993.
Avance	Texas	Created with foundation seed money. On-going support from foundations and corporations, government, and community organizations (both in-kind and financial support).	On-going evaluations of various service programs. Evaluations released in 1983, 1991, and 1994. One evaluation compared program and control groups. Participating in components of the evaluations of Even Start and CCDP.
California's Assembly Bill 1741	California	Blended funding at the county level. Local education agencies, cities, and/or private agencies also may contribute to the pools of funds.	Needs assessments and interim two- and four-year evaluations required. These evaluations must measure progress toward goals.
Caring Communities Program	St. Louis, MO	Redirection of state revenues from four agencies supplemented by private funds. Pooling of funds beginning in fiscal year 1996. Communities must match funds (foundation and corporate support secured).	A 1994 evaluation, based on descriptive information from 1990-1993, included random sampling and control group school.
Center for Family Life in Sunset Park	Brooklyn, NY	Public and private funds and in-kind support. Primary support from the city, other support from foundations and local businesses and organizations.	Needs assessment. Conducted 1992 evaluation based on interviews with clients. A three-year evaluation has been funded.
Center for Successful Child Development	Chicago, IL	Federal, state, and local funds, foundations, corporations, and other sources. Initial matching funds from the U.S. Department of Health and Human Services.	Implementation evaluation conducted after five years of operation. Data gathered through interviews and program data.
Chicago Commons	Chicago, IL	Public and private funds, including federal and state government and United Way support.	Results are assessed annually. Lack of funding prohibits formal evaluations.
The Chicago Initiative	Chicago, IL	Primarily private, philanthropic funds. Local grant recipients leverage additional federal, state, and local resources.	Evaluation completed in January 1994 through interview process. Evaluation conclusions were anecdotal.

19

Program	Location	Funding Source/Financing	Evaluations
Child Welfare Decategorization Project (Scott County)	Scott County, IA	Flexible state funding from various agencies and funding waivers. Redeployment of conserved funds.	Conducted evaluations of components. Produce annual progress reports.
Children, Youth and Families Initiative	Chicago, IL	Support from a single foundation.	Needs assessment conducted in 1990. Early qualitative lessons released in May 1994. Evaluation will be assessed by an independent panel when the initiative is halfway through its funding cycle.
Cities In Schools / Communities In Schools	Multiple National Sites	Public/private coordination for support. Government, foundation, corporate, and individual funds along with leveraged funds.	Evaluations conducted at local sites. Three-year study of national CIS conducted.
Cleveland Works	Cleveland, OH	Federal contracts along with other government, foundation, private, and corporate support.	Tracked six barometers which show positive results. Cost/benefit evaluations based on benefit to participants, employers, and the government.
Community Building in Partnership -- Sandtown-Winchester, Baltimore	Baltimore, MD	Foundation seed money, with in-kind support from the city. On-going public support. Specific initiatives supported by government and foundation funds.	Formal evaluation began in May 1994. Will assess against 1990 baseline of neighborhood data.
Community Schools, Intermediate School 218	New York, NY	Private start-up funds. On-going support from public and private contracts and gifts.	Needs assessment conducted. Evaluation conducted in March 1993. Showed preliminary positive results. A ten-year evaluation has been planned.
Comprehensive Child Development Program	Multiple National Sites	Federal funds through congressional authorization.	Two evaluation contracts for CCDP sites awarded. The first will focus on process, while the second focuses on outcomes. Interim report assessing the first two years of participation presented to Congress in 1994.
Comprehensive Community Revitalization Project	South Bronx, NY	Foundation seed money launched the initiative which uses private funds to leverage public support.	Assessment report completed in March 1994 through document reviews and interviews.
Comprehensive Services Act	Virginia	Pooled state funds complemented by State Trust Fund to provide conversion funds. Localities receive funds based on funding formula.	Completed evaluation of demonstration sites in February 1994. Evaluation under way by working group.
Delaware State Service Centers	Delaware	State line item as primary support. Tenant fees from private co-located providers and federal funds.	Cost analysis of co-location conducted. Client satisfaction surveys conducted in 1986, 1989, and 1993.
Early Childhood Development & Parent Education Program	Oklahoma	State appropriation supplemented by other government funds and fees for service.	Statistical reporting form which allows for client data tracking. Two evaluations conducted.

Program	Location	Funding Source/Financing	Evaluations
Early Childhood Family Education	Minnesota	State funds used for start-up. Tax levy/state aid formula now supplemented by other funds, including government, private, and fees for service.	Cost analysis competed. Parent interviews served as preliminary evaluation for curriculum and program development. Two-year evaluation implemented, with results expected in late 1996.
El Puente	New York, NY	Government funds supplemented by foundation and in-kind support.	Case study of the academy released in July 1994
Family Development Program	Albuquerque, NM	Foundation seed money. State-mandated funds as well as government contracts and other government contributions supplemented by private funds and individual contributions.	Six-year formal evaluation released in 1991. Five broad goals, ranges of objectives, and appropriate methods for measurement developed for this evaluation.
Family Focus	Chicago, IL	Two individuals provided start-up funds. Support from many levels of government, foundations, and fees for service.	Components of the initiative have been evaluated, primarily by outside evaluators. Five-year evaluation published in 1994. Anecdotal and qualitative data also compiled.
Family Investment Trust	Missouri	Private foundations and in-kind and government support.	Too recent for evaluation.
Family Resource Schools	Denver, CO	Many levels of government provided in-kind support during inception. Government, foundations, and businesses support implementation.	Resource assessments were conducted to determine need. Process evaluation conducted in 1992.
Florida Full Service Schools	Florida	Line item in the state budget. Local grant recipients leverage additional funds from federal, state, and local governments, foundations, businesses and non-profit organizations.	Preliminary evaluation based on the site's self-evaluations after six to nine months of implementation.
Governor's Cabinet on Children and Families	West Virginia	Funding coordination and authority to pool funds. Refinancing/reinvesting strategies supplemented by government, foundation, and private sources.	Local centers collect some evaluation information. Preliminary work on more formal evaluations.
Hawaii's Healthy Start Family Support Systems	Hawaii	State appropriations compose 90 percent of funding. Local funds supplement the remaining 10 percent.	Evaluation conducted in 1988 which measured children's outcomes as defined by levels of abuse. Other evaluations determined percentage of service population being served. A randomized study to determine outcomes and cost/benefit was initiated in October 1994. Evaluations of effectiveness are in the planning stage.

Program	Location	Funding Source/Financing	Evaluations
Healthy Start	California	State planning and operation grants, coordinated through state budget, are used as glue money. Long-term support is the responsibility of the local sites (which use techniques such as federal draw-downs of funds to ensure funding).	Three components of an evaluation have been conducted: an evaluation of planning grants; a process evaluation of the first year of the initiative; and an evaluation of service delivery and outcomes.
Home Instruction for Pre-school Youngsters	Multiple National Sites	Foundation and corporate support are supplemented at the local level by government and private sources of funds (e.g., Governor's office, federal funds [JTPA], communities, local private industry councils, school districts, and community-based organizations).	International component of program extensively evaluated. Three-year grant received to evaluate three school-based programs. Another two-year grant awarded to conduct a set of case studies focusing on implementation issues.
Kentucky Education Reform	Kentucky	State tax increases allow for grants to local sites, as do local tax increases.	Needs assessments conducted (both on state and local levels). Statewide Report Card produced as a status report of the state of reform. The Report Card goals are more process than outcomes. Implementation/process evaluations also conducted in 1993 and 1994.
Lafayette Courts Family Development Center	Lafayette Courts housing unit, Baltimore, MD	Federal government, grant funds, and in-kind local government support.	Outcomes measures clearly defined at the outset. Evaluation released in 1991 which measured at two points in time, in comparison to a control group.
Lincoln Intermediate Unit No. 12, Migrant Child Development Program	Pennsylvania	Federal and state funds with private donations.	Summer programs evaluated. Anecdotal evaluation supplied by the director.
Local Investment Commission	Kansas City, MO	State and local funds with foundation and business support.	Developed a series of short- and long-term targets for success.
Maryland's Tomorrow	Maryland	State appropriation and JTPA funds. Localities also use private and foundation funds.	Evaluations conducted every year for the first five years, looking at initiative impact on student performance.
Maternal Infant Health Outreach Worker Project	Tennessee	Seed funds from foundations. State, university, church, foundation, and local corporation funds, along with in-kind federal support.	Three evaluations conducted. The first evaluated county-level data and compared participants to control group for specific outcomes; the second was a qualitative study; the third assessed social support provided by the initiative.
Minnesota Milestones	Minnesota	State development funds.	Needs assessment conducted. The initiative is itself an evaluation tool.
Neighborhood Based Alliance	New York	State funding, supplemented at the local level by federal government and private grants.	Evaluation compared the initiative to similar initiatives. Progress reports conducted periodically.

Program	Location	Funding Source/Financing	Evaluations
New Beginnings	San Diego, CA	Redeployed funds for service delivery. Foundation funds for evaluations.	Feasibility study completed. Outcomes determined prior to implementation. Evaluation completed February 1994.
New Futures -- Chatham County, Savannah	Savannah, GA	Foundation initiated. Matching funds from governments and the United Way.	On-going needs assessments. Management Information System in place to track progress of students. Evaluation/progress report presented in October 1992. Conduct annual reports.
New York City Beacons School-Based Community Centers	New York, NY	Annual city appropriation. In most locales, partially matched with federal draw-downs. Also state, corporate, and foundation support.	Produced overall documentation report, assessing community impact of the initiative.
Oregon Benchmarks	Oregon	State special funds appropriated. Foundations support specific components (e.g., evaluations, assessments).	Initiative itself will serve as outcome measure for the state. Evaluation of the initiative conducted in June 1994 which recommended alterations.
Parent Services Project	Multiple National Sites	Public/private partnership. Includes corporate and private support and local government grants.	Qualitative evaluations produced annually. Cost-effectiveness study conducted in 1985. Three-year evaluation based on interview and control group released in 1988.
Pennsylvania Family Centers	Pennsylvania	Federal and state funds with local match (may include private, public, or in-kind).	Needs assessment required for establishment of local site. Two-year outcomes evaluation will be released in 1995. On-going descriptive evaluations.
School Based Youth Services Program	New Jersey	State budget line item, supplemented by federal and local funds and foundations.	Two components evaluated. Three-year evaluation funded and new data collection system instituted.
Success By 6	Multiple National Sites	United Way, corporate, foundation, and government support. Local sites vary.	Evaluation model has been identified. It will include process, implementation, and outcome studies.
Tennessee Children's Plan	Tennessee	Redirection of state and federal funds, partially through TennCare.	On-going evaluations.
United Neighborhood Houses of New York	New York, NY	Initially supported through charity and private funds. Current support primarily from government funds (mostly city, but also state and federal), also private donations and fees.	Evaluation published in 1991.
UPLIFT	North Carolina	Primarily supported through federal and state grants.	Qualitative evaluation conducted.

REVIEW OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES*

Agenda for Children Tomorrow
The Atlanta Project
Avance
California's Assembly Bill 1741
Caring Communities Program
Center for Family Life in Sunset Park
Center for Successful Child Development
Chicago Commons
The Chicago Initiative
Child Welfare Decategorization Project (Scott County)
Children, Youth and Families Initiative
Cities In Schools/Communities In Schools
Cleveland Works
Community Building in Partnership -- Sandtown-Winchester, Baltimore
Community Schools, Intermediate School 218
Comprehensive Child Development Program
Comprehensive Community Revitalization Program
Comprehensive Services Act
Delaware State Service Centers
Early Childhood Development & Parent Education Program
Early Childhood Family Education
El Puente
Family Development Program
Family Focus
Family Investment Trust
Family Resource Schools
Florida Full Service Schools
Governor's Cabinet on Children and Families
Hawaii's Healthy Start Family Support Systems
Healthy Start
Home Instruction for Preschool Youngsters
Kentucky Education Reform
Lafayette Courts Family Development Center
Lincoln Intermediate Unit No. 12, Migrant Child Development Program
Local Investment Commission
Maryland's Tomorrow
Maternal Infant Health Outreach Worker Project
Minnesota Milestones
Neighborhood Based Alliance
New Beginnings
New Futures -- Chatham County, Savannah
New York City Beacons School-Based Community Centers
Oregon Benchmarks
Parent Services Project
Pennsylvania Family Centers
School Based Youth Services Program
Success by 6 ®
Tennessee Children's Plan
United Neighborhood Houses of New York
UPLIFT

* See Appendix II for Selected Sources.

AGENDA FOR CHILDREN TOMORROW

Agenda for Children Tomorrow (ACT) is a public/private initiative that has the goal of promoting an integrated, locally based system of health and human services for children and families. ACT is a joint project of the City of New York and a coalition of non-profit organizations working to make social services more accessible at the neighborhood level, in part through co-location. The services include health, housing, child welfare, job training, mental health, youth services, and economic development.

In 1995, ACT includes ten community districts. Each community develops a local collaborative that includes service providers, coalition leaders, city officials, residents, and others. A needs assessment is done for each site, documenting strengths and problems. Members of the collaborative then develop a plan for the community, highlighting ten achievable goals. ACT will help local initiatives break through red tape to achieve these goals. At the local level, a planner will be chosen jointly by ACT and the community and will work with the collaborative to carry out its work.

One of the first sub-agencies to be engaged in working directly with ACT was the New York City Human Resources Administration's (HRA) Agency for Child Development. ACT is also partnered with HRA's Family Preservation Program and collaborates with New York state's Neighborhood Based Alliance.

ACT's Oversight Committee includes representatives from foundations and large voluntary service organizations, government, and communities. The Executive Committee, which provides leadership, has one representative each from foundations, large social service organizations, a community-based organization, and the New York City government. The Oversight Committee and the Executive Committee are half composed of New York City government representatives and half other representatives. The work groups are structured around the issues of budget and finance, neighborhood service patterns and coordination, and strategic planning support.

Financing

Strategy

In January 1990, the ACT Implementation Project was authorized by New York City's Mayor Dinkins. The city has provided in-kind support, including space in the Mayor's Office for Children and Families, since 1990. In-kind support also has been provided by the state Department of Social Services and the law firm of Sullivan and Cromwell. Initial and continuing funding has been provided by New York Community Trust, the United Way of New York City, the Foundation for Child Development, and Morgan Guaranty Trust Company of New York City, with the ACT Implementation Project established as a project of the Tides Foundation.

Funding for the local planner is provided by ACT. Eventually, the local entity is expected to take over the cost.

Methods

The fiscal year 1995 core budget is $650,000, which includes approximately $100,000 of in-kind support. The local communities leverage additional funds with the help of their collaboratives, the local planners, and the central ACT office. Since the inception of ACT, five collaboratives have raised $22 million, which includes current commitments not yet received.

In-kind support is provided by the Mayor's Office for Children and Families and funding is provided by Chemical Bank; Freddie Mac; Morgan Guaranty Trust; the New York Community Trust; the United Way of New York; The Foundation for Child Development; and The Aaron Diamond, The Booth Ferris, The Ford, The Ittleson Family, The New York, the Pinkerton, Primerica, and The Valentine Perry Snyder Foundations.

Evaluation

ACT staff have been keeping diaries which chronologically categorize information on ACT's activities and impact. In addition, they have compiled an inventory of gains and accomplishments. A student at the Woodrow Wilson School has completed an evaluation analysis of ACT's strategic planning methodology.

The Ford Foundation has provided funding for Public/Private Ventures to prepare an evaluation design, which should be completed by June 1995.

Contact

Eric Brettschneider
Director
Agenda for Children Tomorrow
c/o The Mayor's Office
250 Broadway, #1412
New York, NY 10007
(212) 788-6757
(212) 788-7234 Fax

THE ATLANTA PROJECT

The Atlanta Project (TAP) was launched in October 1991 by The Carter Center to address problems facing families and communities, including school drop-out rates, teen pregnancy, unemployment, crime, drug use, inadequate health care, and homelessness, among many others. TAP targets Atlanta neighborhoods with high percentages of single-parent families and school-age mothers and operates from 20 small community offices which are supported by a central office. Each office is typically staffed by two local residents. A policy advisory board and The Carter Center provide guidance and links to institutional support.

The communities surrounding the 20 sites are called clusters, and each cluster (ranging in population from 8,000 to 59,000) has a steering committee composed of key stakeholders from the community, including residents; service providers; political representatives; and school, religious, and business leaders. The steering committee creates its agenda based on its community's needs and oversees the project on the local level. To implement their agendas, clusters form task forces around the primary issues, including health, housing, economic development, education, community development, and public safety.

TAP is designed not as a program but as a framework or mechanism to help empower communities to better access the resources and programs that will serve their needs. Each neighborhood or cluster is paired with a corporate partner for assistance with planning and implementation, which fosters public/private-sector collaboration.

TAP launched a broader initiative, The America Project, in the spring of 1993 in order to use TAP's experience to assist other cities in improving the quality of life through holistic, community-based initiatives.

Financing

Strategy

The Carter Center solicits most of TAP's funds, which come from private sources. TAP's specific projects leverage additional funding, including city, county, state, and federal government funds. There are numerous corporate partners, including Coca-Cola and Marriott, who contribute funds as well as assist the clusters with planning and implementation through corporate pairings.

Methods

The five-year operating budget includes approximately $20 million of funds as well as approximately $12.8 million of in-kind contributions. A further $4.8 million has been pledged for evaluations, training, and documentation. Major contributors to TAP initiatives include the Annie E. Casey Foundation, the Surdna Foundation, and the Carnegie Corporation.

Evaluation

An Emory University researcher is conducting an evaluation of TAP. The first part of the evaluation will be a process evaluation with some outcomes data. The evaluation will be

based primarily on qualitative information obtained through interviews and written surveys with the central players involved with TAP and the clusters, including the steering committee chairs, members of the committees, organizations in the clusters, and general participants.

An evaluation of a specific project, the Immunization/Children's Health Initiative (I/CHI), was conducted by Emory University and its findings were disseminated in October 1993. The Rockefeller Foundation and the ARCO Foundation provided support for the evaluation. The I/CHI was the first comprehensive initiative of TAP. Its primary mission was to increase immunization levels within a target group of children under six residing in the TAP cluster regions, and to create a computerized system for tracking immunizations. In order to do this, I/CHI set goals of contacting every household within the TAP area and reaching a 90 percent immunization rate among its children. I/CHI's secondary goal was to increase awareness of TAP. The outcomes of this goal were not measured. However, a door-to-door canvass collected data from 54,000 households and identified 12,000 children under six years old. Approximately 16,000 children were seen by health clinics during the eight-day immunization drive and over 6,000 of them received inoculations. The evaluation, while recognizing the success of the initiative, notes that the goals of the initiative were not met, as it cannot be confirmed that more than 25 percent of households in the region were contacted. The evaluation also offers organization recommendations for future TAP initiatives.

Contacts

General:
Jane Smith
Program Director
The Atlanta Project
Carter Collaboration Center
675 Ponce De Leon Avenue, NE
P.O. Box 5317
Atlanta, GA 30307
(404) 881-3400
(404) 881-3477 Fax

Evaluations:
Michael Giles
Professor of Political Science
Department of Political Science
Emory University
Atlanta, GA 30322
(404) 727-6565
(404) 727-4586 Fax

The America Project:
Elise Eplan
Program Administrator
The America Project
675 Ponce de Leon Avenue, NE
P.O. Box 5317
Atlanta, GA 30307
(404) 881-3450
(404) 881-3477 Fax

AVANCE

Avance is a community-based, non-profit organization that provides education and support services to economically high-risk families in three Texas regions and training to service providers throughout the country. Avance was established in 1973 and historically has specialized in serving low-income Hispanic families with children age three or younger.

Avance is rooted in the community it serves, with 70 percent of its staff being Avance graduates. The Avance Parent-Child Education Program brings together mothers and expectant mothers for three-hour sessions on child growth and development, and their children to participate in an early childhood stimulation program. These sessions are held in housing projects, schools, or other community buildings, and run from September through May. Avance staff members also visit parents at home at least four times a year.

The Avance chapters provide services to 38 sites and serve approximately 6,000 individuals annually in San Antonio, Houston, and South Texas, including the federal Even Start and Project FIRST programs and the Comprehensive Child Development Program. Avance established a national training center in 1990 and agreed in 1994 to establish 30 Avance affiliates over three years. The affiliates will be replications of the Avance core program and members of the Avance organization. The Avance National Office is charged with executing the expansion plan for chapter affiliates.

The centerpiece of Avance's comprehensive services is its Parent-Child Education Program, which provides parents with the knowledge, support, and assistance to create an environment for their children in which optimal development is encouraged and supported, and to continue their own personal development in the areas of education and employment. Avance services have expanded to include family literacy, child care, transportation, male parenting education, early childhood education, mental and physical health care, economic development, and family advocacy.

Financing

Strategy

The Avance Parent-Child Education Program was created with seed money from the Zale Foundation. In 1979, it was selected as a grant recipient for a "Community and Minority Group Action to Prevent Child Abuse and Neglect" project of the National Center on Child Abuse and Neglect of the U.S. Department of Health, Education, and Welfare. This allowed for significant expansion of Avance and the initiation of Project C.A.N. Prevent, a 39-month project of Avance-San Antonio targeted at the prevention of child abuse and neglect, (hence C.A.N.). The purpose of the project was the development of strategies to alleviate child abuse among low-income Mexican-American families.

Avance receives funding from numerous foundations and corporations, including the Carnegie Corporation of New York, Kraft/General Foods, the Hazen Foundation, the Hasbro Children's Foundation, UPS, ARCO, The Spunk Foundation, Levi Strauss, H.E.B. Grocers,

The Christian Children's Fund, W.K. Kellogg Foundation, Conrad H. Hilton Foundation, and the Ford Foundation.

In addition, food banks, churches, government agencies, schools, and social and civic groups donate in-kind and other services to Avance, and local universities allow Avance to use their campuses for graduation ceremonies.

Methods

The fiscal year 1994 total revenues for Avance, Inc. were $3,998,688. This revenue came from the federal government (26 percent), the state government (8 percent), local governments (8 percent), the United Way (5 percent), contracted services (15 percent), private foundations (20 percent), and contributions and other sources (18 percent).

Evaluation

Avance conducts on-going evaluation activities with its various service programs.

A progress report evaluation of the first year of the Lower Rio Grande Valley sites was conducted in 1994. Avance was also participating in the evaluation components of the national Even Start initiative and the Comprehensive Child Development Program in 1994.

An evaluation of the Avance Parent-Child Education Program, funded by the Carnegie Corporation of New York and released in 1993, compared program and control groups at the end of the first year of program participation. It was demonstrated that the program had a positive effect on parenting knowledge, attitudes, and behavior. The evaluation showed that mothers provided a "much more stimulating and emotionally encouraging environment for their children" when participating in the program. Participating mothers were both more aware of community resources and used these resources more than the control group. The evaluation found that the program "resulted in less strict attitudes about child-rearing" and "helped mothers develop more positive attitudes toward their roles as teachers of their young children." The evaluation concluded that "most of the program goals were attained to an impressive degree."

A survey of 23 women and 32 children who attended a 1991 reunion of Avance's first group showed that Avance achieved significant successes. It revealed that 94 percent of the children had either completed high school, received a General Equivalency Diploma (GED), or were still in school. Fifty-seven percent of the mothers who had dropped out of school (i.e., 91 percent of the total 1973 group) had gotten a GED.

In June 1983, the final report of Project C.A.N. Prevent was released. This evaluation included two study group communities with a control group community. A needs assessment survey was used to identify factors that were effective in predicting physical child abuse and an education pre/post test was designed to gauge changes in knowledge, skills, and attitudes as a result of participation in parenting classes. The evaluation indicated that, in most cases, the curriculum had a significantly positive effect on the levels of knowledge, skills, and attitudes of participants.

Contacts

General:
Gloria Rodriguez, Ph.D.
National President & CEO
Avance
301 South Frio, Suite 310
San Antonio, TX 78207
(210) 270-4630
(210) 270-4612 Fax

Evaluations:
Todd Walker, Ph.D.
Director of Reserach and Evaluation
Avance
301 South Frio, Suite 310
San Antonio, TX 78207
(210) 270-4630
(210) 270-4612 Fax

CALIFORNIA'S ASSEMBLY BILL 1741

In 1993, Governor Wilson signed Assembly Bill 1741 (sponsored by Assemblyman Tom Bates from Alameda County), legislation to determine whether local communities can better serve children and families if categorical funds are blended. AB 1741 establishes a pilot program (the Youth Pilot Program) for the blending of various child and family services funds to support the implementation of innovative strategies at the local level in order to provide comprehensive, integrated services to children and families. Five counties will be selected to participate through a statewide competitive application process.

Through a broad-based collaborative governance structure, the counties must each develop a vision and goals for the pilot project based on a needs assessment. This collaborative group (the Coordinating Council) must include county, city, and school officials from the fields of education, juvenile justice, and health and human services, as well as representatives of service providers, labor organizations, and service recipients. The Coordinating Council must describe how the needs of the target population will be addressed through the integration of services and community activities, supported by the blending of specific public and private funds. Through the monitoring of locally determined outcomes, each pilot project will be able to measure progress toward the achievement of its goals.

Fifteen counties submitted letters of intent to apply for the Youth Pilot Program. The five counties selected on December 1, 1994, are Alameda, Contra Costa, Marin, Placer, and San Diego. Each county has the choice of beginning implementation on either January 1 or July 1, 1995.

Ultimately, the Youth Pilot Program will provide models for statewide implementation of locally controlled, family-focused, prevention-oriented and outcome-based service delivery systems.

The state will assist each of the five selected counties in achieving its project goals. The Health and Welfare Agency, as the governor's designee, is responsible for overseeing and coordinating the implementation of the Youth Pilot Program. To fulfill this role, the agency will serve as a hub for technical and other assistance. In addition, the state is committed to removing barriers to implementation, including, where appropriate and feasible, state and federal law or regulation through the waiver process.

Financing

Strategy

AB 1741 does not appropriate any new funding for the Youth Pilot Program. Instead, the county Coordinating Council is required to blend some or all of the funds for a minimum of four child and family services, in order to more efficiently and effectively use existing fiscal resources.

The state will help each selected county obtain, where appropriate and feasible, state and federal waivers necessary to decategorize specialized funds. If a waiver proves to be unobtainable, the state is committed to helping the county implement its integrated services strategy in an alternative way in order to achieve the goals of the pilot project.

Resources in support of the implementation and oversight of AB 1741 at the state level will be drawn from existing department budgets and normal state workloads. Several additional staff positions are being requested from the governor's budget.

Methods

AB 1741 requires the five selected counties to transfer, for five years, funds from a minimum of four child and family services into a blended Child and Family Services Fund. Funds may also be contributed by local education agencies, cities, and/or private agencies. The Coordinating Council must use the Child and Family Services Fund to support integrated services for high-risk, low-income, multi-problem children and families in accordance with the county's strategic implementation plan.

Evaluation

Statistics outlining the poor condition of California's youth and families were included in the text of the bill. Needs assessments were done individually by each county, with much input from the members of the community.

As part of the request for application process, counties must document the critical needs of the population to be served by the pilot project. The counties will also have to define specific, comprehensive outcomes, supported by reliable indicators, which will be used to measure progress toward the achievement of the counties' goals.

Each participating county must provide interim evaluations after the second and fourth years of implementation and a final evaluation after the end of the pilot project. These evaluations must measure the progress of the pilot project toward its goals, including the measurement of locally determined outcomes through appropriate indicators. Each pilot project must also create a mechanism for consumers and providers to give the county on-going feedback on service provision over the course of the pilot project.

If non-state funds become available, the state may conduct a statewide, or cross-county, evaluation of the pilot project in order to measure its overall success and to assess the potential applicability to other programs.

Contacts

Barbara Arnett
Assistant Secretary
Program and Fiscal Affairs
Health and Welfare Agency
1600 Ninth Street, Suite 460
Sacramento, CA 95814
(916) 654-3301
(916) 654-3343 Fax

Sarah Graeber
Special Assistant
Program and Fiscal Affairs
Health and Welfare Agency
1600 Ninth Street, Suite 460
Sacramento, CA 95814
(916) 654-3301
(916) 654-3343 Fax

CARING COMMUNITIES PROGRAM

The Caring Communities Program (CCP), a Missouri government initiative begun in 1989, is a school-based integrated service delivery program that provides a continuum of preventive and early intervention programs for children attending six schools and their families. It originally served a target population of 5,200 children and families in the Walnut Park neighborhood surrounding Walbridge School. After two years, the Walbridge model was expanded to Walnut Park Elementary and Northwest Middle School. The service delivery system has now expanded to six schools and discussions of expansion continue. The goals of the Caring Communities Program are to ensure that children remain in school while increasing and sustaining their levels of success, remain safely in their homes, avoiding out-of-home placement, and remain out of the juvenile justice system.

The Walbridge Elementary School service population is approximately 500 elementary school children and their families. Walbridge provides school-based services to children and families, including health services, family preservation, parenting education, case management, substance abuse counseling, and student assistance.

Financing

Strategy

The Caring Communities Program was conceived of by the director of the Department of Mental Health, who successfully recruited the participation of the directors of the Department of Social Services, the Health Department, and the Education Department. Because of its origins, CCP has always existed as a collaboration among these four departments. "Walbridge was created by the strength of four departments despite every bureaucratic obstacle."

CCP is financed primarily through redirection of existing state revenues. The legislature also has approved the allocation of new money to "fillin" where there is a need that cannot be met by the current services. Some of this new money is from federal matching dollars under Title IV-E and IV-A, which the legislature approved to be reinvested in CCP. Foundation support has been used for evaluation and critical start-up and initial expansion efforts to the middle school level.

The four partner agencies -- mental health, social services, health, and education -- are each responsible for a portion of CCP's total budget. Recently, they began to use the same program description in the budget. Beginning in fiscal year 1995, the budget legislative language will be very clear that the funds will be pooled. This will allow the four agencies to decide how best to spend the money regardless of which budget has the actual funding. There are great political advantages to having the budget split between the four agencies, because it must go through four legislative oversight committees, gathering support from all of those committees.

With pooled funding at the budgetary level, the local communities will have greater flexibility in their ability to use the money. CCP is working toward empowering the

communities by having them decide where to spend the funds. To help with this, there is a plan to have a local fiscal agent who will help channel the money and cut through some of the state bureaucracy. As a trade-off for this greater flexibility, the local communities will have to be accountable, based on agreed-upon indicators, for the money that is spent.

Methods

Caring Communities is a public/private collaborative partnership funded through federal funds, state agencies, and charitable and business donations.

The annual budget per site is estimated to be $560,000, while the entire Caring Communities Program annual budget is approximately $3.6 million.

Communities are required to have a minimum local match of 10 percent of the budget.

Evaluation

A May 1994 evaluation of the Walbridge Elementary School program was funded by the Danforth Foundation and conducted by Philliber Research Associates. Data was collected through descriptive information about families who were referred during the three-year period of 1990-1993, interviews with a random sampling of parents from the school and from a nearby control group school, questionnaire data from teachers at the school and at the comparison school, computer searches by the state Department of Social Services, student records at the school and at the comparison school, and interviews with the local police. Outcomes were compared to the principal goals of Caring Communities.

The evaluation revealed that Walbridge students who were part of the intensive case management offered through Caring Communities increased their grade point averages, Walbridge parents and teachers had more positive views of their school than parents and teachers at the comparison school, and the police perceived that Caring Communities was responsible for increasing neighborhood safety. There was no evidence that Caring Communities succeeded in decreasing involvement with the social services or juvenile justice systems.

Contacts

General:
Khatib Waheed
Director
Caring Communities Programs
5019 Alcott Avenue
St. Louis, MO 63120
(314) 877-2050
(314) 877-2057 Fax

Financing:
Steven E. Renne
Deputy Director
Missouri Department of Social Services
P.O. Box 1527
221 West High Street
Jefferson City, MO 65102
(314) 751-4815
(314) 751-3203 Fax

CENTER FOR FAMILY LIFE IN SUNSET PARK

The Center for Family Life in Sunset Park was created in November 1978 as a neighborhood-based initiative focusing on the family unit. It is a public/private initiative, with the majority of funds coming from the public sector and management from the private sector.

The program components consist of comprehensive family counseling modalities, an emergency food program, an advocacy clinic, year-round school-based programs for children and youth at three public school sites, an adult employment services center, and a summer youth employment program. There is also a small neighborhood foster family program in which children who require temporary foster care are placed with foster families in the same neighborhood. The goals of the Center are support of family relationships, community coherence, community development, stability, education, and the creation of a safety net for children and families.

The Center serves the Sunset Park region, which had a 1993 estimated population of over 113,000. The Center estimated service provision to client families for the one-year period of 1992-1993 at 18,565 units of services provided directly by the Center staff.

Financing

Strategy

St. Christopher-Ottilie, a large volunteer agency based in Long Island, provides in-kind administrative support of approximately 5-10 percent of the total Center budget. Funding also flows from public entities such as the Child Welfare Administration, the New York City Department of Youth Services, and the Department of Employment in the form of grants and reimbursements.

Methods

In 1995, the Center is supported by a mix of public and private funds, with 70 percent of funding coming from the public sector, including the Child Welfare Administration, the New York City Department of Youth Services, and the Department of Employment. The remainder of funding comes from foundations and local businesses and organizations.

The fiscal year 1993-1994 budget for the Center was $2.6 million.

Evaluation

A preliminary assessment of the Sunset Park region was based on analysis of demographic data, school indicators, community development surveys, school/police reports, and interviews.

Annual questionnaires are mailed to client families that are predominately "positive and reaffirming." The Surdna Foundation and the Foundation for Child Development collaborated to produce a 1992 examination of the Center, which focused primarily on community reactions to the Center. It was conducted through interviews with residents, employees, and directors, and provides a history of the Center.

The Annie E. Casey Foundation has funded a three-year research evaluation that is being conducted by the Columbia School of Social Work.

Contact

Sister Mary Paul
Director of Clinical Services
Center for Family Life in Sunset Park
345 43rd Street
Brooklyn, NY 11232
(718) 788-3500
(718) 788-2275 Fax

CENTER FOR SUCCESSFUL CHILD DEVELOPMENT

The Center for Successful Child Development (CSCD), initiated in 1986, is co-sponsored by the Ounce of Prevention Fund and the Chicago Urban League, but is directly operated by the Ounce of Prevention Fund. CSCD aims to prepare children through age five in all areas of their development so they are ready to learn when they enter school, and focuses on the family unit, aiming to create a positive, nurturing environment outside as well as inside school.

The initial service area of the project, six adjacent high-rise buildings of the Robert Taylor Homes area of Chicago, served as the attendance area for the Beethoven Public Elementary School, giving CSCD its nickname of the "Beethoven Project." CSCD is located on an empty floor of one of the Robert Taylor buildings served by the project and provides services to 200 families annually.

CSCD is made up of four primary program components: Home Visiting Services, the Family Enrichment Center, the Primary Health Care Center, and full-day child care for children ages three months to five years.

Financing

Strategy

In 1986, with matching funds from the U.S. Department of Health and Human Services, CSCD was launched as a service to families with children through age five living in the Robert Taylor Homes in Chicago.

Currently, CSCD is funded by a combination of federal, state, and local funds; foundations; corporations; and other private sources. The Robert Wood Johnson Foundation provided a $1 million dollar grant for five years ($200,000 per year), which began in 1993. This grant underwrites some primary care activities and the provision of additional mental health and support services at the primary care clinic.

Methods

The budget for fiscal year 1995 is $1,751,677. This is composed of approximately $375,000 from foundations (including $200,000 from the Robert Wood Johnson Foundation), $600,000 in general support from Illinois' Department of Children and Family Services (DCFS), $96,000 in reimbursements for a Medicaid-eligible population, $130,000 in reimbursements for day care services from the DCFS, $30,000 from individuals, $39,000 from corporations, $380,000 from the Department of Health and Human Services to run Head Start, and $90,000 from other private sources.

Evaluation

A "Retrospective Analysis" was conducted by the Ounce of Prevention Fund after five years of program implementation. The goal of this analysis was to assess the implementation process for the CSCD program. The data for this analysis were gathered through interviews

with staff and participants and from program data such as health records and demographic information. General lessons for on-going program development were gathered from this evaluation.

Contacts

General:
Harriet Meyer
Executive Director
The Ounce of Prevention Fund
188 West Randolph
Suite 2200
Chicago, IL 60601
(312) 853-6080
(312) 853-3337 Fax

Financing:
Sarah Bradley
Associate Director
The Ounce of Prevention Fund
188 West Randolph
Suite 2200
Chicago, IL 60601
(312) 853-6080
(312) 853-3337 Fax

CHICAGO COMMONS

Chicago Commons operates in 14 sites, serving Chicago residents who have few available alternatives for reasons of poverty, discrimination, lack of education or training, health needs, inadequate housing, or social isolation. The Commons provides services to over 20,000 individuals and families annually with the goal of creating healthy, self-sufficient families and neighborhoods.

The Commons was founded as part of the settlement house movement in 1894. For 100 years it has provided educational enrichment and skills development. In 1991, however, the Commons began to focus on comprehensive service delivery with the opening of the West Humboldt Employment Training Center (ETC), a welfare-to-work literacy center in the West Humboldt Park neighborhood of Chicago. ETC provides case management, life skills development, literacy training, career counseling, family literacy, child care, and health care services. These services are provided to a region with a population of 67,573. Annually, ETC serves approximately 100 new clients, 85 on-site retained clients and 75 clients, retained for case management. In addition, 40-50 children are served on-site each year.

ETC works in partnership with the City Colleges of Chicago, Erie Family Health Center, the Head Start Program, the Illinois Department of Public Aid, The National Lekotek Center, and the Chicago Public Schools in order to provide effective, comprehensive services without duplication.

Financing

Strategy

ETC relies on a combination of public and private funds, with private sources making up the majority of its annual income.

Methods

ETC's fiscal year 1995 total budget is $491,899. The 1994 budget was approximately $500,000, with funding coming from a partnership of 12 public and private funders, including $75,000 from a U.S. Department of Education Even Start grant, $100,000 from the Illinois Department of Public Aid, and $43,000 from the Illinois Secretary of State's Literacy Office. In addition, ETC received private support, including a $75,000 United Way grant.

Evaluation

Results are assessed annually, with the last set of data coming from fiscal year 1993. Of 126 students accepted in fiscal year 1993, 34 percent remained on site in the Adult Basic Education/General Equivalency Diploma or English as a Second Language programs as of January 1, 1994; 16 percent were working; 8 percent were in vocational training; and 10 percent were receiving services off-site. Gains in reading and math ability were noted for many students in the education programs.

In 1991, the Commons initiated a more formal evaluation process. However, funding

for this evaluation ran out and the informal results assessments now serve as the Commons' only evaluation mechanism. The first-year results from the formal 1994 evaluation were not released since they were calculated based on only a few months of operation.

Contact

Jenny Wittner
Project Director, Chicago Commons
West Humboldt Employment Training Center
1633 North Hamlin Avenue
Chicago, IL 60647
(312) 772-0900
(312) 772-0136 Fax

THE CHICAGO INITIATIVE

The Chicago Initiative (TCI) is a collaborative effort among large and "grassroots" non-profit organizations, government, business, and other community organizations formed in the wake of the Los Angeles riots to take action that would have an immediate positive impact on the lives of young people across the city, particularly those who live in high-risk communities. TCI has three primary goals: community building, youth development, and policy advocacy.

Community building strategies encourage community wide planning, broker technical assistance, and, among many other things, fund community-specific programs that link family, community, and economic development in innovative ways. Youth development strategies will include a focus on school-to-work initiatives, job training and placement, leadership training, and community service opportunities. The policy advocacy strategies of TCI support linking existing dollars to local community initiatives and leveraging corporate support for community revitalization plans through such actions as seeking an administrative waiver on funds that qualify for the Chicago Job Opportunities and Basic Skills Training program's required state match. TCI is in the process of redesigning its initial plan to make it much broader and to link youth development to community revitalization.

At its inception, TCI, had a mission to provide summer educational and employment opportunities to children in Chicago's disadvantaged neighborhoods. TCI's short-term goals were to provide meaningful education and job training and placement for low-income youth (ages 12 through 17) during the summers of 1992 and 1993, particularly in the areas of arts and culture, sports and recreation, and community service. TCI's intermediate goal was to provide year-round job training and placement and gang intervention for young adults. However, more recently, TCI has begun to focus more on its long-range mission to address the root causes of poverty and racism through broad-based community planning; to devise practical economic, family, and community development strategies; and to promote stronger integration between community building activities and TCI's youth agenda.

Financing

Strategy

TCI is a collaboration that brings together diverse partners who contribute funds and/or in-kind support. TCI then distributes these funds in the form of grants to other service provision organizations that agree to further the mission of TCI. Task forces made up of collaboration representatives determine grant application guidelines, processes, and review procedures. Based on the task forces' recommendations, the distribution committee (composed of business representatives and funders) makes final funding decisions. It is rare for the distribution committee to make decisions contrary to the recommendations of the task forces.

Many of TCI's grantees are established service providers. The grantees use funds for activities that fit TCI's goals and objectives. These funds can be used for a wide range of services, including community building, communitywide planning, and the implementation

of plans. Grantees also are allowed to use the funds as seed money to develop new programs and opportunities. TCI not only gives out funds, but also serves as a resource, providing technical assistance and other organizational support to its grantees.

Methods

Funds are raised primarily from private, non-profit philanthropic institutions. TCI receives no public money. However, there is a desire to draw down public funds and the leadership of TCI will be working on identifying ways to leverage public money. As of January 1994, TCI had allocated approximately $4.4 million to a wide range of programs.

The steering committee of TCI has approved a 1995 fund-raising goal of $2.5 million for programmatic uses. The administrative budget is $250,000, resulting in a total 1995 budget of $2.75 million.

Whereas TCI at large has a $2.75 million budget, local organizations and grant recipients may leverage additional funding. In 1993 (the last time TCI gave out grants), some of the smaller grant recipients used the money from TCI to leverage federal, state, and local money. Most of the funds both TCI and these recipients raise are Chicago-based, but TCI will be implementing a national fund-raising strategy.

Evaluation

An evaluation was completed in January 1994, wherein 12 in-depth interviews were conducted with organizations that received funds for short-term, year-round and long-range activities. Organizations that received funding the first year but not the second also were included. The conclusions of the evaluation were anecdotal. The evaluation included recommendations on improved funding strategies and service delivery methods.

A TCI goal is to raise funds to develop a methodology for an evaluation that will capture TCI's uniqueness, since quantitative analysis cannot reflect its true progress.

Contact

Marta White
Executive Director
The Chicago Initiative
Egan Urban Center
DePaul University
243 South Wabash, Suite 9128
Chicago, IL 60604
(312) 922-9870
(312) 922-9875 Fax

CHILD WELFARE DECATEGORIZATION PROJECT (SCOTT COUNTY)

In 1987, Iowa passed legislation allowing two counties (Scott County and Polk County) to act as pilots in the decategorization of funds. The original concept for decategorization came from The Center for the Study of Social Policy, which noted that the Iowa legislature might be receptive to the idea. Strong support was secured from then-State Legislator Charlie Brunner, who was instrumental in getting the legislation passed. The original legislation established a three-year pilot period during which the projects were to be funding-neutral to show the viability of decategorization, by improving service based on client needs without increasing funding.

The decategorization project has expanded to additional counties and further legislation has been passed that allows participation by any county or group of counties that apply and are accepted. (All decategorized counties formed a coalition in March 1993 to support statewide goals for decategorization.) Because the creation of new programs is reliant on the carryover of project savings, the follow-up legislation also allowed for the carryover of funds from one fiscal year to the next.

The purpose of the initiative is the protection of children through early intervention and the use of the least restrictive services to meet client needs. Funds are freed for the development of less restrictive services by reducing the use of expensive residential care and relying more heavily on community-based services.

In Scott County, decategorization creates a child welfare fund by combining funds from the Iowa Department of Human Services, the Seventh Judicial District Court, and Scott County.

The Joint Central Committee has primary decision-making authority and responsibility for the Scott County initiative and includes representatives of Scott County, the Iowa Department of Human Services, the Iowa Department of Health, and the Seventh Judicial District Court. Beginning in fiscal year 1993, the Committee was expanded to include the school superintendents of the four school districts in Scott County.

Annual planning is undertaken by the Department of Human Services, Juvenile Court Services, Scott County, and community leaders. Specific program development is undertaken through the process of assessment, target goal determination, service needs identification, strategy creation, and action step identification. There has been a concerted effort to try not to have one agency take the lead. Consequently, staffing has been established through an independent non-profit agency.

The Community Resource Panel in Scott County consists of administrative representatives from all child welfare agencies and organizations associated with the child welfare system. Work groups and ad hoc committees on specific issues include representation from all levels of service delivery and client participation in the planning process.

Financing

Strategy

Funds are not actually pooled; however, clients are served as if this were the case. A plan of service is developed for the client, and the agencies have funding flexibility (through the Iowa state legislation) to provide the services that are needed. Under the initiative, funding is needs driven, and not based on narrowly defined categories. The legislation has allowed the agencies more flexibility in how state dollars are spent.

There also has been an attempt to create flexibility in federal programs through available means (i.e., waivers, the new definition of Early and Periodic Screening, Diagnostic, and Treatment). Based on state and federal policies, programs are evaluated to determine what changes need to be made to facilitate the attainment of additional funding. Decategorization is an on-going process.

Methods

The decategorization plan was developed under the assumption that the funds saved through the decategorization process would be the basis for implementing new or modified services at less restrictive levels of intervention. Not all avenues of funding diversion (i.e., redirecting funds from institutions when service alternatives have been developed) have been able to be accomplished. Services offered and numbers of clients served continue to be limited, yet service provision is believed to be improving.

Evaluation

Evaluations conducted on the initiative have been, for the most part, piecemeal. Evaluations and monitoring have been conducted for shelter care, day treatment, family preservation, family foster care, and screening/consultation team and care review team monitoring. The two evaluations of family foster care provide primarily service statistics, with some process evaluation.

Progress reports were conducted annually for the period from July 1989 through June 1993. Progress reports contain a section that reports the impact on the Child Welfare Service Delivery System, looking at delivery statistics and process, and the strengths of the system.

A goal of fiscal year 1994 is to develop a meaningful evaluation system.

Contact

Dennis Timmerman
Human Services Area Administrator
Department of Human Services
428 Western Avenue
Davenport, IA 52801
(319) 326-8794
(319) 326-8240 Fax

CHILDREN, YOUTH AND FAMILIES INITIATIVE

The Children, Youth and Families Initiative is a grant-making program of the Chicago Community Trust. The philosophy of the initiative is to support and expand primary services offered in communities and to forge links between the primary services and specialized services, such as child welfare, juvenile justice, and mental health. The end goal of the Initiative is to enhance the development of children, families, and communities through the creation of an infrastructure of services and supports.

Since the Initiative was launched in 1991, it has focused on eight neighborhoods, seven in the city of Chicago and one in the surrounding suburbs. Within these communities, grants are awarded in four general areas: investing in direct services; removing barriers to access (e.g., transportation, information); training of professionals, paraprofessionals, and volunteers; and funding for community organizing/collaboration to help communities put together neighborhood councils to be used to develop strategic plans, assess the performance of agencies operating in the neighborhood, and ultimately influence patterns of funding. Small grants may also be awarded to allow agencies to hire private consultants to do program, board, and grant development. The Chicago Community Trust also provides technical assistance to help communities with program and organizational development.

The Initiative was proposed by researchers from the Chapin Hall Center for Children at the University of Chicago. Chapin Hall remains involved through on-going process documentation.

The Executive Committee of the Chicago Community Trust oversees the Initiative and makes all final decisions about funding. The Committee on Children, Youth and Families provides policy oversight, reviews all proposals, and makes recommendations to the Executive Committee. The Committee on Children, Youth and Families is a 25-person advisory committee that includes five members from the Executive Committee in addition to civic, business, and community leaders and high school students. The Community Councils, composed of members of the communities, have been developed in each of the eight communities. These Councils help to determine their community's needs and to plan how to meet those needs.

Financing

Strategy

The Chicago Community Trust launched the Children, Youth and Families Initiative in 1991, pledging as much as $30 million over ten years. The Initiative is about 10 percent of the Trust's annual giving. The Trust awards grants for specific projects in the selected eight neighborhoods. The communities have mobilized at different paces and therefore the proposals they submit request varying amounts of funds.

The Trust is looking to its colleagues and other funders to help diversify the base of support for the Initiative.

Methods

Since the program's inception in the spring of 1991, the Trust has spent $11.5 million. The 1995 budget is expected to be $3.5 million, although it will probably exceed that amount.

Evaluation

In 1990, the Trust commissioned the Chapin Hall Center for Children at the University of Chicago to assess the status of children's services in the Chicago region. This assessment served as a needs assessment.

A May 1994 report produced by the Chapin Hall Center offered early lessons from the Initiative. Lessons learned were qualitative, including concepts which are key to the success of reform efforts, such as methods to reform the training of planning group members, program staff, and volunteers; the large amount of time necessary to build community capacity; and the unique ways in which the Initiative takes shape in each community. Additionally, Chapin Hall is still in the process of learning how to evaluate efforts dedicated to system reform.

In the fall of 1995, when the Initiative is halfway through the 10-year funding cycle, an expert panel will be assembled independently to review the work of Chapin Hall and the Trust. This panel may reconvene at a future time.

Contact

Marvin Cohen
Director
Children, Youth and Families Initiative
The Chicago Community Trust
222 N. LaSalle Street
Suite 1400
Chicago, IL 60601
(312) 372-3356
(312) 580-7411 Fax

CITIES IN SCHOOLS/COMMUNITIES IN SCHOOLS

Cities In Schools, Inc. (CIS -- also known as Communities In Schools in some areas) has its roots in the "street academies" of the late 1960s, which offered educational and other services to dropouts in low-income neighborhoods. Incorporated in 1977, CIS anchors a nationwide network of state and local independent public/private partnerships.

The mission of CIS is to address critical issues facing youth, such as school attendance, literacy, job preparedness, teenage pregnancy, drug and alcohol use, teen suicide, and school violence. CIS addresses these issues, through local CIS programs and projects, by designing coordinated delivery of appropriate existing educational, health, social, and other supportive services at educational sites.

The goals of Cities In Schools are to decrease the school dropout rate, to decrease delinquency, to prepare participants for adult work roles, and to improve school performance. Most local CIS programs utilize counseling, tutoring, enrichment activities, parental involvement, referral to health services, and job training and placement to reach these goals. Because CIS encourages local empowerment, CIS programs differ from city to city, community to community, and site to site, although core aspects are constant throughout the network. Programs may also differ from year to year based on funding, staff, and student need.

The national CIS organization provides training and technical assistance free of charge to state and local CIS programs. In addition, a portion of national CIS funding may be provided to state and local initiatives through grants for specific projects, including capacity building, new state start-up programs, and other new initiatives. As is the case with all CIS programs, the national CIS board of directors includes representatives from both the public and private sectors. State CIS programs help to replicate the CIS model as widely as possible throughout the state, and to secure state-level resources and support for local programs. CIS has programs in 26 states, with 12 state CIS offices fully operational. Six more states have partially operational CIS offices.

Local CIS programs are independently incorporated community, city, or county organizations with their own board of directors. As of December 1994, CIS programs reached nearly 150,000 students annually. There are 818 school sites serving 243 communities in 26 states, while an additional 136 communities were in the process of developing new CIS programs.

Financing

Methods

Since 1977, CIS, Inc. has sought an even mix of public and private funds. In fiscal year 1993, 38.3 percent of funding came from federal government agencies, 23.3 percent from foundations, 16.1 percent from corporations, 11.3 percent from individuals, and 11.0 percent from other sources. CIS uses private funds to leverage public funds and vice versa. Funding

from the federal government comes from the Departments of Justice, Labor, Commerce, Health and Human Services, Housing and Urban Development, and Defense/Army.

For fiscal year 1995, CIS's budget includes a much larger percentage from federal government agencies, due to a substantial grant from the U.S. Department of Housing and Urban Development that will provide CIS with $10 million over two fiscal years.

CIS provides grants to state offices through a request for proposal process. These grants are more likely to go to state initiatives, unless funding is earmarked specifically to go to localities (e.g., entrepreneurship funding from the U.S. Department of Commerce). State and local CIS programs leverage additional resources through public and private funding. Generally, state and local programs seek to follow the national model of an even public/private mix of funding, emphasizing the use of in-kind support through repositioning of staff to serve youth in CIS projects.

Cities In Schools of Charlotte-Mecklenburg, North Carolina, for instance, had a fiscal year budget of $698,300, and reached more than 2,500 students at 19 school sites. This represented an expenditure of only $276 per student, because repositioned staff hours outnumbered paid staff hours by more than two to one.

Strategy

The projected budget for national CIS for fiscal year 1995 is $13,609,000, which includes $4,875,000 of pass-through money to the state and local programs, and $8.7 million in operating expenses. This is broken down into 75 percent from the federal government, 9.4 percent from foundations, 6.5 percent from corporations, 4.6 percent from individuals, and 4.5 percent from other sources.

Major private contributors to CIS include The Entertainment Industry's Foundation for CIS; the Burger King Corporation; Capital Cities/ABC, Inc.; and the Geraldine R. Dodge, Ewing Marion Kauffman, W.K. Kellogg, American Express, and John S. and James L. Knight foundations.

Evaluation

Many of the local and state CIS initiatives conduct their own evaluations. For example, Houston CIS recently conducted an evaluation that looked at student outcomes. This "Evaluation of the Communities in Schools Houston Drop-Out Prevention Program in Three Inner City Elementary Schools" was funded by the Houston Endowment and the Meadows Foundation. The evaluation, initiated in 1992, focused on the perception of effectiveness by student participants, staff, and parents. This initial evaluation of CIS Houston found success in helping "at-risk" students. It further allowed the observation that the CIS experience followed a multi-faceted approach necessary to assist low-income minority students living in fractured communities.

A three-year study of the entire national CIS movement was conducted by the Urban Institute. The independent evaluation, funded by a grant from the U.S. Departments of Justice, Labor, and Education, looked at both local and national CIS efforts. An executive summary of the three-volume study will be available from CIS, in the latter half of 1995, after

the official report is published. The evaluation found that CIS programs improve attendance rates and academic performance, and succeed in keeping youth in school. It noted that CIS's record "compares favorably with dropout rates in other at-risk youth programs." Local CIS programs earned praise for their attendance rates and academic improvements. "Seventy percent of students with high absenteeism prior to entering CIS improved their attendance," the summary stated. The Urban Institute also noted that "over 60 percent of students whose GPAs [grade point averages] were unsatisfactory improved their averages the year they joined CIS," and 68.9 percent of CIS students eligible to graduate did so.

Contacts

General:
Bonnie Nance Frazier
Director of Communications
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

Financing:
Julie Wolf-Rodda
Director of Development
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

Evaluations:
Linda Britt
Director of Research and Evaluation
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

CLEVELAND WORKS

Cleveland Works, Inc., is a non-profit organization that delivers job training and placement and comprehensive family services to people seeking permanent employment and an increase in their standard of living, including the opportunity to move off the public assistance rolls. Cleveland Works was established in August 1986 to provide training to adult recipients of Aid to Families with Dependent Children (AFDC) in Cuyahoga County in Cleveland and is designed to serve any of the 250,000 welfare recipients in the county. Three-quarters of those served are AFDC recipients and one-quarter are on general assistance.

The programs of Cleveland Works are centered around three cornerstones: family health, quality education, and gainful employment. Cleveland Works has five major programs, including Job Placement and Retention, Job Preparation and Training, "Beat the Streets," Legal Services, and the Family Development Project. Through these programs, the initiative provides educational opportunities, legal services, family education, an on-site health clinic, and on-site child care, among other services.

In 1992-1993, Cleveland Works placed 253 adults in full-time jobs with health benefits; in 1993-1994, 370 were placed; and in 1994-1995, approximately 425 will be placed.

Financing

Strategy

Cleveland Works' funding is composed of approximately 47 percent from a federal Job Opportunities and Basic Skills (JOBS) Program contract, 9.8 percent from JOBS reimbursements and day care, 8.4 percent from the City of Cleveland through the Federal Job Training Partnership Act (JTPA), 3.9 percent from Cuyahoga County Food Stamps, and 3.8 percent from Head Start. Non-governmental support totaled approximately 27 percent of the budget, with support from foundations, private contributions, and other sources.

JOBS funding has remained constant for eight years. However, in July 1994, Cleveland Works was notified that less JOBS money than anticipated was available (even though Cleveland Works had outperformed all of its contracts) because the state was not able to raise funds to match the federal funds. Consequently, Cleveland Works is trying to diversify its funding through fund-raising, especially from private contributors, foundations, and corporations. In the next year the percentage of support from these groups will be about 40 percent.

Methods

Cleveland Works' expenses for 1994-1995 were close to $2 million. Funding comes from the federal JOBS program, JOBS reimbursements and day care, the City of Cleveland through JTPA, Cuyahoga County Food Stamps, Head Start, foundations, private contributions, and corporations.

Evaluation

Cleveland Works is very focused on results, and tracks closely six primary barometers. These barometers include job readiness, entry wage, job retention rates, and cost per placement. The 1992-1993 average cost per placement was $6,269 for an adult and $6,542 for a youth. This has increased from $4,718 per adult in 1986-1987.

As of December 1994, the 12-month retention rate for the 738 JOBS-eligible adult welfare recipients who were placed into full-time jobs between October 1991 and July 1994 was 75 percent.

The cost/benefit ratio is evaluated based on benefit to participants, to employers, and to the government. Benefit to the participant is considered the difference between average monthly AFDC payments of $350 and average full-time wage income of $1,100. Therefore, the success of Cleveland Works' helping to employ a participant is calculated as a 300 percent improvement over remaining on assistance. Further benefits, including improved self-esteem, prevention of such outcomes as homelessness, and positive parental role models for the next generation, are not easily quantified, but are surely equally important.

In 1995, the financial benefits to an employer of hiring a Cleveland Works graduate include $2,400 in Targeted Jobs Tax Credit. The benefit of a trained, dedicated worker has been estimated by employers to be worth anywhere from several hundred to many thousands of dollars.

The benefit to the government of moving an adult off the welfare rolls and into full-time employment is approximately $11,200 per year. The state of Ohio reduces costs by $3,300 per year for every adult moved into full-time employment. On top of these savings, both the federal and the state governments increase tax receipts.

Contact

David Roth
Executive Director
Cleveland Works, Inc.
Caxton Office Building
812 Huron Road, SE
Suite 800
Cleveland, OH 44115
(216) 589-9675
(216) 566-6980 Fax

COMMUNITY BUILDING IN PARTNERSHIP -- SANDTOWN-WINCHESTER, BALTIMORE

Community Building in Partnership (CBP) in Sandtown-Winchester, Baltimore, Maryland, is the nation's first neighborhood transformation initiative. CBP was launched in 1990 as a partnership among Sandtown residents, city government, and The Enterprise Foundation. CBP serves Sandtown's 10,300 residents with the goal of transforming the systems of support that are not working for residents, including housing, education, health and human services, employment, public safety, and others. Significant program activities are under way in all of these areas.

The CBP transformation process has required the continuous cooperation of multiple actors, such as state and city officials, The Enterprise Foundation and BUILD (Baltimoreans United in Leadership Development). Habitat for Humanity, the U.S. Department of Housing and Urban Development, and Maryland's Office of Community Development have all joined to create over 1,000 units of new and improved housing. CBP has partnered with city agencies, community-based organizations, and federal agencies to implement projects beyond housing, such as comprehensive health care, youth programs, and family support, public safety, and employment initiatives.

Financing

Strategy

The Enterprise Foundation initially raised $4.9 million in seed funding over several years from foundations and corporations for CBP. The City of Baltimore provided in-kind contributions and support for key programs. On-going support for program implementation is being developed from a range of public and private sources.

Methods

The CBP general operating budget for fiscal year 1995 is $1.2 million, raised solely from private foundations, corporations, and local government. In addition, CBP initiatives in the program areas of health, housing, public safety, education, human services, and employment are supported by federal, state, and local government funds, and private foundation funds.

Evaluation

CBP is planning and implementing a formal evaluation that began in May 1994. The evaluation will assess the changes that occurred in Sandtown during the transformation process. It will establish a 1990 baseline of neighborhood data (including such information as reading scores and arrest rates), work to clarify CBP's objectives, develop interim markers of progress toward these objectives, and document the process through which the initiative is implemented.

As well as assessing the progress of the CBP initiative toward specific program objectives, attention will be given to other issues such as integration of programs and resident involvement and leadership.

The evaluation team is led by the Conservation Company, with assistance from the Schaefer Center for Public Policy at the University of Baltimore, the Chapin Hall Center for Children at the University of Chicago, Information Frontiers, Inc., and Kingslow Associates.

Contacts

General:
Patrick Costigan
Vice President and Director of
Neighborhood Transformation
The Enterprise Foundation
218 West Saratoga Street
Third Floor
Baltimore, MD 21201
(410) 727-8535
(410) 727-8620 Fax

Financing:
Sarah Eilers
Program Director/Director of Operations
The Enterprise Foundation
218 West Saratoga Street
Third Floor
Baltimore, MD 21201
(410) 727-8535
(410) 727-8620 Fax

Evaluations:
Joe Stillman
Partner
The Conservation Company
310 Madison Avenue
Suite 1630
New York, NY 10017
(212) 949-0990
(212) 949-1672 Fax

COMMUNITY SCHOOLS -- INTERMEDIATE SCHOOL 218

The Community Schools initiative was created in September 1990 through a partnership among the Children's Aid Society (CAS), the New York City Board of Education, and the Board of Community School District Six. In 1995, three are in operation: P.S. 5, an elementary school, and I.S. 218 and I.S. 90, intermediate schools. P.S. 8 is scheduled to open in September 1995.

The schools operate year-round six days a week (seven in the summer), 15 hours per day (eight hours on Saturday), to serve the community not only as schools, but also as community centers, offering health services and services for adult community members, such as English and General Equivalency Diploma classes. Community Schools contain the health and welfare services of a large social service agency under the roof of a public school. The goal is to be a "seamless" fusion of school day activities with extended day programs and other supports. Some of the key concepts of the initiative are community empowerment, parent involvement, and long-term partnerships.

The first of the Community Schools, I.S. 218, opened its doors in March 1992. In order to reach the community and have services meet needs, CAS worked closely with community groups, which have been instrumental in the operations of the schools.

Financing

Strategy

The annual cost of a District Six traditional school is approximately $6,500 per child. The Community Schools effort, including the extended day program, is $850 per child annually.

The Community Schools initiative began with 100 percent private funding. The initiative's goal is eventually to have half of the funding continue from private sources and have half come from public contracts with such agencies as Mental Health, Medicaid, Youth Services, Health, and others.

Methods

Approximately 25 percent of I.S. 218's funding is raised from public sources, including a large portion from Medicaid for the health component and two smaller grants from the state Department of Social Services and the New York City Department of Youth Services. Grants of $1 million from the Charles Hayden Foundation and $500,000 from the Clark Foundation led the way in private funding. A recent grant of $1.2 million from The Hasbro Foundation provides a strong early childhood program.

Evaluation

A 1987 needs assessment was conducted by CAS, which showed that many young people from poor, first-generation immigrant families were at risk of dropping out of school and were not receiving enough assistance from the city's large social service providers.

An evaluation of I.S. 218 was conducted by the Graduate School of Social Service of Fordham University for the Children's Aid Society in March 1993. This evaluation was conducted through observations and interviews and showed preliminary results of both increased attendance (the highest in the district) and increased enrollment. Observations and interviews concluded that children are happy and comfortable in the school and behavior has improved among a select group of students. Competency tests for writing, given to eighth graders, showed that students at I.S. 218 scored an average of 79 percent while students at a comparison school, I.S. 52, scored 64 percent. Comparable tests from prior years are not available for these children since this test is given only in the eighth grade. CAS believes that it is too early to determine long-term results of the Community Schools efforts, but positive signs have been noted.

A 10-year evaluation of both schools in the Community Schools initiative has been planned. It will formally document the children's academic outcomes as well as outcomes such as improvements in health.

Contact

C. Warren Moses
Associate Executive Director
The Children's Aid Society
105 East 22 Street
New York, NY 10010
(212) 949-4921
(212) 460-5941 Fax

COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

The Comprehensive Child Development Program (CCDP) was authorized by the United States Congress through 1988 by the Comprehensive Child Development Centers Act as a national family support demonstration project. CCDP was created as a measure to address the needs of low-income children and families. It provides for intensive, comprehensive support services that will enhance the physical, social, emotional, and intellectual development of low-income children from birth until entry into school. Its broad goals are to promote school readiness and economic and social self-sufficiency.

Families are eligible to participate in CCDP only if their income is below the poverty line, they have a child under the age of one or are expecting a child, and they agree to participate for five years. CCDP sites must, at a minimum, make available for infants and young children health services, child care, early childhood development/education programs, and nutritional services, and for parents and other family members prenatal care, mental health care, vocational training, adult education, employment referrals, and assistance in securing adequate income support, health care, nutrition, and housing. The sites also must ensure that transportation exists to access these services.

Under the 1988 Act, the U.S. Department of Health and Human Services provided funding for 24 projects for five years each, beginning in fiscal years 1989 and 1990. An additional ten centers were funded through the Augustus F. Hawkins Human Services Reauthorization Act of 1990. In fiscal year 1995, 34 CCDP programs were reauthorized under the Head Start Act and the program was consolidated into the new Head Start initiative to serve families with infants and toddlers.

CCDP sites are administered by a variety of grantee organizations, including hospitals, health agencies, universities, community agencies, and county governments. These sites serve both urban and rural populations in all regions of the country.

Financing

Strategy

The total costs calculated at the inception of CCDP were $25 million per year for five years, to be managed by the Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services. However, under Title VIII of the Augustus F. Hawkins Human Services Reauthorization Act of 1990, the CCDP authorization was extended and increased to $50 million per year. The fiscal year 1994 appropriation for CCDP was $46.6 million.

Methods

After two years in the program, non-research costs were determined to average $8,243 per family per year with a range across sites from $4,592 to $13,413. This averaged to $2,137 per family member per year.

Evaluation

Two evaluation contracts for CCDP sites have been awarded. The first evaluation will focus on process, examining whether CCDP is serving the population for which it was designed, whether the program has been implemented as intended by Congress, whether the program has succeeded in enlisting and coordinating the services of existing community agencies, what the cost of the program is, what services families receive, how well these services meet the families' needs and goals, and how much progress families are making in meeting their goals. The second evaluation will focus on outcomes, measuring the effects of CCDP on parents, child-rearing attitudes and skills, economic self-sufficiency, life management skills, and psychological and physical health, and the effects on children's development, physical health, and growth. The outcomes evaluation focuses on 21 of the initial 24 projects, and relies on the use of random sampling and a control group. Final evaluation conclusions will be presented in 1996; however, an interim report to Congress was made in May 1994 which provided evaluation data from the first two years of family participation.

Interim process evaluation findings showed that CCDP is serving the "multi-risk families" it was intended to serve, and that it is coordinating and delivering a wide range of services to children and families, with these services reaching a high proportion of participating families. As compared to a randomly selected control group, the interim results of the impact evaluation show that "CCDP mothers are more likely to be enrolled in academic classes or job training," "CCDP families make more use of community resources," "CCDP mothers interact more positively with their children," and "CCDP children score higher on a standard developmental scale."

Contacts

Michael Lopez
Research, Demonstration and Evaluation Branch Chief
Admin. on Children, Youth and Families
U.S. Department of HHS
Mary E. Switzer Building
330 C Street, SW
Washington, DC 20201
(202) 205-8212
(202) 205-8221 Fax

Mary Bogle
Program Specialist/Project Officer for CCDP
Head Start Bureau
Admin. on Children, Youth and Families
U.S. Department of HHS
Mary E. Switzer Building, Room 2314
330 C Street, SW
Washington, DC 20201
(202) 205-8891
(202) 401-5917 Fax

COMPREHENSIVE COMMUNITY REVITALIZATION PROGRAM

In early 1991, the Surdna Foundation commissioned an assessment of the feasibility of initiating a national program to demonstrate comprehensive neighborhood revitalization approaches. The South Bronx was selected as the locale for the initiative because it houses multiple stable non-profit development corporations. These Community Development Corporations (CDCs), heavily entrenched in the South Bronx, had created some 10,000 housing units that were providing more than merely housing relief. Interest grew around providing assistance to CDCs for a bottom-up, holistic revitalization effort, and the Comprehensive Community Revitalization Program (CCRP) was created.

Six well-grounded South Bronx CDCs were selected for participation in early 1992. The number of actual participants became five in December 1994. Each CDC immediately hired two new staff members, a program developer/manager and a community outreach worker. These hires were funded by CCRP.

CCRP aims to build on the experience and credibility of mature CDCs that have already displayed the ability to physically rebuild their neighborhoods. It assists these organizations in systematically addressing the economic and social issues that contribute to the poverty of community members.

In 1993, New York state selected CCRP for participation in its Neighborhood Based Alliance (NBA) program, creating a public/private partnership. As part of the NBA program, CCRP receives a favored position for state funding and has the opportunity to request waivers.

CDC initiatives already underway include new primary health care practices, economic development projects, child care and family learning programs, quality-of-life physical planning, self-esteem training, school enrichment and intervention, community safety, and jobs and employment initiatives, as well as management information-system development and neighborhood alliance-building through the Neighborhood Based Alliance program. The core service area in the six CDC regions is home to approximately 160,000 persons.

Financing

Strategy

CCRP's funding to CDCs is for CCRP management and outreach, staff costs, and seed money to leverage public funds. CCRP uses funds flexibly in order to advance CCRP objectives.

Methods

In 1991, the Surdna Foundation gave a $3 million three-year grant to launch the program. In 1995, CCRP has 14 funders, including The Surdna, The Annie E. Casey, The Clark, The Edna McConnell Clark, The Engelberg, the James C. Penney, The Rockefeller, the Uris Brothers and the Bankers Trust Company foundations, as well as Chemical Bank, The Merck Family Fund, The New York Community Trust, CITIBANK, N.A., and an anonymous donor. Combined support through January 1994 totaled $6 million. Through mid-1994, CCRP had also

leveraged in excess of $17 million in public funds (exclusive of housing) for projects within core service areas.

The CCRP initiative was originally designed to be a three-year program, ending at the close of 1994. However, a minimum seven-year life is now anticipated. The Director estimates the program will need as much as $12 million through year seven, which will be sought through private funding sources, including foundation grants.

Evaluation

While CCRP has a series of broadly stated objectives, each CDC develops its own goals and strategies. These serve as the basis for progress assessment at the most diffused level.

OMG, Inc., produced an assessment report in March 1994, covering the period of start-up through first-year operations. This evaluation, conducted through site visits, covered three primary areas: investigation of community conditions and CCRP's impact in the six neighborhoods; analysis of the effects of CCRP on the participating CDCs and the relationships of CDCs with other organizations; and investigation of CCRP administration and funder relationships. The evaluation was conducted through extensive document review and interviews.

The assessment focuses on CCRP's impact on CDCs rather than outcomes assessment.

Contact

Anita Miller
Program Director
Comprehensive Community Revitalization Program
330 Madison Avenue, 30th Floor
New York, NY 10017
(212) 557-2929
(212) 557-3013 Fax

COMPREHENSIVE SERVICES ACT

In 1992, the Comprehensive Services Act (CSA) was enacted to provide services to youth who have serious emotional or behavioral problems, need residential care or resources beyond normal agency services, need special education in private settings, receive foster care services as wards of the court, or are wards of a state agency. The funding formula was not adopted until the 1993 legislative session; following a year of planning, CSA went into effect on July 1, 1993.

Concerned that the costs of services were escalating unchecked, the Governor requested that the Virginia Department of Planning and Budget conduct a study of children's residential services. The resulting Study of Children's Residential Services was released in 1990. The study found that expenditures on residential care would continue to increase unless there was major change across state and local levels in the Departments of Education; Social Services; Youth and Family Services; and Mental Health, Mental Retardation and Substance Abuse Services.

This same study found that 14,000 cases across four agencies yielded only 4,993 actual residential care children because these children were being served by multiple agencies. At the same time, local agencies (which make decisions about service delivery for youth and families) were getting together to decide how to streamline services for children across the agencies and were finding that categorical funding streams allowed them little flexibility.

CSA consolidated funding streams and created the State Executive Council to set fiscal procedures and funding policy to better serve youth. The Council is composed of the heads of all the agencies serving children, parent representatives, and others. The Council has some resources, but most support is supplied by existing agencies. The State Management Team was formulated to begin developing policies and procedures to govern the implementation process. The Management Team has a more broad-based membership than the Executive Council and includes local representatives, judges, and private for-profit and non-profit providers. Thus, local representation on the Management Team is ensured in order to help in the development of policy. Because a myriad of issues has to be addressed, the State Management Team has set up a structure with standing work groups, including ones on service delivery, evaluation, and information systems. There are 11 in all, with some ad hoc groups that are developed as needed. Each of the work groups reflects the same profile of membership as the State Management Team.

Each locality is required to establish a local governance council, the Community Policy and Management Team (CPMT), which has a profile that reflects the make-up of the State Executive Council. CPMTs coordinate agency efforts at the local level. Family Assessment and Planning Teams (under the CPMTs) identify the needs of individual youth and families and prepare service delivery strategies on a case by case basis.

Financing

Strategy

The Act required the consolidation of eight state funding streams into a State Funds Pool, allocated to local governments on a formula basis. The Act also established a State Trust Fund which began with $4.8 million appropriated by the 1992 General Assembly as start-up funds for communities to establish service alternatives to out-of-home placements. Each agency's contribution to the pool was decided by the legislature.

The Department of Education is the fiscal agent at the state level. CPMTs also must designate local fiscal agents.

Methods

The 1991 Virginia General Assembly appropriated $2.4 million to fund efforts to begin addressing the issues outlined in the Study. These funds were distributed to five communities that served as demonstration sites and provided services, including intensive probation, case management, therapeutic respite care, after-school programs, and transition classrooms.

The 1994-1995 budget of pooled funds is $100 million, 62 percent of which is the state share, with the rest being the required local match.

The General Assembly passed a funding formula to determine each locality's share of the pool and the local match. Because the initiative is set up as a reimbursement-based system, it is easier for the state to ensure that local match requirements have been met.

Evaluation

There is an evaluation work group, but evaluative material will not be available until mid-1995 because the initiative is still in its early stages.

An evaluation report of the demonstration sites was completed by the Department of Mental Health, Mental Retardation and Substance Abuse Services in February 1994. The evaluation focused on issues of the service provision population and identification of the service population, as well as outcome measures.

Contacts

General:
Dian McConnel
Program Coordinator
CSA
700 E. Franklin Street
Room 510
Richmond, VA 23208
(804) 786-5394
(804) 786-5403 Fax

Financing:
John Mitchell
Fiscal Agent, CSA
Department of Education
P.O. Box 2120
Richmond, VA 23216
(804) 225-2704
(804) 371-8796 Fax

DELAWARE STATE SERVICE CENTERS

The Division of State Service Centers was created by Executive Order in 1972 as a division of the Delaware Department of Health and Social Services. Through this Executive Order, the Division was authorized to coordinate the planning and programs of all of the divisions within the Department of Health and Social Services. In 1991, the Division assumed responsibility for the State Office of Volunteerism and the Office of Community Services in addition to overseeing the State Service Centers.

The Division, through the Centers, is committed to providing consolidation or co-location of services wherever economically or operationally feasible. The Centers provide comprehensive services in a multi-service facility where Delaware agencies' human service programs and selected private not-for-profit programs are located. Currently, 12 multi-service facilities exist in the areas of greatest need. Four are considered major centers, while eight are considered satellite centers. The Division's goal is to have a Center within 15 minutes of any citizen.

The Division provides some services at the Centers, including the car seat loaner, community resource assistance, dental transportation for Medicaid children, and emergency assistance programs. Other divisions within the Department of Health and Social Services that may be located in the Centers include the Division of Alcoholism, Drug Abuse & Mental Health; the Division of Public Health; the Division of Social Services; the Division for the Visually Impaired; the Division of Aging; the Division of Mental Retardation; and the Division of Child Support Enforcement. In addition, the following agencies may be located in the Centers: Department of Labor; Department of Corrections Family Court; Department of Public Safety; Department of Services for Children, Youth and Their Families; and Department of State. Clients are referred to the numerous divisions, agencies, and private providers located in the Centers. There are approximately 160 programs and services delivered through State Service Centers, which serve clients through an excess of 600,000 visits annually.

The Advisory Council meets every two months and advises the executive director of the Division on all matters pertaining to the Centers. The seven-member Council is composed of community leaders, is bipartisan, and has representatives from Delaware's three counties.

Financing

Strategy

Because the administrative and financial responsibility for human services is centralized at the state level, Delaware has a unique advantage in the integration of human services.

The Service Centers do not receive federal funds, but are operated primarily with state dollars. Some of the Centers receive funds from private providers who pay a tenant fee for being located in a Center. The co-located state agencies and private providers have their own budgets, which are separate from the Center budget.

Methods

The Division's operating budget for the 12 State Service Centers for fiscal year 1995 is approximately $5.3 billion and includes a total of 75.7 full-time-equivalent personnel. The budget is composed of state general funds and non-appropriated special funds. The Division receives no private funds except the tenant fees.

While the state line-item budget for the Division is stable, the Division has to defend any new initiatives before the General Assembly.

Evaluation

A cost analysis of co-location conducted by the Division concluded that the co-location of four previously separate agencies into the Northeast State Service Center would save nearly $20,000 out of a $443,332 budget.

Client satisfaction surveys were conducted in May 1986, May 1989, and May 1993. The surveys found that clients were generally satisfied with the Centers.

There is a Master Client Index which tracks clients across programs and allows for facilitating more targeted needs assessment and accurate referrals.

Contacts

Anne Farley
Director
Division of State Service Centers
Delaware Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
(302) 577-4960
(302) 577-4975 Fax

Lorraine Mekulski
Deputy Director
Division of State Service Centers
Delaware Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
(302) 577-4960
(302) 577-4975 Fax

EARLY CHILDHOOD DEVELOPMENT AND PARENT EDUCATION PROGRAM

Oklahoma's Early Childhood Development and Parent Education Program is a statewide initiative begun in 1974 as a primary prevention effort to reach children between birth and five years of age. The program is overseen by Oklahoma's Department of Health, and administered at the county level by the county board of health. Over 39,000 clients were served in 1993. Seventy child development specialists provide services through county health departments in 45 counties; some services for children ages zero to three with developmental delays and their families are provided in all 77 counties.

The goal of the program is to provide information to parents of infants, toddlers, and pre-school children, teach skills to enhance parent-child relationships, prevent or reduce developmental problems in young children, and assist with coping strategies for families and children under stress.

The program focuses on the primary prevention of developmental and behavioral problems by providing assessment, education, and intervention services. Child development specialists collaborate with child health and guidance workers, medical professionals, nutritionists, family planning specialists, and others to provide physical, behavioral, and developmental services to children and families.

Services of the program include parent education and consultation, periodic developmental assessments of children ages zero to six, groups and workshops on parenting and child development, consultation with other child care or service providers, referral to other child health and guidance services as needed, and Sooner Start/Early Intervention Services for children ages zero to three with developmental delays and their families.

Financing

Strategy

Primary funding comes from state appropriations to the state Department of Health. Funds are also obtained from county revenues, fees for services, and federal Medicaid reimbursements. Sixty percent of the funds are from the state, 30 percent from the county, and 10 percent from fees (including for Early and Periodic Screening, Diagnostic and Treatment). Participants are charged for services on a sliding scale, based on family size and income--all of the fees are minimal.

Some counties have applied to local foundations for funding of specific projects.

Methods

The annual budget is estimated at $3 million, which is said to be a conservative estimate that does not include indirect costs to the Department of Health.

Evaluation

The Client Abstract Record, a statistical reporting form, allows for data tracking on client age, sex, race, and services provided.

The National Institute of Mental Health funded a collaborative evaluation project between the Department of Mental Health and Substance Abuse Services, Oklahoma State University Extension Service, and the Oklahoma State Department of Health. The evaluation focused on parent education group services offered to at-risk parents through child guidance clinics and area vocational/technical schools from 1987 through 1990. The main finding was that the program lowered child abuse inventory scores.

Results from the evaluation conducted by David Strawn and Gerald Doeksen, released in October of 1990, show that the client population was in need of this type of service, with elevated abuse potential evident in 38.9 percent of the initial entrants. The evaluation concluded that the project facilitated interdepartmental cooperation and collaboration. It also indicated a significant reduction in abuse potential of participants. However, concern was raised that the videotape used for this project (there are numerous videotapes, curricula, and materials used in the program) does not address the concerns of the parents, and that its level of sophistication is sometimes inappropriate.

This evaluation involved two distinct phases: data collection and analysis. The data collection phase involved collection of data and information prior to the first class, at the first class, at the last class, six months after course completion, and at a year-end debriefing. The analysis phase of the evaluation included both outcome and process evaluations.

Contact

Linda C. Passmark, Ph.D.
Director, Prevention and Parent Education
Child Health and Guidance Service
Oklahoma State Department of Health
P.O. Box 53551
1000 NE 10th Street
Oklahoma City, OK 73152
(405) 271-4477
(405) 271-1011 Fax

EARLY CHILDHOOD FAMILY EDUCATION

Early Childhood Family Education (ECFE) began as a series of pilot programs in 1974 through Minnesota legislation. In 1982, it became formalized as a voluntary program run by the state of Minnesota through the public schools to serve families with children from birth to kindergarten. In 1984, any school district with a community education program was eligible to establish an Early Childhood Family Education program.

ECFE's mission is to strengthen families and support parents to provide the best possible environment for the healthy growth and development of their children. ECFE offers support and training programs, including parent discussion groups, home visiting, play and learning activities for children, special events for families, family literacy, early screening for children's health and developmental problems, and information on community resources for families and young children. The programs work closely with the education, health, and human service agencies to assist parents and children in obtaining other needed services. Families typically participate two hours a week throughout the school year although the continuum of services includes strategies that are considerably more intensive (i.e., 10-12 hours per week) and/or less intensive depending on the needs of the family.

There are sites in 379 school districts and four tribal schools. Over 258,000 children and parents participated in ECFE during 1993-1994. ECFE estimates that the program is accessible to 99 percent of the birth-through-four population and serve approximately 40 percent of the eligible population statewide. The individual sites have significant local autonomy. Each site has an advisory group to tailor the site offerings to the needs of the individual community. District Advisory Councils, made up mostly of participating parents, assist the Board of Education in developing, planning, and monitoring the program.

Financing

Strategy

Originally, ECFE's pilot programs were grant-funded by the Minnesota Legislature through its Council on Quality Education. Currently, the programs are funded through a combined local levy/state aid formula which may be supplemented with other funds. Local programs may receive other funds from the federal government, foundations, civic organizations, and fees from parents (based on a sliding fee scale for those able to pay) to supplement the local levy/state aid formula. Each ECFE district also may levy additional funds for home visiting/violence prevention activities.

Not more than 5 percent of the ECFE revenue may be used for administration; and $10,000 each year may be spent on evaluation at the state level. (The local level can spend as much as it wants on evaluation.) In addition, the McKnight Foundation awarded ECFE $150,000 for a two-year evaluation study.

Methods

For the school year 1994-1995, the guaranteed maximum district revenue for ECFE is $101.25 per child in the district under five years of age, or times 150, whichever is greater. Therefore, the district's minimum guaranteed state revenue for 1993-1994 is $15,187.50.

The district may levy a tax equal to 0.626 percent times the adjusted net tax capacity , but the amount raised by the levy is limited so as not to exceed the guaranteed maximum ECFE revenue amount. State aid is then calculated to be the guaranteed ECFE revenue minus the permitted levy times the ratio of actual levy to permitted levy. This ratio rewards those districts that choose to levy the entire permissible amount with the maximum state revenue. The state aid portion of ECFE may be from 0 to 95 percent, depending on the amount collected through the levy based on the property base of a locality. As a whole, roughly 60 percent of funds for ECFE have come from local levies and 40 percent from state aid.

The state aid for 1994-1995 was $14,544,000, supplemented by local levies generating an estimated $17,642,000, totaling $32,186,000 statewide in governmental funding. Sites may supplement this funding with fees and other sources of funds.

Each district that levies for ECFE may also levy for additional revenue equal to $1.60 times the greater of 150 or the birth-through-four population. These funds are to be used for education and home visiting to prevent violence.

Evaluation

It costs approximately $300 per participant to provide the basic program of parent and early childhood education and parent-child interaction.

A study, Changing Times, Changing Families Phase I, was conducted during 1990-1991 to evaluate the effects of the program on parent participants. Staff from a sample of 24 programs were used to develop a set of interview questions for parents. Over three-fourths of the parents interviewed indicated a number of changes they observed in their children that they associated with program participation. Results of the interviews led to suggestions for ECFE curriculum and program development.

With support from the McKnight Foundation, ECFE has implemented a two-year evaluation. The design was piloted in the spring of 1994, and implemented in 1995. The final report, Changing Times, Changing Families Phase II, is due out in late 1996.

Contacts

General:
Lois Engstrom
Team Leader
Early Childhood and Family Initiatives
Minnesota Department of Education
991 Capitol Square
St. Paul, MN 55101
(612) 297-2441
(612) 297-5695 Fax

Evaluations:
Betty Cooke
Program Specialist
Early Childhood and Family Initiatives
Minnesota Department of Education
991 Capitol Square
St. Paul, MN 55101
(612) 296-6130
(612) 297-5695 Fax

EL PUENTE

El Puente was established in 1982 in the Williamsburg neighborhood of Brooklyn, New York, as a response to youth violence in the community. It was founded by Luis Garden Acosta, who called together a consortium of community, school, and church leaders. El Puente is Spanish for "the bridge," symbolizing the programs commitment to helping young people and their families make connections to build "a bridge from hope to social action" (New York Times). The "movement," as El Puente refers to itself, addresses a young person's interaction with his or her family, school, and community. El Puente is rooted in the belief that coalitions strengthen organizations and has worked with many local and national groups.

El Puente's membership at the Williamsburg site totals 363 leadership members, with 4,410 community members. At Bushwick, there are 209 leadership members and 765 community members. The number of persons affected by El Puente has been estimated by the chief executive officer to be 10,000 yearly.

El Puente offers health services, education, job training, internships, community service programs, integrated performing and visual arts, and especially diverse opportunities to coalesce with others for development, democratic action, healing, and human rights. Participation in El Puente's activities stresses membership in the organization at large. Membership does not require a fee; it does however, require that members give a day for community service/action and sign a contract to strive for "excellence in body, mind, spirit, and community." El Puente is open from 7:00 a.m. until 10:00 p.m., six days a week. On Sundays, it is open for ad hoc participation.

El Puente is guided by a board of directors with seven members, all of whom have been raised or live in the community. It responds to the changing needs of the community. El Puente was awarded the New York State Governor's "Decade of the Child Award" for leading the state in community-based vaccination campaigns. It facilitated church-based leadership in promoting unprecedented electoral participation rooted in the Voting Rights Act. It leads the Latino environmental movement in Brooklyn and in so doing has forged a unique partnership with the members of the Hassidic, white ethnic, and African American communities. First to be funded by the New York State Department of Health to use the arts in AIDS education, El Puente is known for its human rights emphasis, particularly in its campaign against school segregation, school and street violence, and police brutality.

Within the context of El Puente, the El Puente Academy for Peace and Justice was established in 1993 as one of the New York City Public Schools' New Visions Schools. The El Puente Academy is fully integrated in the El Puente organization. Its founder and director, Frances Lucerna, is also the associate executive director of El Puente.

There are several other "El Puente-like" communities, located in Chelsea and Revere, Massachusetts, and in Washington Heights, Bushwick, and Soundview, New York. These organizations are each (with the exception of the Bushwick site organization, which is part of the Williamsburg El Puente) community-initiated and managed. The staff from El Puente offer technical support to these organizations and gain a mutual support network based on El Puente's underlying principles.

Financing

Strategy

El Puente was started as a volunteer organization, with all donated equipment. It carefully built ownership-like commitments from a wide range of activist leadership still reflected in its board, staff, and membership.

Methods

In early 1995, El Puente's annual budget (inclusive of the Bushwick and Williamsburg locations) was estimated to be $1.6 million. The El Puente Academy received approximately $0.4 million in addition to this amount.

Approximately 85 percent of the $1.6 million comes from government sources, including contracts or grants from the City of New York's Departments of Employment and Youth Services, the city's HIV Care Network, the state Departments of Health and Social Services, the state Office of Alcoholism and Substance Abuse Services, the state Division of Youth, the state Council on the Arts, and the Federal Americorps initiative, through a partnership with Rheedlen and the Parks Council. Some of these contracts are for very specific uses, while others more specifically serve youth or community revitalization. Much of El Puente's funding from the City of New York is in jeopardy in 1995 due to drastic budget cuts.

The other approximately 15 percent of El Puente's funding comes from foundations, including the Aaron Diamond Foundation, the Fund for New York City Public Education, and the United Way of New York City. Funding for the Academy flows directly from the Division of High Schools of New York City Public Schools.

Evaluation

A case study of the El Puente Academy for Peace and Justice was undertaken by Rainbow Research, Inc., and released in July 1994.

Contact

Luis Garden Acosta
President and Founder
El Puente
211 South Fourth Street
Brooklyn, NY 11211
(718) 387-0404
(718) 387-6816 Fax

FAMILY DEVELOPMENT PROGRAM

The Family Development Program (FDP) began in 1985 to serve low-income families in Albuquerque's South Broadway community by involving them in defining the community's needs, and developing and implementing a system of component projects to meet those needs. Currently, FDP has 150 families enrolled; since its inception, FDP has served more than 500 children and families.

The programs that are a part of FDP include Baby Amigo, where parents receive prenatal care and support and intensive home visitation from pregnancy through the child's second year; Escuelita Alegre, a bilingual parent-run preschool program that provides training and dissemination of the FDP program model; My True Colors, an after-school project that focuses on self-esteem and pro-social behavior for children through age 11; Family Support Services, which provides counseling, advocacy, referral, adult education, and general support for all FDP families; and Training and Dissemination, which provides training of service providers, community representatives and other entities both within and outside of New Mexico.

While the program began in the South Broadway community, FDP now has a few spin-off projects in community development and assessment which are in other communities. In addition, Baby Amigo has expanded to two other communities. All FDP components now provide statewide training.

FDP does not have its own facilities, but is usually a "guest" in other facilities. A few years ago, FDP had a federal grant to design a Family Development Center. It was to be a center with services and programs under one roof, but the project never got beyond the design stage.

The Coordinating Committee, composed of parents of the children in FDP's various projects, runs the organization and makes policy decisions. The Advisory Board advises the Coordinating Committee and the staff and lobbies on behalf of FDP. The Board is composed of representatives evenly divided between families that are or have been a part of FDP and community leaders and experts.

Financing

Strategy

Initial funding came from the Dutch Bernard van Leer Foundation. In 1994-1995 the largest source of funding was the New Mexico Department of Education, which supplied 54.9 percent of the budget. The funding from the Department of Education is mandated by the state legislature, although funding requests must be made every year. The New Mexico Department of Children, Youth and Families also funded three contracts, including two for child care (one preschool and one after school) and one for family support services.

The City of Albuquerque contributes 9 percent of FDP's budget, and funds Escuelita Alegre. The State Department of Health (through maternal and child health) contributes 4.7 percent of the budget for Baby Amigo; and 4.5 percent of the budget is from Bernalileo

County for family support services. A very small percent of FDP's budget is from individual donations and client contributions. Although FDP has received foundation funding in the past (from the Bernard van Leer, US West, and General Mills foundations), no foundations are currently supporting FDP.

Methods

FDP's budget for 1994-1995 is $883,599.

Evaluation

A six-year formal evaluation, conducted by Minnick and Associates and released in January 1991, examines the performance of FDP from 1985 through 1990. The evaluation is the result of a two-part process, including the formative and the summative. The formative evaluation consists of constant monitoring of community needs, the program's responses, and the effectiveness of program components at each developmental stage. The summative evaluation assesses the operation and effectiveness of the program in meeting a range of goals determined by the program and its funders.

For each of five broad goals, the evaluator determined a range of specific objectives and an appropriate method for measurement.

Contact

Edith Menning
Family Development Program
University of New Mexico
Onate Hall, Room 215
Albuquerque, NM 87131
(505) 277-4236
(505) 277-6282 Fax

FAMILY FOCUS

Family Focus has been serving the Chicago area since 1976 through five family resource and support center sites located in diverse areas in and around Chicago. These family resource centers aim to help parents cope with child-rearing responsibilities, prepare children for a successful school experience, and encourage teenagers to become productive members of the community. Half of Family Focus's resources are used to work with teenagers.

The Family Focus model is based on the philosophy that all families need and deserve support in their nurturing family roles. While each site provides slightly different services based on the needs of parents in the given communities, every site has comprehensive services, including a drop-in center and child care for parents visiting the center. Centers may provide services such as parent support groups, developmental screening, case management, emergency assistance, family literacy, and counseling. Family Focus centers also respond to the needs of special communities such as immigrants, teen parents, single-parent families, dual-income families, and grandparents. In addition to the five main sites, Family Focus has a headquarters for training and administrative oversight, and satellite sites where specific programs are offered in different community locations. The service population in 1992-1993 was 2,708 families.

Some of the underlying principles of Family Focus are that early intervention and prevention are cost-effective, the family as a whole must be supported, and there is a need to work with families over a substantial period of time. Family Focus has professionals in social work, child development, education, and counseling who work with trained community members and volunteers to provide structured activities and classes as well as drop-in times and home visits to address these principles.

Each site has a Community Advisory Board, the composition of which is decided at the local level, but which generally includes interested citizens, parents, local service providers, and others. This Board provides input and guidance on program design and implementation. The Family Focus Governing Board includes representatives of the community advisory boards, corporate leaders, funders, experts in the field, and others.

Financing

Strategy

Family Focus was originally funded by two individuals. In 1995, Family Focus receives government funding (including state, county, city, and township government funds), private grants, and individual contributions. Private contributors include the Pittway Corporation, the Chicago Community Trust, the Chicago Foundation for Women, and the Ounce of Prevention Fund.

Methods

The fiscal year 1995 budget was approximately $2.9 million. Sixty-five percent of the funding is from the government; 25 percent is from corporations, foundations, and individuals; and 10

percent is from fee-for-service type charges (Family Focus rents space to non-profits in a building it owns and receives income from training fees).

Evaluation

Since the beginning of the initiative, different components of Family Focus have been evaluated. Most of the evaluations have been done by outside organizations looking at a number of different initiatives. Consequently, it is very difficult to separate the results for Family Focus from those of other initiatives. For example, the Ounce of Prevention Fund (which funds three of Family Focus's five sites) conducted a multi-year evaluation that included Family Focus among its other initiatives.

Zero to Three conducted a five-year evaluation, published in 1994, which included the Lawndale Community as one of six case studies. This evaluation focused on service delivery to the community, including interagency collaboration, rather than service delivery of the Family Focus center specifically.

Family Focus records anecdotal information and keeps quantitative data in hopes of having a large-scale evaluation if the funding becomes available.

Contact

Maureen Patrick
Executive Director
Family Focus, Inc.
310 South Peoria
Suite 401
Chicago, IL 60607-3534
(312) 421-5200
(312) 421-8185 Fax

FAMILY INVESTMENT TRUST

The Family Investment Trust (FIT) is a Missouri statewide partnership created by an Executive Order. It creates a public/private partnership aimed at developing a strategic approach for strengthening families and keeping children safe, healthy, and successful. FIT is committed to parents working and their children being ready to enter school.

FIT uses three methods to accomplish its mission: it promotes the use of family-focused and preventive services that respond to families as a whole, it promotes a participatory decision-making process at the local level, and it promotes the flexible use of dollars invested to achieve improved family outcomes and reduce governmental red tape.

FIT's Board of Directors, initially appointed by the governor, is made up of the directors of the Departments of Elementary and Secondary Education, Health, Mental Health, Labor, and Social Services, as well as civic and corporate leaders.

One of FIT's approaches to reaching its goals is to work with communities to create more innovative strategies for serving children and families by using federal family support dollars as a catalyst. Beginning this fall there will be planning groups to help communities think creatively about how to apply for family support dollars and how to use those dollars. Another approach will be an attempt to use federal funds, such as Medicaid reimbursements, to fund school clinics.

Financing

Strategy

FIT supports innovations that cut across traditional agency boundaries and funding streams.

Methods

FIT is funded through private Missouri and national foundations, and through in-kind government support.

Evaluation

No evaluations have taken place at this time. However, this partnership was designed in part due to positive results from the evaluations of Caring Communities and other similar programs.

Contact

Phyllis Rozansky
Director
Family Investment Trust
3915 W. Pine Boulevard
St. Louis, MO 63108-3207
(314) 531-5505
(314) 531-2285 Fax

FAMILY RESOURCE SCHOOLS

The Family Resource Schools (FRS) initiative is a school-based family services project. FRS is a partnership between the Denver Public Schools and the City of Denver, with state, business and foundation support.

Planning of FRS began in the fall of 1989. In September 1990, seven elementary schools began to implement the concept by acting as service delivery centers. The total student population in the seven schools is approximately 2,700 students. The primary service population has been defined as not only students in the seven schools, but also their families; no one is turned away from the centers.

The FRS program offers support that is both student- and family-focused. In order to provide this support, schools have expanded their hours of operation and include summer programs and child care. The goal of the initiative is to enhance the range of programming and activities offered by public schools in inner-city neighborhoods. Schools provide programs aimed at student achievement and growth, adult education and skill building, parent education, family support, and staff development and training.

Financing

Strategy

The FRS initiative was developed with in-kind support from the Colorado governor's office, the mayor's office, the Department of Social Services, and the Denver Public Schools. The implementation of the initiative is reliant upon funds from the state, the city, foundations, and businesses.

It was initially understood that if the FRS project was successful, the City and the Denver Public Schools would contribute funds to the initiative and it would become a regular program. However, due to tight budgetary constraints, this has not happened at the level originally intended. The City of Denver has contributed financial support for the current fiscal year.

If institutionalization cannot be initiated, other methods for sustained implementation will be explored.

Methods

The original funders of the FRS project were Denver Public Schools and the City of Denver (providing in-kind support), the state, foundations, and businesses (e.g., First Impressions gave $150,000, Pace Warehouse gave $100,000 over two years, and Public Service Corporation gave $165,000 over four years and loaned an executive for the first year's administration).

The annual budget is approximately $410,000: $40,000 for project coordination, $70,000 for project development and implementation, and $300,000 for six project site budgets of $50,000 each.

All administrative costs are absorbed by the schools through the in-kind contributions of facilities and staff. Current major funders include the Colorado Department of Education,

the Colorado Department of Local Affairs, the City of Denver Community Development Office, the Danforth Foundation, the Piton Foundation, and the Junior League of Denver.

Evaluation

In 1990, during the initial stages of the project, resource assessments were conducted by planning committees made up of principals, teachers, parents, and community representatives. These committees were formed to determine each individual school's and community's need for services.

A second-year evaluation was conducted in 1992 by the Center for the Improvement of Public Management at the University of Colorado at Denver. This evaluation is primarily a process evaluation; however, it does contain some outcomes as it compares participants with a control group (non-participants in the schools) in the areas of test scores, performance, attitude, and motivation. It also looks at services provided, comparing schools and quantifying results by numbers served. The evaluation further looks at barriers to attendance through profiles of attendees. It examines the effect of the program, if any, on parents, community involvement, and student achievement. It also examines the participant pool and the partnerships that the FRS project has created. The evaluation is based, in part, on interview responses regarding satisfaction with the services provided.

Contact

Twila Norman
Project Director, Family Resource Schools and
Assistant Superintendent of Elementary Education
Denver Public Schools
900 Grant Street
Denver, CO 80203
(303) 764-3542
(303) 764-3838 Fax

FLORIDA FULL SERVICE SCHOOLS

Full Service Schools (FSS), authorized as s.402.3026 in the Florida Statutes, are intended to integrate health, social, human, and employment services. The Full Service Schools are to be "one stop service centers" with integrated education, health, social, human, and employment services that are beneficial to meeting the needs of children and youth and their families on school grounds or in locations that are easily accessible.

The FSS legislation specifies that the Full Service Schools are to be located at schools with populations at risk of needing medical and social services. They are to be open to all students and their families, although some services offered will require minimum qualifications of need. The legislation was written in order to leave the meaning of "high risk" ambiguous, allowing local communities the ability to determine the risk factors of particular urgency for each school.

Full Service Schools are locally planned and accountable. The only common element required of the local sites is operational. Each site must have a planning committee with representatives from local education and government agencies, public and private sectors, and business and community service agencies; and a selection of services directly benefiting students and families.

FSS sites are chosen through a competitive grant process. In 1991-1992, 32 districts and one university-affiliated developmental research school initiated programs at 128 sites. Currently, 49 of Florida's 67 school districts receive competitive grants supporting 220 FSS sites.

The Department of Health and Rehabilitative Services (HRS) cooperated with the FSS initiative and implemented a parallel initiative for Supplemental School Health Programs.

Financing

Strategy

Full Service Schools are funded through a line item in the budget. The initial 128 sites were funded with $6.1 million which came through the Department of Education (DOE).

Beyond the state allocation, there is no single local funding strategy for all Full Service Schools. Localities raise additional funds from federal, state, and local governments, foundations, businesses, and non-profits. There are also funding opportunities from DOE, HRS, Juvenile Justice, and the Department of Labor.

Methods

For 1994-1995, Full Service Schools were appropriated $9.3 million. The money comes through the Department of Education, where an interagency review team selects projects to be funded from school districts' applications.

Public Education Capital Outlay (PECO) projects have funded the renovation, remodeling, new construction, and equipping of facilities. These outlays total $14.5 million

for 1994-1995 and cover 199 schools. PECO funds both Full Service Schools that have received state competitive grants and those that have not.

Evaluation

An evaluation was conducted by the Institute for At-Risk Infants, Children and Youth and Their Families, University of South Florida, for the Florida Department of Education. It summarizes self-evaluations of FSS initiatives after six to nine months of implementation. One recommendation of the evaluation was that closed-ended questions and more refined measurements would make for more effective evaluations.

Contacts

Financing:
Mary Jo Butler
Administrator, Dropout Prevention
Florida Department of Education
444 Florida Education Center
Tallahassee, FL 32399
(904) 488-6315
(904) 488-9840 Fax

Evaluations:
Neil Burger, Ph.D.
Deputy Director
Institute for Instructional Research
and Practice
University of South Florida
4202 East Fowler Ave. - HMS 401
Tampa, FL 33620-8350
(813) 974-3700
(813) 974-5132 Fax

GOVERNOR'S CABINET ON CHILDREN AND FAMILIES

The West Virginia Legislature created the Governor's Cabinet on Children and Families in 1990 to foster educational and to'al life development for children, concentrating on the idea that parents are children's first teachers and have primary responsibility for their development.

The Cabinet is composed of, at a minimum, the secretary of Health and Human Resources; the secretary of Commerce, Labor and Environmental Resources or a designee; the secretary of Administration or a designee; the superintendent of schools; and the attorney general. One governor-appointed member of the Senate and one of the House of Delegates also serve in an advisory capacity.

Currently, the Cabinet is moving toward creating more of a partnership between the state agencies and local communities. Thus, the governor has reduced the Cabinet staff (from ten to three) to try to move the state agencies further along. The staff's responsibilities will be taken over by the state agencies' personnel, especially the responsibilities for providing technical assistance and state-level coordination.

The Family Resource Networks (FRNs) are one of the primary initiatives of the Cabinet. FRNs are created as community-based, non-profit organizations representing a single county or consortium of counties, and are established to integrate services for children and families.

The original legislative allocation allowed the Cabinet to fund five FRNs. More recently, the Benedum Foundation funded two more, bringing the total to seven. These seven FRNs submitted initial proposals and were selected through an application process. With approval of the proposals (selection as an FRN), the Cabinet Operations Group commits to helping the FRNs remove any barriers to implementation. The Cabinet has the power to waive regulations and move funding across agencies. With very little local funding in West Virginia, most of the barriers are at the state level.

FRNs are encouraged to create a local action plan that establishes ways in which local areas can reconfigure the funds targeted for children and families. The plans propose to blend state and federal funds. The Cabinet is working with the Philadelphia regional federal office to work toward the implementation of these plans.

While the Cabinet only provides funds to the seven officially selected FRNs, any unfunded FRN that requests technical assistance may receive this service. These FRNs are generally run by volunteers and are in various stages of development.

An FRN must be: a consortium of health, behavioral health, human services, and education providers; inclusive of at least one entire geographic county; governed by a single entity (i.e., a non-profit corporation); governed by a board made up of a majority of non-providers; and accepting of the Cabinet's Mission Statement as the basic principle of its philosophy.

Financing

Strategy

The legislation that created the Cabinet gives it the authority to "transfer funds among, between and within departments in accordance with rules for such purpose adopted by the cabinet." As of yet, this provision has not been exercised.

If an FRN is established, the Cabinet has the authority to waive state rules to pool funds for the agencies. FRNs are financed through refinancing and reinvestment strategies with some new money available for start-up through the Cabinet grants program. Money was made available to the Cabinet from the West Virginia Legislature, the Benedum Foundation, and the Appalachian Regional Commission.

The Cabinet, with funding from the Benedum Foundation, is working on different financing and funding strategies for children and families.

Methods

The initial appropriation in August 1990 was $1 million; every year after that, the appropriation has been for between $400,000 and $500,000.

There are 37 Family Resource Networks, but only seven receive funding from the Cabinet. The Cabinet provides technical assistance to all of the FRNs, upon their request.

Evaluation

The communities collect some evaluation information and send it to the Cabinet. Preliminary work on evaluations also has been done with the Harvard Family Research Project.

Contact

Steve Heasley
Funding Specialist
Governor's Cabinet on Children and Families
Building 1, Room 9
1900 Kanawha Blvd., East
Charleston, WV 27305
(304) 558-0600
(304) 558-0596 Fax

HAWAII'S HEALTHY START FAMILY SUPPORT SYSTEMS

Hawaii's Healthy Start Family Support Systems (HS/FSS) program serves as the state's primary child abuse and neglect prevention program. HS/FSS reaches out to families (through screening, home visiting, and family support) under multiple stresses at the time of the birth of a new infant. The main goals of the program are to reduce family stress and improve family functioning and parenting skills, enhance child health and development, and prevent abuse and neglect.

HS/FSS was initiated with a small screening program in 1975 and was expanded to a State-funded demonstration project in Oahu in 1985. Following the success of the demonstration project, Healthy Start was broadened to 11 sites in 1990. In 1995, the initiative is financed through state funds and has 12 sites throughout the state. While the Department of Health's Maternal and Child Health Branch (MCHB) administers and monitors the Family Support Systems program, the Healthy Start program is implemented on a day-to-day basis by seven private, non-profit community agencies.

Although the program is on every island, it is not statewide because there is a lack of capacity to reach all those who are eligible (e.g., on Oahu, the largest island, the program is only reaching 50 percent of all newborns). This is, in part. because case workers don't take on more clients when they've reached a full case load of 25 families. When case workers reach their maximum caseload, there is an attempt to link high-risk mothers with other appropriate social and health services. Currently, Healthy Start is reaching 45 percent of all newborns. Of this 45 percent, 20 percent are at-risk. In fiscal year 1994, HS/FSS served 2,760 families. It is estimated HS/FSS will serve 3,305 families in 1995.

The principles of the Healthy Start initiative are: systematic screening to identify 90 percent of high-risk families of newborns, community-based home visiting family support services, individualization of the intensity of service based on the family's need and risk level, linkage to a medical provider, coordination of a range of health and social services for at-risk families, continuous follow-up until the child reaches age five, a structured training program, and collaboration to serve environmentally at-risk children.

Healthy Start offers services such as daily chart screening at target hospitals, voluntary home visitation focusing on parent-child bonding, case management services and interagency coordination, parent support groups, and community education.

Financing

Strategy

The original demonstration project, which ran from 1979 to 1981, was financed through federal funds. The second demonstration project in Oahu in 1985 was financed by state funds and was also a three-year project. In 1990, when the initiative was expanded, it was financed through appropriations of almost $4 million from the state legislature. At this point, the program became institutionalized as part of the Maternal and Child Health Branch of Hawaii's Department of Health.

The average 1994 cost of screening and assessment was $145 per case and the average cost of case management services, including child development, was $2,400. In 1994, the total cost for a family was $2,800, including monitoring, evaluation, training, screening, assessment, and case management.

While the FSS program is financed entirely through state funds, these funds cover only 90 percent of the costs of Healthy Start. Each of the seven private agencies operating HS programs raise funds that help to supplement the state funds.

Methods

The budget for fiscal year 1995 is $8,284,082, appropriated by the state. The fiscal year 1994 budget was slightly over $6 million.

Evaluation

A primary outcome measure for the initiative is the number of children in the service population who are later confirmed for abuse and neglect. Three years after the initiation of the 1985 demonstration, an evaluation was conducted which concluded that of the 241 high-risk families in the demonstration, not a single case of abuse was reported. This 1988 study also described Healthy Start as "a good example of cost-efficient public-private partnerships."

An evaluation of the Healthy Start pilot, initiated in 1985 and completed in 1988 in the Ewa, Ewa Beach, and Waipahu areas, was conducted by Ramey et al.

In 1988, Stannard evaluated the early identification services provided by the Healthy Start project to determine whether missed cases were due to systematic bias or random error, and to evaluate the validity and reliability of using the Family Stress Center Referral Record as a first-level screen. It was determined that missed cases were due to random error, which has subsequently been almost fully corrected.

The initiative, as of 1992, had 99.8 percent accuracy in hospital identification of high-risk families. The home visitor program has been deemed 99.7 percent successful in assisting families avert physical abuse and neglect. The National Committee to Prevent Child Abuse in October 1992 initiated a three-year study of the initial and long-term efficacy of the initiative. The Director of Health also presented a report on the Healthy Start program to the legislature in 1992. This report served as a review of the initiative, with recommendations for future development and change.

MCHB has contracted with a consultant to develop studies to evaluate Healthy Start's effectiveness. MCHB also conducts continual monitoring of the Healthy Start initiative through expenditure reports and progress reports from providers.

Another control study began in October 1994 as a collaboration among the Hawaii Department of Health, the Hawaii Medical Association, and the Robert Wood Johnson Foundation. This randomized study to determine health outcomes and the cost/benefit of the Healthy Start model is to be conducted in conjunction with the Johns Hopkins School of Medicine. It is being funded by foundations (e.g., the Robert Wood Johnson Foundation and

The Pew Charitable Trusts) and the federal Maternal and Child Health Bureau of the Department of Health and Human Services.

Contacts

Loretta Fuddy
Chief, Maternal and Child Health Branch
Department of Health
741-A Sunset Avenue
Suite 204
Honolulu, HI 96816
(808) 733-9022
(808) 733-9032 Fax

Gladys Wong
Program Coordinator
Healthy Start
Maternal and Child Health Branch
1600 Kapiolani Blvd.
Suite 600
Honolulu, HI 96814
(808) 946-4771
(808) 942-2160 Fax

HEALTHY START

Healthy Start (HS) was established through California Senate Bill 620 in 1991 as an effort to place comprehensive support services at or near schools. The goals of Healthy Start are to improve the education, health, mental health, and social outcomes of children and families. The Healthy Start projects are all community developed, controlled, and governed initiatives; and, consequently, each is unique.

At least 90 percent of the schools that receive Healthy Start funds must meet eligibility criteria. For junior high and high schools, at least 35 percent of the enrolled students who must be from families that receive Aid to Families with Dependent Children (AFDC) support or have limited English proficiency, or both; and eligible to receive free or reduced-price meals. In qualifying elementary schools, at least 50 percent of enrolled students meet these criteria. Grants are awarded and administered by the California Department of Education.

In conjunction with the California Department of Education, the California Partnership for Comprehensive, Integrated School-Linked Services, initiated in 1992, offers support to Healthy Start participants and strives to link the Healthy Start program with other initiatives in order to improve outcomes for California children and their families. The Partnership is made up of the governor of California, the secretary of the health and welfare agency, the state Superintendent of Public Instruction and the Foundation Consortium for School-Linked Services, which represents 22 California-based grant makers.

Financing

Strategy

The Superintendent of Public Instruction is authorized by the Healthy Start initiative to award planning and operational grants annually to school districts to provide integrated services to children and their families. Planning grants are for a one- or two-year period and are for a maximum of $50,000. Operational grants are for a maximum of $400,000 for a three-year period, including a one-time amount of $100,000 for start-up costs.

The financing strategy includes trying to draw down as many federal funds as possible and linking Healthy Start initiatives to state-level mainstream funding in order to create sustainable funding streams.

Healthy Start is designed as "glue money, not new money." HS is founded on the belief that sites should use appropriations to supplement existing funding streams rather than as new categorical funding streams. There is a legal limit on the amount of Healthy Start funds that can be put into services in order to ensure maximum use of existing resources and funding streams.

Methods

Healthy Start is funded in the annual State Budget Act. The first-year (1991-1992) appropriation for Healthy Start was $20.5 million, which funded 40 operational proposals

and 110 planning proposals. Funding for each additional year has remained at approximately $20 million.

During the period of 1991-1994, Healthy Start projects were established in 53 counties, 171 school districts, and 890 schools through operational and planning grants. There are 114 operational and 235 planning grants. As some HS sites are a cluster of schools, there are 315 schools in the operational stage, and 615 covered by planning grants.

Healthy Start sites are expected to develop methods for long-term financing upon expiration of state grants. One strategy for sustainability is to use Medicaid dollars, where reimbursement is on a fee-for-service basis for health services currently provided by schools.

In 1993, federal approval was granted to allow schools to do Medicaid billing. It was anticipated to bring approximately $50 million annually in federal matching funds. However, in reality, funds are coming in more slowly than anticipated because this is new territory for schools and because all eligible Medicaid recipients are not easily identified. To date, the schools have received approximately $1 million from Medicaid.

The state statute that implemented the Medicaid billing option specifies that the "recovered" money is returned to the school district – not the state. The districts then decide how to spend the money, although it must be spent in Healthy Start-like activities. Schools must set up a local collaborative for decisionmaking.

School districts may also participate in billing Medicaid through an administrative claiming mechanism. In order to do so, school districts must participate in a contracted arrangement with the county health department.

Evaluation

Local Healthy Start programs must be focused on outcomes and are aimed at producing measurable improvements.

Three components of a comprehensive evaluation of the Healthy Start programs have taken place to date; all were conducted by SRI International. In February 1994, two reports were released: the first was an evaluation of planning grants and the second was a process evaluation of the first year of the initiative.

The third report, an evaluation of the statewide initiative, was released in June 1994. It examined the development of the collaboratives and service delivery as well as outcomes. This evaluation grouped Healthy Start programs into four basic types: school-site family centers, satellite family service centers, family service coordination teams, and youth service programs. The ethnic background and age differences of the population being served were also examined for variations in service delivery.

The Healthy Start program targeted the following individual outcomes: improvements in meeting basic needs, employment, health and wellness, individual emotional health, family functioning, youth behaviors, and educational performance. Data were collected through a comparison of intake and follow-up forms, parent questionnaires, and school records of those children involved in the Healthy Start programs. Overall improvement of targeted individual outcomes was analyzed. Schoolwide outcomes were measured through changes in attendance, student behavior, and educational performance. Student behavior, as

measured by the average number of disciplinary actions in a month, was the only significant change in these outcomes. However, even these early data show promising results and positive outcomes for children and families participating in Healthy Start.

A statewide evaluation report, due out in October 1995, will track the development of grantees over three years.

Contact

Wade Brynelson
Assistant Superintendent of Public Instruction
Interagency Children and Youth Services Division
California Deparment of Education
721 Capitol Mall, 5th Floor
Sacramento, CA 95814
(916) 657-3558
(916) 657-4611 Fax

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS

The Home Instruction Program for Preschool Youngsters (HIPPY) began in 1969 as an initiative of the National Council of Jewish Women (NCJW) Research Institute for Innovation in Education at The Hebrew University in Jerusalem, Israel. It is a curriculum that aims to help parents teach their four- and five-year-olds at home to facilitate the child's transition from preschool to kindergarten. HIPPY has adapted and implemented the curriculum worldwide, from New Zealand to South Africa to cities throughout the United States. The first HIPPY programs were brought to the United States in 1984. Today, approximately 12,000 educationally disadvantaged families participate in programs operating in 25 states. HIPPY USA, the national network of all HIPPY programs, provides training and technical assistance to existing programs and communities interested in starting new programs, develops the program curriculum, disseminates information, coordinates research and evaluation efforts, and develops regional capacity for training and technical assistance.

HIPPY reaches out to hard-to-reach families and gives parents an opportunity to help their children, particularly parents who have had little and often unsuccessful formal schooling. Parents are trained by paraprofessionals, themselves parents from the community, and are supported by other participants and a local program coordinator. HIPPY is a three-year program; in each year, there are 30 weeks of activities for parents and their children to roughly coincide with the school year. The activities concentrate on language development, sensory and perceptual discrimination skills, and problem solving. Parents are to work an average of 15 to 20 minutes each day with their children.

While the basic HIPPY program is education-focused, individual sites have broadened the HIPPY concept to include delivery of more comprehensive services. HIPPY, generally, is based on a community empowerment model that works with the community by training community members to become home visitors. The trust among parents and home visitors is used as an entry point for the provision of other services. HIPPY reaches hard-to-reach families and can become a resource center for health, literacy, child development, and other services.

As an independent, not-for-profit organization, HIPPY USA has its own Board of Trustees, with Hillary Rodham Clinton as a founding and now Emeritus Board member. The Board sets overall policy, develops a strategic plan, and approves the annual budget of the organization. Most members of the Board have been involved with programs locally. HIPPY encourages the establishment of a local advisory group (with representatives from different segments of the community) at each site to guide program implementation.

One example of the implementation of HIPPY is HIPPY in Arkansas: beginning in 1986, HIPPY in Arkansas was coordinated from the governor's office. In 1990, the state's first HIPPY director was hired. In 1991, HIPPY in Arkansas was formally created through early childhood legislation, the Arkansas Better Chance Act. Arkansas HIPPY programs are networked and coordinated through the Arkansas Children's Hospital HIPPY Center. Currently, 30 agencies around the state provide HIPPY programs to approximately 5,500 families. Arkansas HIPPY sites encompass 54 counties and are administered through a

variety of community-based organizations, including local school districts, education service cooperatives, community colleges, economic development agencies, and Head Start agencies.

Arkansas HIPPY programs network with other community service agencies and programs to provide appropriate services to families, including the Department of Human Services' Project Success, Arkansas Children's Hospital, Adult Education, Education Cooperative Early Childhood program, Home Extension programs, Financial Aid for College through the Job Training Partnership Act (JTPA), Literacy Councils, Single Parent programs, and the Arkansas Department of Health.

Financing

Strategy

Funding for HIPPY USA is derived from three main sources: fees for training services, royalties on HIPPY curriculum materials, and grants. Grants have been awarded from a wide range of foundations, corporations, and small family foundations.

Local HIPPY chapters receive funding from the U.S. Departments of Education, and of Health and Human Services, the Indian Child Welfare Act, JTPA, Save the Children Foundation, local school districts, community-based organizations, local NCJW chapters, colleges/universities, the Junior League, and various other foundations and corporations.

Methods

HIPPY in Arkansas receives funding totaling $2.5 million through the Arkansas Better Child Act of 1991. It also receives support from JTPA, Chapter 1, Chapter 2, Compensatory Education, private corporations, Minnesota Early Learning Design, Head Start, Even Start, and Save the Children.

Evaluation

The HIPPY model has been systematically evaluated in Israel with positive results.

The NCJW Center for the Child is conducting various research projects evaluating the implementation and success of HIPPY in the United States. Anecdotal evidence suggests that HIPPY is having a positive effect on parents and children in the United States.

The NCJW Center for the Child was awarded a three-year grant from the Fund for Innovation in Education Program of the U.S. Department of Education to evaluate the school-based HIPPY programs. The project includes three distinct components: a model validation study that will assess the effectiveness of HIPPY in preventing academic under achievement and in enhancing parental involvement in their children's schooling; an implementation component that will document how HIPPY has been implemented in three sites; and a cost analysis which will provide detailed information about the types of costs incurred in starting up and maintaining a HIPPY program.

Preliminary results of this three-year study show that in Arkansas, teachers rated boys who participated in HIPPY as significantly better adapted to the classroom than boys not participating in HIPPY (there was no significant difference between HIPPY and comparison

girls). New York teachers rated HIPPY children as significantly better adapted to the classroom than children randomly assigned to the control group (children's classroom adaptation is an important component of school success). The study will provide findings on other effects of HIPPY, including the child's school readiness and classroom adaptation, the family's school readiness and participation in the child's education, parent-child relationships, parental development, parental self-sufficiency, and the child's school performance.

The Center for the Child is also involved with various other research projects. The Carnegie Corporation awarded the Center a two-year grant in 1992 to conduct a set of case studies focusing on implementation issues. HIPPY in "Brownswell" is a case study of one inner-city program which found that, through their work with HIPPY, the paraprofessionals gained increased understanding of the needs of the community, concrete ideas on how to act on those needs, and improved job skills that prepared them for future employment.

Contacts

HIPPY USA:
Home Instruction Program for
Preschool Youngsters
c/o Teachers College
Box 113
525 West 120th Street
New York, NY 10027
(212) 678-3500
(212) 678-4136 Fax

HIPPY Arkansas:
Barbara Gilkey
Director
HIPPY-Arkansas
Arkansas Children's Hospital
Little Rock, AR 72202
(501) 320-3671
(501) 320-3547 Fax

KENTUCKY EDUCATION REFORM

The Kentucky Education Reform Act (KERA) was passed in 1990. It is a multi-dimensional reform initiative for Kentucky's educational system. KERA's system of school finance, SEEK (Support Education Excellence in Kentucky), was established to ensure that Kentucky's education dollars are distributed to provide equal educational opportunities for all Kentucky children. The system is helping to give Kentucky children equal opportunities to learn; to make more dollars available for education; and to spread those dollars according to local needs, with more state money going to districts with limited ability to generate local funds.

The Family Resource and Youth Service Centers (FRYSCs) are the integrated services aspect of KERA. They are school-based service centers with funding from a state budget allocation. Local public schools may apply for a grant under this program. To qualify, they must have over 20 percent of their student population approved for free school meals.

The FRYSCs should be fully implemented by 1996-1997. Implementation is the responsibility of local school districts and, while the state has established the basic services that may be provided, the individual centers are designed differently based on the service needs of the individual school. Goals range from helping families gain access to and integrating services, to being the service provider of last resort.

Financing

Strategy

Under KERA, state education funding increased approximately 50 percent and local funding approximately 50 percent through 1994-1995. At the state level, this additional funding came from tax increases, including a 1 percent increase in the sales tax, and from other taxes (e.g., business taxes). At the local level, the funding came primarily from an increase in property taxes and a tax on utilities (if the locality did not have one already). KERA legislation allowed the local school board to raise taxes to a certain level without a recall or a vote. The equivalent tax rate is $0.30 per $100 and $0.05 for debt service--the locality is required to have $0.30 of taxes ($0.05 is an optional add on). Above the $0.35 tax rate, the state will supplement poorer districts that have the same tax rate as wealthier districts. Because the poorer tax districts have a lower tax base, they are collecting a lesser amount of money than the wealthier districts. Approximately $91 million is appropriated for this equalization.

The gap between the wealthiest one-fifth of districts and the poorest one-fifth of districts has been narrowed by 52 percent in three years. There is a hope that the gap will be virtually closed in six to eight years. Although the wealthiest districts continue to increase spending, the poorer districts are increasing spending more quickly.

All funds generated by the local taxation stays at the local level. Local funds account for approximately 25 percent of the funds expended for elementary and secondary education. Through the SEEK program and various categorical grant programs, the state contributed approximately 65 percent of the funds expended at the local level. In addition, state revenues are used for teachers' retirement fees, school employees' health and life insurance, and other

state responsibilities in funding. The majority of state and local money raised goes into the basic funding formula.

Methods

Grant allocations are issued in the maximum amount of $90,000 and minimum amount of $10,800 for the FRYSCs. The fiscal year 1994 average grant was $67,400, based on a $200 allocation for each student eligible for free school meals.

FRYSC general fund appropriations in fiscal year 1992 equaled $9.5 million, establishing 133 centers. In fiscal year 1994, 382 centers were established (serving 651 schools or 48 percent of all Kentucky schools), with general fund appropriations of $26.4 million. The legislature has appropriated up to $47 million in the next fiscal year, and there is a commitment to appropriate up to $50 million in 1996 for additional centers in order to bring the program to full scale. When the program is fully implemented, there should be centers serving over 1,000 of Kentucky's 1,361 schools.

After the program is fully implemented in approximately five years, funding will continue as a normal part of the budget. The funding is fairly stable, because the legislature has a strong commitment to fund these centers.

Evaluation

A statewide needs assessment, including the compilation of national and Kentucky youth statistics, was undertaken to demonstrate the need for Kentucky's Education Reform.

The Kentucky Department of Education produces a Report Card that is a status report on the state of reform; the latest was for years 1993-1994. The Report Card lists 1996 reform goals alongside 1990-1993 status and 1993-1994 progress. The goals are primarily based on process rather than outcomes. The Appalachia Educational Laboratory also conducted a qualitative study of education reform in Kentucky.

Needs assessments for the FRYSCs have generally been conducted on a site-by-site basis through such methods as questionnaires, surveys, and meetings.

FRYSC implementation evaluations were conducted by REACH of Louisville in August 1993 and again in June 1994. The implementation evaluations are primarily process evaluations, based on program service statistics, written evaluations, and interviews. A formative FRYSC evaluation was conducted in October 1993. The formative evaluation goes into formal educational outcomes evaluations, including demographic and program data analysis, school attendance and achievement data, and satisfaction ratings. The data are based on participant reaction data, school statistics, and school personnel/community member satisfaction ratings. A summary of interim evaluation data for the reporting period July through December 1993 was also compiled by REACH.

Contact

Tom Willis
Associate Commissioner
Kentucky Department of Education
1521 Capitol Plaza Tower
Frankfurt, KY 40601
(502) 564-3930
(502) 564-7574 Fax

LAFAYETTE COURTS FAMILY DEVELOPMENT CENTER

The Lafayette Courts Family Development Center (FDC) is located in the Lafayette Courts housing unit in Baltimore City. The FDC was started in 1987 when Baltimore City officials became aware of the need for on-site service provision for residents of the public housing development who had difficulty receiving social services.

Lafayette Courts houses almost 2,400 residents. The Family Development Center serves approximately 750 families, 300 of whom are in the active caseload annually. A social worker, an employment counselor, an addiction counselor, and a health educator provide services at the housing unit. These services include child care, educational and General Equivalency Diploma (GED) services, employment and training assistance, health, and family support services.

The Advisory Board includes representatives from the Department of Health, the Mayor's Office, the Baltimore City Schools, and the Housing Authority of Baltimore.

Financing

Strategy

The Family Development Center was created with Community Development Block Grant (CDBG) funds from the Baltimore Housing Authority. It operates on an annual budget of approximately $500,000. It does not receive grant funds, but instead makes use of existing resources.

Methods

The bulk of funding (about 90-95 percent) comes from the Community Development Block Grant. The remaining 5-10 percent comes from the Job Training Partnership Act (JTPA). In-kind support is received from the Housing Authority of Baltimore, the Baltimore City Health Department, the Baltimore Department of Social Services, and the Office of Employment Development, among others.

Since the beginning of the initiative in 1987, each year the FDC applies for the CDBG grant and it is renewed. Thus far, the funding has been stable, and it is anticipated that it will remain so.

Evaluation

The outcome measures for the Lafayette FDC initiative were clearly defined at the outset and include increasing the pr· portion of family heads working, increasing graduation rates, and decreasing pregnancy and addiction rates. These desired outcomes are the basis for evaluation.

An evaluation was conducted by Johns Hopkins University's Institute for Policy Studies with funds from the CDBG. It looked at the three-year period from mid-1986 to mid-1989. The evaluation was released in two stages: the implementation evaluation in January 1991 and the outcomes evaluation in April 1991. The evaluation analyzed source delivery records,

advisory board meeting notes, and field visit observations. The outcomes evaluation used a housing unit in close proximity to Lafayette as a control group. The data for both evaluations were measured at two points in time over the span of a year.

The evaluations revealed that while some changes occurred during the one year of study, a longer evaluation period is necessary to show outcome results.

Contact

James Massey
Project Director
Lafayette Courts
200 N. Aisquith Street
Baltimore , MD 21202
(410) 396-9321
(410) 396-4064 Fax

LINCOLN INTERMEDIATE UNIT NO. 12, MIGRANT CHILD DEVELOPMENT PROGRAM

Lincoln Intermediate Unit No. 12 Migrant Child Development Program (LIUMCDP) was developed to serve the children of Pennsylvania's migrant agricultural workers, aged infancy through 21. The children who qualify for the LIUMCDP program are children of interstate migrants, intrastate migrants, and former migratory workers. The goal of the program is to "ensure that all enrolled migrant students receive educational programs and services necessary to develop self-confidence, academic discipline and vocational competencies...." LIUMCDP operates in 31 counties and served just under 2,000 children in 1994.

LIUMCDP services are structured around education; however, they encompass much broader childhood needs, including health, nutrition, and safety. The program also offers day care and preschool centers, family and group day care homes, English as a Second Language supplementation, special needs intervention, summer school programs, and career education. If LIUMCDP does not provide a specific service, then it refers the child/family out to the community, especially for health care and social services.

LIUMCDP facilitates interagency coordination through an annual meeting of all agencies that serve migrants and through monthly meetings of the migrant coalition, which includes representatives of all programs for migrants. In addition, the Director of LIUMCDP is the president of the Agriculture Human Resource Management Association (AHRMA) which is composed of one-quarter agricultural employers and growers, one-quarter workers, one-quarter representatives of public service agencies, and one-quarter representatives of the community at large. AHRMA serves as an umbrella group that seeks to facilitate good communication among all the members, and also acts as an advisory group to LIUMCDP.

Financing

Strategy

The funding for LIUMCDP is pieced together from a number of different federal and state agencies. In addition, donations are accepted. In 1995, LIUMCDP does not receive any funds from foundations; however there is some thought of beginning to do some fund-raising in that area, especially to fund evaluations.

LIUMCDP receives, as its major source of funds, funding from the federal government for migrant education (Title I, Part C of the Improving America's Schools Act). Federal funds also are granted for being a demonstration site for Even Start for children from birth through eight years. Federal nutrition financing from the Child and Adult Care Food Program and the Summer Food Feeding and Donated Commodities Programs provides for two or three nutrition programs. State funds flow through the Department of Public Welfare for preschool/day care and family day care. Local school district money for operating English as a Second Language programs in various school districts also supports LIUMCDP. Various other special grants, including the governor's special grants for upgrading facilities and nutrition education and donations from individuals and churches, also support the initiative.

Methods

The LIUMCDP budget was about $1.6 million per year a few years ago. No exact record is kept of how much money is received since funds are pieced together and some funding comes in an ad hoc manner.

Evaluation

The state evaluates the summer programs of LIUMCDP.

The federal Even Start program had never included migrant populations in its evaluations since they are such mobile populations. As a result, Fus Associates, under contract with the federal government, studied LIUMCDP to try to figure out how to effectively measure migrant Even Start programs. An evaluation will take place some time in the future based on the findings.

There is anecdotal evidence, offered by the director, that LIUMCDP has the highest GED rate in the country for migrant Even Start programs.

Contact

Parker Coble
Director
LIUMCDP
103 Rear Carlisle Street
Gettysburg, PA 17325
(717) 624-4616
(717) 624-3866 Fax

LOCAL INVESTMENT COMMISSION

Kansas City's Local Investment Commission (LINC) is an initiative to reform the Kansas City human services system at the community level. It began with the Missouri Department of Social Services and several community leaders who wanted to "do things differently."

LINC is composed of 23 members including civic leaders, consumers, business leaders, advocates, and citizens. Sitting with the Commission is a 15 member professional cabinet consisting of private and public staff professionals who provide technical expertise and guidance. The cabinet also has committees with a combined membership of approximately 330 that concentrate on the areas of health care, aging, housing and safety, business and economic development, children and families, school-linked services, and welfare reform.

LINC serves primarily as a coordinating organization for bringing together the human services agencies and the public and private sectors. LINC serves as a facilitator for communications among the different parties with the goal of helping community-based, comprehensive initiatives. The initial target population is the population in the Kansas City limits, south of the Missouri River.

LINC is focused on various projects at the local level, including tax-increment financing through an investor relationship, economic development, job development, and redeployment and redirecting of social service dollars. LINC oversees and coordinates 21st Century Communities, which is a comprehensive approach to the development of low-income communities. This approach is composed of a number of initiatives. One initiative is the Centers for Learning and Neighborhood Services, where schools act as neighborhood social service centers. This effort is spearheaded by the Kansas City School Health Organization (KC-SHO) Board, a community board appointed by the Kansas City school district and LINC, composed of citizens, community leaders, funders, parents, and youth. Another initiative is Wage Supplementation, which converts Aid to Families with Dependent Children (AFDC) and Food Stamp benefits to an average grant amount offered to employers to promote the hiring of recipients. Wage Supplementation is only available to employers who create new jobs, to prevent job displacement.

Financing

Strategy

LINC does not have implementation funding, but acts as a facilitator to try to change the thinking around financing and delivery to be more creative and collaborative.

Methods

LINC's operational and administrative budget is $64,000. LINC's administrative costs are supported by the Missouri Department of Social Services (DSS) and a number of local foundations and businesses. The major expenditure for the LINC office is salaries for staff, which are paid for by DSS. Those salaries are approximately $200,000 annually, and supplies and other expenses total $70,000 annually.

Each initiative is financed independently and supported by a combination of local and national foundations and businesses, the Kansas City School District, and the Missouri Department of Social Services. LINC does not apply one financing strategy to all its initiatives.

Evaluation

LINC has developed a series of short-term and long-term targets for success that can serve as a first step toward evaluating progress.

Contacts

General:
Gayle Hobbs
Executive Director
Local Investment Commission
Penntower Building
3100 Broadway, Suite 226
Kansas City, MO 64111
(816) 889-3160
(816) 561-4864 Fax

Financing:
Bryan Fawks
Community Enterprise Developer
Community Enterprise Unit
Missouri Department of Social Services
P.O. Box 1527
Broadway State Office Building
Jefferson City, MO 65102
(314) 526-3581
(314) 526-4814 Fax

MARYLAND'S TOMORROW

The Maryland's Tomorrow (MT) High School Program, which began in 1988, operates in about 75 sites each year, serving approximately 8,000 students around the state. Maryland's Tomorrow operates in at least one high school site in every school district. MT is a partnership among businesses, schools, and the state. The primary goals of MT are to prevent high school dropouts and to help graduates make the transition successfully into the workplace or higher education. To achieve these goals, the initiative provides many comprehensive services, including working with students year-round and for one year after graduation. Students are identified based on low academic achievement, histories of grade retention, and various other characteristics.

Each site or locality has a local management team which includes representatives from business, the service delivery area, the local education agency, and in some cases, students and parents. This team is involved with identifying students' needs and developing programming to meet those needs. While each county may have different designs, generally schools within the same county will have similar programs. Although Maryland's Tomorrow encourages local flexibility in the design of each program, all programs must offer the following six service strategies: skills development for students, personal development activities for students, a sustained parent involvement program, business involvement, successful transition to school or work, and staff development. Each school has a teacher or case manager who advocates for the students, defusing any crisis that might lead a student to quit school. These teacher/advocates develop personal relationships with students, provide one-on-one counseling, work with teachers to monitor progress, and work with principals to find alternative solutions to discipline problems

Financing

Strategy

The Governor's Employment and Training Council's Education Task Force developed the Maryland's Tomorrow concept in 1987. Governor Schaefer and the Maryland General Assembly appropriated funds for the program's initial year, which began in July 1988. The state initially funded the program with $3 million, which was supplemented with $914,625 of the state's Job Training Partnership Act (JTPA) 8 percent allocation. These funds were apportioned by formula to the Private Industry Council (PIC)/JTPA Service Delivery Area system, which distributed the funds as grants to local school districts. At the local level, additional support was leveraged through private sources and foundations.

Methods

The fiscal year 1995 funds distributed to the local sites as grants included state funding for high school sites of $7.9 million combined with $1.2 million of federal funds. Localities raised an additional $6 million, $2.9 million of which came from federal JTPA, $2.8 million from

school systems, and $300,000 from other contributors. The state portion of the funding is considered a stable source of revenues.

Evaluation

Pelavin Associates, Inc., conducted evaluations of the program for the first five years of Maryland's Tomorrow. The conclusions of these evaluations were confirmed in a 1993 school-by-school evaluation done by the state Department of Education. This evaluation looked at the impact of Maryland's Tomorrow on individual student performance. The evaluation consisted of a research sample of 27 schools, which included over 50 percent of all Maryland's Tomorrow schools, with comparison groups identified for each school. Analysis focused on the degree to which the program achieved two of its primary goals: dropout prevention and improved passing rates on the Maryland Functional Tests. The study showed improved results on these criteria each year.

The Maryland's Tomorrow Performance System was established to align itself with the standards set for the Maryland School Performance Program created by the state in 1990. The system provides a mechanism for annually reviewing the performance of the Maryland's Tomorrow initiative. The Maryland's Tomorrow Performance System Report compares the Maryland's Tomorrow youth with their school as a whole, based on key standards from the Maryland School Performance Report (including passing scores on Maryland's Functional Tests as well as dropout rates). Maryland's Tomorrow youth are expected to achieve a satisfactory level of performance in each standard area by the end of program year 1996.

Contacts

General:
Marion Pines
Project Director, Maryland's Tomorrow
Senior Fellow, The Johns Hopkins
University Institute for Policy Studies
3400 N. Charles Street
Wyman Building, 5th Floor
Baltimore, MD 21218
(410) 516-7169
(410) 516-8233 Fax

Financing:
Irene Penn-Hechler
Chief of the Career
and Employability Branch
Maryland Department of Education
200 West Baltimore Street
4th Floor
Baltimore, MD 21201
(410) 767-0298
(410) 333-2423 Fax

MATERNAL INFANT HEALTH OUTREACH WORKER PROJECT

The Maternal Infant Health Outreach Worker Project (MIHOW) was initiated in 1982 by the Center for Health Services at Vanderbilt University, which continues to oversee this project, in addition to many others. The Ford Foundation provided the initial funding for MIHOW as a Child Survival/Fair Start pilot project.

MIHOW is a network of community-based organizations serving rural, low-income families in Appalachia and the Mississippi Delta. MIHOW is a partnership among community health centers and organizations in Tennessee, Kentucky, Virginia, West Virginia, and Arkansas, and the Vanderbilt Center for Health Services (CHS). Each site has a sponsoring local agency, a child care center, and a voluntary community organization or community health center, which must have an existing track record and be respected in the local community.

Through MIHOW, trained community mothers visit pregnant women and parents of small children at home to provide health and child development education, support for healthy lifestyles and positive parenting practices, and advocacy with health and social service systems. Most community sponsors have built on the MIHOW base and provide a range of activities, including General Equivalency Diploma programs, child care services, pregnancy prevention programs, job training, tutoring, parent groups, and links to federal programs. More than 3,000 families have participated in the MIHOW program since 1982.

Currently, there are 17 sites at various stages of development. These sites, which either apply or are chosen to be a part of the MIHOW project, are provided with VISTA volunteers and support from CHS for the first three years. CHS is responsible for program supervision, technical assistance, staff training, and evaluation. It helps local sites build the skills and contacts to do their own programming and fund-raising. The community sponsor is responsible for day-to-day operations. After their initial three years, almost all of the local sites are able to sustain themselves.

The Center for Health Services has a Board of Directors that oversees all of its work, including MIHOW. This board is composed of one-third representatives from the community, one-third student representatives, and one-third university faculty. The local agencies are all non-profits and use their existing boards to oversee MIHOW in addition to their other projects.

Financing

Strategy

Initial funding was provided by the Ford (in 1982), the Robert Wood Johnson (in 1983) and the Bernard van Leer (in 1987) foundations for a period of six years.

Each local agency generally receives its funds from a combination of the state public health department, the state Resource Mothers program (which has a similar mission), churches, foundations, and local corporations. The composition of this funding varies greatly among all the local sites.

Methods

The fiscal year 1995 operating budget is approximately $300,000, which includes training, technical assistance, materials, and some operating costs for some new sites. In-kind support is calculated at $375,000 from VISTA, paid directly to workers as stipend and health insurance.

Some financial support is received from Vanderbilt University. Vanderbilt also contributes the use of the building where central offices are located. The project at large receives funding from the Bernard van Leer Foundation, St. Joseph's Health System in California, and an anonymous donor. In addition, it receives a small amount of money from the National Commission on Community Service (NCCS). NCCS also provides 25 VISTA workers (calculated to be worth well over $100,000).

Evaluation

Three evaluations have been conducted. The first evaluation was a five year study conducted between 1983 and 1988. In the first part of the evaluation, Vital Statistics in West Virginia and Tennessee and the Kentucky Department of Prenatal Services provided county-level data which were applied to information on pregnancy outcomes and prenatal care use. In the second part of the evaluation, the Caldwell HOME Inventory (which assesses mother-infant interaction and parental management of the infant's environment) was given to a control group and to participants in the initiative when their children were approximately one and two years of age. MIHOW participants scored significantly higher than the controls at both intervals. Participants also received more prenatal medical visits than the controls, and participating pregnant women were more likely to obtain Medicaid coverage for their deliveries than non-participants. MIHOW was determined to have had "a powerful and positive impact on the participating families, on the women providing the services, on the leaders managing local programs, and on the local organizations sponsoring the intervention." This evaluation recognized that it would be impossible to separate the different levels of impact, due to their interdependencies.

In 1990, a qualitative study was conducted in which program participants were interviewed. Participants felt that the program decreased their isolation, increased their assertiveness, improved their sense of purpose and hope for the future, and had other positive impacts.

A third evaluation was conducted between 1990 and 1993, during which time MIHOW examined whether participants received more social support than non-participants. It was found that participants benefited from MIHOW services and support.

Contacts

Barbara Clinton
Director
Center for Health Services
Station 17
Vanderbilt University Medical Center
Nashville, TN 37232-8180
(615) 322-4176
(615) 343-0325 Fax

Mary Porter
Director of Community Programs
Center for Health Services
Station 17
Vanderbilt University Medical Center
Nashville, TN 37232-8180
(615) 322-4184
(615) 343-0325 Fax

MINNESOTA MILESTONES

Under the leadership of Governor Arne Carlson, in 1992 Minnesota developed a vision for its future and a process to achieve that vision titled the Minnesota Milestones initiative. More than 10,000 Minnesota citizens ages 8 to 92 participated in public meetings around the state to discuss the state of the state and their visions of how they want their state to be in the year 2020. These responses were collected by the Planning Department and organized into a vision statement, goals, and indicators, which then were finalized after further citizen input. The initiative is centered around a vision of five main principles, 20 broad goals, and 79 specific milestones. The milestones are to serve as the critical measures for Minnesota's success over the next 30 years.

Kids Can't Wait is the 1992 report of the Governor's Commission, Action for Children. It proposed 17 milestones for children. These indicators for children and families were incorporated into the 79 milestones.

The Children's Report Card was developed from Minnesota Milestones. It is an on-line service, available through some libraries or by subscription to the state's Datanet service. It gives users a county-by-county "report card" on 21 children's indicators, such as poverty, school dropouts, and runaways, allowing comparison of county statistics with other counties in the state and with the state as a whole.

The Children's Cabinet was also developed through the Milestones process; one representative of each agency with jurisdiction for children sits on the Cabinet. Each agency takes the lead on the Milestones that relate to that agency. The Cabinet has come up with specific strategies to meet the Milestones related to children. The Cabinet, along with the legislative Commission on Children, Youth and Their Families, produced a bipartisan proposal to create a new Department of Children, Families and Learning. The department will bring together a number of programs serving children and families that were previously scattered throughout seven different agencies.

Financing

Strategy

In 1993, the state began integrating the outcome measurements from the Milestones initiative into the budget process. This began the process of transforming the budget from input-based to outcome- or performance-based.

Methods

The Minnesota Milestones initiative was created through a $500,000 development budget from the legislature.

Evaluation

The needs assessment took place essentially in two distinct phases. A self-selected group of citizens joined together in groups of ten to 20 to begin determining need and to outline

categories of need that should be thoroughly examined. A report card was then developed, that displayed the current status of Minnesota and acted as a needs baseline for improvement.

The Milestones initiative is, in itself, an evaluation of progress within the state. It generally measures outcomes, yet some milestones are based on process, such as number of children immunized.

Contact

Linda Kohl
Deputy Chief of Staff
Office of the Governor
130 State Capitol
St. Paul, MN 55155
(612) 296-0017
(612) 296-2089 Fax

NEIGHBORHOOD BASED ALLIANCE

The Neighborhood Based Alliance (NBA) is a locally based public/private partnership aimed at improving the housing, jobs, education, public safety, and economic conditions for residents in New York state's highest need neighborhoods. The NBA initiative began as the Neighborhood Based Initiative (NBI), and was established by Chapter 657 of the New York State Laws of 1990, which gave spending authority, and specified the creation of an oversight committee as well as the need for evaluations. NBA was an initiative of the governor.

NBA (at its time of inception NBI) was designed as a five-year effort to improve social and economic conditions across the state by addressing neighborhood revitalization comprehensively, fostering community collaboration, eliminating bureaucratic duplication, maximizing resources, and promoting self-sufficiency and well-being. Six communities were chosen to be NBI sites in 1992 and were given planning grants. In 1993, Governor Cuomo highlighted the necessity of expanding services to special needs communities and ten additional sites were chosen. NBI then became the NBA initiative, which allowed more attention to be paid to expanding collaborative efforts and for state agencies to focus more effort on these communities. In 1994, ten more sites were announced; however, these sites have only been awarded a one-year planning grant, rather than a five-year grant as the previous 11 initiatives had received. In 1995, there are a total of 26 sites receiving grants, as well as one site which has been designated an NBA site but has received no funds.

NBA sites can include such initiatives as economic development zones, community schools, youth development, GATEWAY (an initiative of the Human Investment Subcabinet to develop employment and training services), Antidrug and Alcohol Abuse Council community projects, adolescent pregnancy prevention and services, services for the developmentally disabled, health prototype pilots, and community policing.

A Neighborhood Advisory Council (NAC) is to be established for each site, and it is empowered by law to define the needs of the NBA community. The NAC is a community collaboration that seeks future funding above and beyond the basic NBA grant and plans for future self-sufficiency. These NACs are responsible for developing a Strategic Neighborhood Action Plan (SNAP) to guide the NBA over the five years. SNAP is the community plan for social and economic improvement designed to shape the community's vision of needs and opportunity. The SNAP process is fundamentally different because it empowers the NAC to assess the community as a whole. The diversity of the NAC is different from traditional community groups. NBAs are required to provide core services on top of SNAP activities. NBA projects are required to develop neighborhood-based core services, providing either crisis intervention or case management or both. SNAP must meet new demands by filling gaps in these services (rather than provide a service that already exists).

A state Oversight Committee, mandated in the statute, coordinates all aspects of the state's implementation of NBA. The Committee is chaired by the governor and the Deputy Secretary for Human Services, with the Department of Social Services (DSS) as the lead agency. It also has representatives of 21 other agencies. Committee reviews plans and is responsible for targeting funding to the NBA sites. DSS provides technical assistance on

financing strategies, sustainability of funding, development of the NAC, conflict mediation, and other areas as they arise.

Financing

Strategy

DSS includes NBA as a part of its annual budget and is responsible for the implementation of the program. The agencies that are a part of the Oversight Committee also have part of their budgets set aside for NBA sites to meet the additional needs identified by the SNAPs. This money is then transferred through a unified contract to DSS. This funding is in addition to the basic allocation that NBA sites receive. Sites, through the NAC, may have additional funding from the federal government and/or private organizations.

Methods

The first 16 sites, chosen in 1992 and 1993, received approximately $75,000 in each of their first years which, in turn, funded a community development process to come up with the collaborative strategic plan. In the following four years of implementation, the plan was that each site was to be funded with between $250,000 and $400,000, depending on the size of the initiative. According with the NBA model, each NBA site is provided with five years of gap funding, a formula-driven amount that is expected to cover the cost of NBA-mandated services (case management and/or crisis intervention); the cost of other high-priority NBA services for which the community cannot obtain other funding; and the costs of planning and administering NBA at the local level.

The third wave of sites, selected in 1993, was an add-on to the original statute. It was done at the initiative of the legislature, which chose to fund these ten initiatives for one year, allowing them to put together a neighborhood plan. In fiscal year 1994-1995, the last ten sites were provided SNAP planning funds.

Because of the fiscal condition of New York and the executive branch change of January 1995, the states executive budget recommends sunsetting the program.

The fiscal year 1993-1994 DSS budget for NBAs was $5.5 million to continue funding the first six sites and to expand the NBA program into an additional ten communities. Funds are used to leverage additional support from all levels of government and from the private sector.

Evaluation

The goal of NBA is to promote the development of locally driven strategies that will measurably improve outcomes at every level for neighborhood residents.

An evaluation of the Neighborhood Based Initiative, which included data through December 1992, was conducted by the Nelson A. Rockefeller College of Public Affairs and Policy and was presented in May 1993. The evaluation methodology was to interview officials, review NBA documents, and attend NBA meetings. The evaluation found the NBA initiative's state-level structures to be functioning in the intended fashion, a worthy model for

other interagency efforts, although the NBA project as a whole has taken longer than anticipated to get off the ground and funding has been more complicated than straight categorical funding.

The evaluation compared the NBA initiative to other comprehensive community-based initiatives in order to draw out strengths and lessons from those programs and to offer them as background experience for NBA. The evaluation observed that the scope of the goals of NBA were so broad and far-reaching that although progress has and continues to be made, actually reaching the goals of the initiative will be more difficult than in other projects and will take significant time and resources.

NBA also reports to DSS with periodic progress reports. The last progress report was presented in draft form in January 1995. It contains service and client population numbers as well as recommendations for programmatic changes.

Contacts

General:
Jeannette Provost
Assistant Director for Division
of Community Services
Department of Social Services
40 N. Pearl Street, 11-C
Albany, NY 12243
(518) 474-9606
(518) 474-9617 Fax

Financing:
Karen Lopiccolo
Director, Finance Unit
Neighborhood Based Alliance
Department of Social Services
40 N. Pearl Street, 11-C
Albany, NY 12243
(518) 474-9420
(518) 474-9617 Fax

NEW BEGINNINGS

New Beginnings is a countywide, community-based collaborative formed to promote family and community well being through prevention and early intervention services. It is a strategy to engage communities, families, and agencies in improving the lives of families and children in San Diego through promoting self-sufficiency and community capacity to resolve the many difficult issues facing families today.

The collaborative involves the County of San Diego, various cities, school districts, housing commissions, community college districts, universities, hospitals, community-based organizations, and parents.

The goal of New Beginnings, as determined at the end of an extensive feasibility study, is to use existing resources more productively to create a family-oriented integrated system of preventive services, adaptable to the needs of a specific community. The New Beginnings initiative emphasizes family-focused, preventive services; reliance on existing resources; integrated service delivery; and adaptation of principles to specific community needs. The initiative is structured to let each community design how and which services can best serve it, because each community is unique and has individual needs. It is intended to build upon the strengths of the communities and families, treating the family as a whole unit.

The concept for New Beginnings originated in 1988 in a series of conversations among executives from the major agencies serving children and families in San Diego. The first site was opened in September 1991 on the grounds of Hamilton Elementary School (a school serving approximately 1,300 children in grades K-5). The site provides parenting and adult education classes, counseling, family advocacy, and service planning. It also provides health care, including immunizations and mental health services for children.

In 1995, there are sites at 35 schools representing four regions.

Financing

Strategy

This initiative does not rely solely on new money, but emphasizes the use of existing resources and shifts the way that these resources are used for more effective results. The direct services staff are funded by existing streams of money, including but not limited to the Department of Education, the Department of Social Services, and Child Protective Services. Foundation money has been primarily used for evaluations or small initiative enhancements, not for direct service delivery.

There is a fiscal agent designated at the local level to administer and track grant money.

Methods

The feasibility study, financed by a foundation grant, recommended that the implementation plan and start-up costs be financed by philanthropic organizations, although the actual financing scheme is based on reallocation of existing funds. Support has been received from the Danforth Foundation, the Pew Charitable Trusts, and the Stuart Foundation.

The New Beginnings collaborative began with in-kind contributions (e.g., staff time) and a limited amount of money. Three years ago the initiative received some federal Health and Human Services money to help facilitate and expand collaboration in other communities.

Funds from outside agencies are being used to give the agencies time to build the initiative into existing funding streams. This is much more difficult than previously thought; the ratio between existing and new funding is not as high as originally anticipated.

Evaluation

A feasibility study was conducted in 1990 to assess the needs of families and children at Hamilton Elementary School. Foundation funds along with in-kind support from the partners amounting to $217,000 supported this study.

Desired outcomes for the initiative were determined by the feasibility stage, prior to implementation of the initiative. However, based on the outcomes identified, it was determined that few of the outcomes would be reached quickly.

An evaluation of New Beginnings was completed in February 1994. The strategy used for this evaluation was to gather data through interviews with participants in the collaborative, review program documents, and observe Center working groups and operations. A lack of flexibility in funding streams is one problem the evaluation identified.

Contact

Connie Roberts
Director
New Beginnings
Department of Social Services, Room 843
1255 Imperial Avenue
San Diego, CA 92101
(619) 338-2945
(619) 338-2876 Fax

NEW FUTURES--CHATHAM COUNTY, SAVANNAH

In 1988, the New Futures Initiative of the Annie E. Casey Foundation was launched to assist several communities in implementing programs for at-risk youth. The school-based program focuses on education, training, and welfare. Ninety percent of the projects have community-based organizations as service providers.

In Savannah, New Futures is run by the Youth Futures Authority (YFA) Collaborative, created by legislative mandate. New Futures of Savannah is located in four middle schools and four high schools. YFA is a non-profit entity that can receive funds directly from the state.

Throughout the initiative, the focus gradually has changed from being school-based to community-based mediation, and from a youth advocate staff to a family advocate staff. Currently, the main focus is community family resource centers and experimental service integration.

Financing

Strategy

YFA received a $20,000 planning grant from the Annie E. Casey Foundation in 1987, followed by about $2 million annually for five years with a 100 percent foundation local match. The community match ensures the sustainability of the project because of the high level of institutional commitment required. The original award expired in June 1993, but YFA received an achievement award from Casey that provides $2 million for two years.

From the beginning of the project, YFA encouraged the partners to take over the funding of programs that worked (e.g., the health clinics were gradually picked up by the Chatham County Health Department's and the Department of Human Resources' budgets). A goal of the YFA initiative is systemwide change, which is achieved when new initiatives become permanent, sustainable programs.

The financing strategy involves searching for new sources of funding and also giving the community knowledge of how to spend this money. A central belief of the initiative is that it is vitally important to have communities articulate their priorities and then spend money around those priorities.

Methods

Until June 1993, funding had been provided through a five-year grant from the Annie E. Casey Foundation with matching funds from the City of Savannah, Chatham County, the United Way and the school system. Currently, YFA is receiving $2 million for two years (1993-1995) from a Casey Achievement Award, in addition to other public and private support (financial and in-kind).

The basic annual funding stream during the first five years included approximately $2 million from the Annie E. Casey Foundation, $500,000 from the City of Savannah in general funds, $500,000 from the Chatham County Commission, $500,000 from the Board of

Education, $100,000 from the United Way, and $200,000 from the Department of Human Resources (some of this was redirected and was specific to the health clinic). In years five and six, YFA received an additional $200,000 from the Department of Family and Children's Services for the family resource center's case management. The annual match for the $2 million generally amounted to $1.8 million in cash, and in-kind contributions equaled approximately $200,000 per year.

There were also specific projects funded with grant money, including one that received $100,000 with a match from Youth Corp as an urban core expansion site through Public/Private Ventures, and another which received $250,000 a year for three years for juvenile justice and delinquency prevention.

One of the main initiatives of YFA is the Family Resource Center. The Center's budget is $1.3 million, which in addition to YFA program and administrative costs of $715,000, includes financial and in-kind support from the Indigent Disproportionate Share Dollar Fund, the Chatham County Department of Family and Children's Services, Head Start, Chatham County Health Department, State Children's Trust Fund, Boys and Girls Clubs, Department of Mental Health, and a local food bank. The Family Resource Center also is attempting to obtain Medicaid reimbursement (at $150,000 a year).

Evaluation

As part of the planning phase of the New Futures project, Savannah documented its problems by way of statistical pictures of the city's youth. As an on-going assessment of needs, all teens in Savannah are screened for being at risk.

A management information system (MIS) was setup by a Casey Foundation consultant to track the progress of students in the New Futures schools. At the end of year five (1993) there was significant improvement in four of seven indicators tracked by METIS Associates. The MIS information has continued to be very influential in directing the programs of New Futures.

An evaluation was presented in October 1992 by the Center for the Study of Social Policy for the Casey Foundation as an interim assessment of Savannah's progress during year four of the five-year initiative. This evaluation primarily serves as a progress report, with historical data and actions from the 12 month period of examination. The total impact of the New Futures project on Savannah was scheduled to be presented in a summative evaluation after year five.

Annual reports are produced by YFA to gauge community progress toward its vision for children. These reports began in 1992 and are titled "Children's Profiles." The reports focus on progress toward 14 concrete community goals, including lowering violence and delinquency rates and increasing prenatal care rates.

When Casey reduced funding in 1992-1993, some of the programs were discontinued because they were shown not to be particularly effective. Specifically, the program to "buy down" the student-teacher ratio went from a budget of $580,000 to $130,000, and the additional positions (e.g., guidance counselors, etc.) funded by YFA were discontinued.

Contact

Mary Willoughby
Senior Planner/Financial Strategist
Chatham-Savannah Youth Futures Authority
New Futures of Chatham-Savannah
316 E. Bay Street
Savannah, GA 31405
(912) 651-6810
(912) 651-6814 Fax

NEW YORK CITY BEACONS SCHOOL-BASED COMMUNITY CENTERS

The Beacon Schools initiative grew out of the recommendations of a study group to develop an anti-drug strategy for New York City. The intent was to create a safe, drug-free haven for children and families. Non-profit organizations interested in operating the school-based centers responded to the request for proposals.

The 37 existing Beacons are developed and managed by community-based organizations. At least 75 percent of the Beacon Schools are open 13-14 hours a day, seven days a week; the rest are open at least 12 hours a day, six days a week. Enrollment at the Beacons varied in December 1993 from 628 to 1,848 persons, with a typical on-going participant enrollment averaging approximately 1,000 community residents. There is no sophisticated usage tracking system.

The Beacon Schools provide children and adults with recreation, social services, educational opportunities, vocational training, health education, and the opportunity for community meetings and neighborhood social activities.

Financing

Strategy

The Beacons were funded originally through the Mayor's Safe Streets, Safe City program, with the support of the City Council. Funding now is allocated as a line item in the budget of the Department of Youth Services. Foundations and private corporations also have supported the programs. The Aaron Diamond Foundation and the Annie E. Casey Foundation awarded the Youth Development Institute of the Fund for the City of New York a grant for a major documentation and technical assistance project.

Methods

The mayor's 1991 budget originally allocated $10 million of the city's funds to establish ten Beacon Schools; however, this funding was reduced before implementation to $5 million. Still, ten sites still were selected and in July 1992, city funds were made available to double the number of Beacon Schools to 20. In 1993, an additional 17 schools were selected for the program, allowing for 37 Beacons and at least one Beacon School in every Community School District.

The current Beacon budget is approximately $18.5 million. Each Beacon receives $450,000 annually from the New York City Department of Youth Services along with $50,000 for custodial services. It is estimated that to run a Beacon School properly, will cost approximately $1 million annually. More than 90 percent of Beacons match city funds with foundation and other government support. There are 16 Beacons that draw down funds from preventive care funding sources, such as Title IV-E. The funding for these 16 Beacons is based on the number of foster care placements in their communities.

Evaluation

A documentation report was produced in December 1993 by the Youth Development Institute of the Fund for the City of New York. This report looks at the community impact of the Beacon Schools, including the historical perspectives, goals and strategies, implementation status, and other issues associated with Beacons. A system of documentation has recently been implemented in all Beacon Schools. This system will assist in evaluating participation and service populations in the future.

The documentation report was based on interviews, surveys, and site visits with the first 21 Beacons. The Youth Development Institute will be issuing another report in the fall of 1995 with information on all 37 Beacons. In addition, the Institute is working with the Department of Youth Services to identify support for a formal evaluation of the initiative.

Contact

Michele Cahill
Vice President
Fund for the City of New York
121 Avenue of the Americas
New York, NY 10013
(212) 925-6675
(212) 925-5675 Fax

OREGON BENCHMARKS

The Oregon Benchmarks initiative began in 1988 with the formulation of a 20 year strategic plan for Oregon, Oregon Shines. Benchmarks were introduced in 1991 as strategic measures of progress toward the Oregon Shines goals. There are 259 benchmarks for which Oregon will measure progress and toward which Oregon will organize efforts and direct funds based on desired results. The benchmarks were originally chosen as appropriate measures of movement toward the three overarching goals for Oregon: to create a diversified and productive economy; to protect and enhance the quality of life; and to invest in the capability of the population.

The benchmarks were determined, with citizen input, by a nine-member Progress Board, chaired by and including the governor. The other eight members are appointed by the Governor, and by statute, at least one member must be drawn from each of the five congressional districts.

The creation of the benchmarks has led to major actions on the way to reform: state education reform and workforce legislation were enacted; regional strategies were developed as methods for building upon Oregon's key industries; and a Commission on Children and Families created county-based children and families commissions to develop and implement local strategies to progress toward the state-identified benchmarks. It is fully recognized that attaining the designated goals requires that statewide effort be directed not only at governmental agencies but also at businesses, communities, and localities.

As a result of the Oregon initiative, local communities have begun building models for service delivery on a smaller scale. For example, Multnomah County now integrates service delivery for primary care and has developed a local set of benchmarks.

Financing

Strategy

The Oregon initiative, with the exception of the creation of the Progress Board, does not require that new money be added to the budget, but rather attempts to redirect planning and budgeting according to outcomes rather than inputs.

Methods

The Oregon Progress Board's 1993-1995 biennial budget was approximately $800,000. Special funding has come from sources such as the Governor's Strategic Reserve Fund, which provided resources for an adult literacy assessment in 1990. Funds also have been received from outside sources, such as the Annie E. Casey Foundation's Kid's Count initiative for profiling the conditions of Oregon's children.

Evaluation

The Oregon Benchmarks will serve as outcome measures for the state and will require the state to be accountable to its citizens. The measure of progress toward meeting benchmark targets is a biennial evaluation of improvement.

Benchmark data are based on varying sources such as federal and state statistical information, sample surveys, and the judgment of experts in particular fields. The Progress Board has tried to base the benchmarks on existing information, but where necessary, the Board collects new information.

An evaluation of the Oregon Benchmarks was conducted in June 1994 by Harry Hatry of the Urban Institute and John Kirlin of the University of Southern California. This evaluation was based on published and written materials on the Oregon Benchmarks initiative as well as interviews with state and local government officials. Recommendations for alterations in the benchmark initiative were presented by both evaluators.

Contacts

Duncan Wyse
Executive Director
Oregon Progress Board
775 Summer Street, NE
Salem, OR 97310
(503) 986-0033
(503) 581-5115 Fax

Tim Houchen
Senior Policy Analyst
Oregon Progress Board
775 Summer Street, NE
Salem, OR 97310
(503) 986-0031
(503) 581-5115 Fax

PARENT SERVICES PROJECT

Parent Services Project, Inc. (PSP) was initiated in 1980 to promote child care centers to becoming family care centers. By the end of 1994, it was operating in 300 sites and serving almost 15,000 families in California, Florida, Georgia, Delaware, and Mississippi. PSP offers both child care programs and parent support services. PSP sites create partnerships of staff and parents who develop a menu of parent support services that reflect the needs and interests of the parents at each site. PSP is replicated in child care centers, family child care homes, teen parent programs, public schools, and Head Start sites.

PSP services include family outings, leadership opportunities for parents, stress-reduction workshops, parenting and vocational education, male involvement activities, camping, parent break times, and sick-child care, among other services.

PSP applies for grants to do training and follow-up, including program implementation money that permits local sites to set up programs and then raise additional funds. PSP initially provides significant support to the sites that have projects. However, the staff and parents at the local sites ultimately assume the role of operating the program. In 1989, PSP incorporated and broadened its mission to include program replication, social change and advocacy efforts, and education and information services.

PSP is governed by a Board of Directors, composed of about ten people representing programs and the community. Each local site is overseen by a Parent Leadership Committee that has a membership determined by the site. The committees vary in size from four to 21 members. Each site has a staff member who, with the Parent Leadership Committee, coordinates the implementation of the menu of services that the site develops.

Financing

Strategy

PSP was initiated in the San Francisco Bay area in 1980 by the Zellerbach Family Fund and the San Francisco Foundation as a public/private partnership.

PSP secures program implementation funds of approximately $2,220 for each new site. This may cover staff stipends, child care, respite care, and some activities. Besides the initial start-up money, each site has a budget of between $2,000 and $40,000 annually, usually related to the size of the site. Each local site does its own fund-raising and generally draws on local social clubs (e.g., Elks and Rotary), corporate giving, fund-raisers, local foundations, and small grants from cities and towns.

PSP has calculated that if it were to cost out all of the services needed to do an adequate job of serving families, this would amount to $400 a family per year. This would include a project coordinator's salary, stipends to support a parent coordinator at each site where it is appropriate, family activities, parent classes, respite care, supplies, telephone and postage, and local travel. Currently, however, PSP does not spend this full amount per participating family.

Methods

The national PSP has a fiscal year 1995 annual budget of $252,103.

Evaluation

Qualitative evaluation reports are prepared annually.

A study of PSP's cost-effectiveness was conducted in 1985 by Paul Harder of the URSA Institute, San Francisco. This evaluation focused only on the PSP model in operation in the Bay Area. The study estimated that the annual net cost savings to the state of California for every family served by a PSP site would be approximately $415 in crisis intervention, social service, mental health treatment, and health care costs. This amount is an estimate based only on short-term costs and not the long-term costs of having a family placed in a stressful or vulnerable situation, thus needing to access a variety of costly resources.

In 1988, the results of a three-year evaluation of the PSP services were released. This study was completed by Alan Stein and Associates and funded by the San Francisco Foundation and the Marin Community Foundation. The evaluation measured results in eight PSP agencies operating in 20 service sites by selecting a total of 169 parents for interviews to determine whether PSP activities act as a buffer against stress and prevented or reduced negative family results. A control group consisted of 86 similar parents at 15 non-PSP child care centers. The study found that the program had positive short- and long-term success, primarily due to its role in reducing stress and improving confidence levels and competence in parents, thereby improving relationships with children and improving mental health in families at large.

Contact

Ethel Seiderman
Executive Director
Parent Services Project, Inc.
199 Porteous Ave.
Fairfax, CA 94930
(415) 454-1870
(415) 454-1752 Fax

PENNSYLVANIA FAMILY CENTERS

Pennsylvania Family Centers grew from collaboration among the secretaries of Education, Health, and Public Welfare, who were in 1993 charged with creating a new level of integration, coordination, and enhancement of services for children. Family Centers met the objectives by merging education, health, welfare, and employment services with a long-term goal of empowering families to help themselves.

Family Centers are developed through community collaboration, in which all members of the community join as partners to identify and achieve a vision. The goal of the Centers is seamless service delivery, in which repetition and duplication will be replaced with easy accessibility, prevention, and early intervention for children and their families. There are 48 Centers, 26 of which were originally funded as child development centers before becoming more comprehensive. The Centers serve an estimated 15,000 clients.

The five program objectives are: to promote positive child development through effective parenting, early intervention and outreach services; to support and preserve the family unit as the foundation for success for children; to ensure healthy development and health care services for children; to provide a seamless, comprehensive, and easily accessed network of services for families; and to encourage economic self-sufficiency for families through adult education, training, and employment.

Centers are generally school-based or school-linked. While they are not intended to be the providers of all services, they are a comprehensive source of information and support about services available in the community. The child development component of the Centers uses the Missouri Parents as Teachers model.

At the state level, the Children's Cabinet, composed of the secretaries of Health, Education, and Public Welfare and a part of the governor's office, oversees the Centers. Under the Cabinet is the Children's Coalition, composed of bureau directors and deputies of state programs that affect children. The Children's Coalition looks at the broad cooperation among the participating agencies. Under the Coalition is the Steering Committee, composed of division chiefs and coordinators responsible for the state programs that affect children. The Steering Committee is the operational committee that makes sure collaboration is occurring. At the local level, Community Governing Boards, a required component of the Family Centers, oversee the development of the Centers. The Boards are required to have representatives from the different agencies and programs, and at least 25 percent parents. While these Boards do not handle fiduciary matters, they are responsible for strategic planning and operational matters. The local education agencies or the boards of county commissioners have fiduciary responsibility for the Centers.

Financing

Strategy

Family Centers are funded through a combination of federal and state funds, with a local match (funding or in-kind). Private funds are not leveraged at the state level, but may be leveraged at the local sites.

Each site is awarded approximately $200,000 annually, which provides for staff support, materials, and equipment. There is no requisite percentage of match, but a match is required. Part of the application and renewal applications must illustrate how effective the local site has been in getting cash and in-kind support. The state expects that the percentage of the local match will continually increase so that, in time, each local site will be self-sufficient.

Methods

Family Centers have a total 1994-1995 budget of approximately $10.2 million. Federal funds make up $6.1 million of this, which includes $4.9 million from the Child Care and Development Block Grant and $1.2 million from Family Preservation and Support Funds. The state line item for Family Centers, $4.1 million in 1995-1996, makes up the rest of the funding for the Family Centers.

Evaluation

Applications for establishment of Family Centers require knowledge about the needs and projected outcomes for the community. Therefore, a needs assessment is the critical first step in the development of a Family Center.

Family Centers are being evaluated through the Center for Schools and Communities to measure outcomes for families, the community, and the service delivery system and to support the continued development of the initiative. The evaluation, to be released in 1995, took place over two years.

The Center is conducting on-going evaluations that are mainly descriptive. The information generated is being used for a state-level reporting system. The Heinz Foundation funded the Human Services Research Institute to conduct a two-year outcomes evaluation (including the development of the methodology). It is hoped that that the evaluation results will allow the localities to conduct their own self-assessment and that the evaluation will continue beyond June 1996, when it will be published.

Contacts

General:
Randall Bauer
Chief, Division of Early Childhood and Family Education
Pennsylvania Department of Education
5th Floor
333 Market Street
Harrisburg, PA 17126-0333
(717) 772-2813
(717) 787-6824 Fax

Evaluations:
Lynn Cromley
Acting Director
Center for Schools and Communities
1300 Market Street, Suite 301
Lemoyne, PA 17043
(717) 763-1661
(717) 763-2083 Fax

SCHOOL BASED YOUTH SERVICES PROGRAM

New Jersey's School Based Youth Services Program (SBYSP), a school-linked service delivery project targeting the 13- to 19-year-old population, was implemented in 1988. Its creation was intended to provide adolescents with educational opportunities and skills that would lead to employment or additional education and to aid youth in leading mentally and physically healthy and drug-free lives. SBYSP operates in 30 school districts with at least one site per county. Services include health care, mental health and family counseling, job and employment training, and substance abuse counseling. Some sites also offer recreation, information and referral services, teen parenting education, transportation, day care, tutoring, family planning, and hot lines.

Services were initially provided in or near secondary schools with all services provided at a single site. The program has now expanded beyond the 30 original high school sites into 12 elementary and middle schools. These 12 schools feed into the high schools.

SBYSP was introduced by Governor Kean, to be overseen by the Department of Human Services. The original sites were competitively selected from 67 school/community coalitions that applied through a request for proposals process.

Financing

Strategy

The commissioner of the Department of Human Services, a former program officer at the Robert Wood Johnson Foundation, was very aware of the need for teen clinics within high schools. He was given a mandate to develop a program that would garner national attention for the governor. With his background knowledge of youth programs, and knowing the governor's keen interest in education and children's issues, the commissioner developed the state program in time for the governor's state-of-the-state address in January 1987. Due to the strong executive support from its inception, SBYSP began and has remained a budgetary line item.

Methods

SBYSP was initially funded through an appropriation of $6 million granted by the New Jersey legislature in 1987. Of this $6 million, each site receives between $200,000 and $260,000 annually, with an average of approximately $225,000. The specific amount is determined by the original negotiated contract rather than by the size of the student population. The program's ideal expenditure would be approximately $200 per student. With average expenditures of $225,000, only schools with a population of approximately 1,200 or less are served to the desired extent.

In 1990, Governor Florio announced a $500,000 increase in the budget for program expansion. This additional $500,000 allowed for expansion into some middle schools and elementary schools. While the funding source is relatively stable (a line item in the state

budget flowing through the Department of Human Services), funding has not increased predictably either annually or for expansion purposes.

Local sites have attempted to use Medicaid and public health funds to provide services. Grants are also used to support the program, including a federal "Youth 2000" grant procured by the Department of Human Services to help pay for technical assistance.

There is a local match requirement of 25 percent for each site, which can be met through in-kind services or direct contributions.

Evaluation

Need for the program was documented through compiled statistics on the state of New Jersey's youth, including teen dropout, pregnancy, attendance, unemployment, and crime rates.

Two sets of evaluations have been conducted. A teen pregnancy program was evaluated in May 1994 by representatives of the National Committee for Prevention of Child Abuse and Phillibar Research Associates. A comparison of the New Brunswick and Bridgeton SBYSPs was completed in August 1993 and presented to the New Jersey Department of Human Services. This comparison relied on interviews with students and teachers to evaluate whether SBYSP is meeting its goals.

The Annie E. Casey Foundation has agreed to fund a three-year evaluation which will begin in June 1995. A new data collection system also was instituted which will help with evaluations.

Although a cost-benefit analysis has not been conducted, the director of SBYSP commented that the program pays for itself based on the calculation that it spends less than $200 per child annually while jailing a child costs $20,000-$30,000. "As long as the program keeps 10-15 children out of prison, it is paying for itself."

Contact

Roberta Knowlton
Director
New Jersey School Based Youth Services Program
222 South Warren Street, CN700
Trenton, NJ 08625-7816
(609) 292-7816
(609) 984-7380 Fax

SUCCESS BY 6 ®

Success By 6 is a United Way initiative that aims to ensure that all children are prepared to learn when they reach school by helping them develop physically, mentally, socially, and emotionally. As part of this goal, Success By 6 works to promote children's health from birth. The initiative also aims to promote the nurturing of children by increasing the availability of informed parents or caregivers and access to quality preschool services. One of the strategies of Success By 6 is to have community organizations, both public and private, work jointly and comprehensively.

The initiative began in January 1988 in the Minneapolis area as a multi-sector collaborative partnership under the leadership of the United Way of Minneapolis Area (UWMA). It has now been used as a model in over 125 other United Way locations.

Minneapolis is considered the model of the Success By 6 concept. It is directed by a Management Committee consisting of community leaders representing business, government, labor, the non-profit sector, education, and health and human services agencies. This group works together to make sure children get what they need to succeed. Success By 6 accomplishes its goals by focusing the community's energy and resources on three areas: educating people about the crisis that children face and encouraging them to make a commitment to helping all children succeed (this includes both public education and lobbying); helping parents get the health and human services they need; and, building partnerships with individuals and groups who work with children and families, making sure they are sensitive to people's diverse backgrounds and cultures.

The Northeast Nashville Family Resource Center is part of the Success By 6 initiative in Nashville. The Center targets pregnant women and infants to ensure that children are born and remain healthy and are ready to succeed in school by age six. Through collaborative partnerships, the Center offers "one-stop shopping," including health care services, a family learning center, parent education classes, case management, child care, literacy, housing, transportation, and help in accessing social services. The initiative is governed by an eight-member Steering Committee made up of the directors of the main metro agencies involved, each paired with a neighborhood resident. There is also a 21-member Advisory Council, the majority of whom must be local residents.

The United Way of America, through its national children's initiative, the Mobilization for America's Children, works in partnership with UWMA to help local United Ways replicate the Minneapolis model by providing training and workshops, consultation and technical assistance, resource materials, and on-site presentations about Success By 6.

Financing

Strategy

Success By 6 in Minneapolis has received United Way funds and employee time. Funding for special Success By 6 projects has come from Honeywell and Children's Hospital. In addition, projects have partnered with government and private agencies so that a large amount of

money is not needed, but resources that already exist are better utilized in a collaborative manner.

The Northeast Nashville Family Resource Center is a public/private partnership among residents of northeast Nashville, government, and service agencies, and receives financial support from the business community. Specifically, United Way has provided $250,000 to fund several positions.

Methods

In Minneapolis, the Success By 6 budget for 1990 was $450,000.

Evaluation

Minneapolis cites the following accomplishments: changed public policy--particularly in the legislature's support of school readiness, expansion of state preschool health and developmental screening, increased numbers of mothers getting prenatal care, easier access to services (e.g., transportation), more educated parents; and others. A more formal evaluation is planned that will assess the achievement of Success By 6's goals, specifically the coordination of services, expansion and improvement of services, improvement of the public's awareness of the issues, reduction of targeted barriers, and success of specific strategies.

An evaluation model, used in Nashville, has three components: a process study, an implementation study, and an outcomes study that will include both short- and long-term outcomes.

Contact

Karen Smiley
Manager, Success By 6 National Replication Center
Mobilization for America's Children
701 North Fairfax Street
Alexandria, VA 22314-2045
(703) 836-7112, ext. 516
(703) 549-9152 Fax

TENNESSEE CHILDREN'S PLAN

The Tennessee Children's Plan, announced in 1991, was developed with the assistance of a consultant funded by the Annie E. Casey and Edna McConnell Clark foundations. The Plan consolidates funding to serve the 12,000 children in state custody as well as those at risk of being put in state custody. The Plan consolidates all contracting for residential services for children.

The Children's Plan is spearheaded by the commissioner of Finance and Administration. However, the Plan includes the Departments of Finance and Administration (including the Office of Children's Services Administration), Education, Health, Youth Development, Mental Health and Mental Retardation, and Human Services.

The only part of the Children's Plan which is statutory is the budget authorization, which allows for redirection of funds to the Plan budget. However, there is strong gubernatorial and legislative support for the Plan and in June 1994 the governor issued an Executive Order to establish the Plan officially.

Part of the Children's Plan initiative involves the creation of regional Assessment and Care Coordination Teams (ACCTs). These teams assess the needs of all children in state custody as well as at-risk children referred from the juvenile court system and other departments serving children. They further monitor care through case management and are responsible for brokering prevention and reunification services in their regions. For this reason, flexible funds are granted to each ACCT. The first teams were developed in February 1992. In August 1993, the 14th and final team was phased in.

Financing

Strategy

Major funding stems from redirection of state funds (with no increase in funding) and an increased reimbursement of federal funds (federal reimbursements have more than doubled). However, it is believed that the investment in prevention made by the state will provide savings that can then be reinvested in additional prevention and intervention programs.

The funding strategy has been greatly influenced by Tennessee's health care reform initiative, TennCare. As part of this reform, Tennessee has used a federal waiver to capitate Medicaid rates and use funding for managed care.

Methods

The current budget for the Plan is approximately $344 million, $115 million of which flows through TennCare as Medicaid dollars, the rest of which is redirected state funds and Title IV-A and IV-E reimbursements. With the exception of improvement funding and Medicaid match funding growth, there are no new state funds associated with the initiative.

The Children's Plan appears as a separate allotment in the state budget, which is administered through the Department of Finance and Administration.

Evaluation

Historically, the management information systems (MIS) of the state had not been efficient in data collection. Therefore, a baseline survey conducted in 1991 that measured the status of children in custody was the first information gathered of its kind. An updated information system also will be implemented that will combine child files, vendor files, and database files to create a more systematic, effective financial system.

The Commission on Children and Youth, an independent advocacy agency, is responsible for the Children's Plan Outcome Review Team (C-PORT), which conducts on-going evaluations of the initiative at large. The first full set of case reviews for the C-PORT project were completed in December 1994. Evaluations consist of material from interviews of children, parents, ACCT and custodial case workers, foster parents or care givers, and teachers. Individual program evaluations are also conducted by agencies affiliated with the Plan on an on-going basis. The University of Tennessee has received grants from Plan agencies to do some of these evaluations as well as from the federal Department of Health and Human Services to do ACCT evaluations.

Contact

Paul VanDerMeer
Director, Program Division
Children's Services Administration
Department of Finance and Administration
17th Floor, Polk Building
505 Deaderick Street
Nashville, TN 37243
(615) 741-7451
(615) 741-6177 Fax

UNITED NEIGHBORHOOD HOUSES OF NEW YORK

United Neighborhood Houses (UNH) of New York, Inc., founded in 1919, is a non-profit umbrella organization that provides support to 37 settlement houses in New York City. Settlement houses provide comprehensive programs and activities to people of all ages and backgrounds; they focus on the whole family while emphasizing long-term support and prevention and empowerment of individuals and their communities. Programs are designed to meet the changing needs of communities.

New York's settlement houses operate in more than 251 locations, with over 10,000 employees and volunteers running 500 programs and activities that reach approximately 500,000 New Yorkers each year. Programs offered include child and youth development, day care, employment and training, health care, drug abuse prevention, housing, parent training, recreation, seniors' activities, and the arts.

UNH works with member settlement houses to strengthen families and improve neighborhoods throughout the city through social policy advocacy, public education efforts, a clear voice and channel for collective action, management and technical assistance, and expansion of services. Its priorities are to improve the settlements' capacity to provide comprehensive services, to increase the ability of legislators and policy makers to recognize the significance of settlements within their communities, and to secure flexible funding. It also helps to strengthen management skills, train staff, improve fiscal systems and computerization, identify potential funding sources, help with grant writing, support the development of the Board of Directors, and replicate programs.

UNH's Board of Directors, responsible for the development and direction of UNH, is primarily composed of individuals who are employed in the public sector.

Financing

Strategy

Settlement houses were originally supported through charity and private funds. In 1995, 85 percent of their budgets came from federal, state, and local governments, with the City of New York being the primary funder. The other 15 percent of the budget is from private donations, fees, and individual gifts. UNH is supported by numerous corporations and foundations.

Methods

The total annual UNH budget is $2.6 million. The total combined budget for all the settlement houses is $200 million, with individual settlement house budgets ranging from $300,000 to $26 million, and each house having multiple funding sources.

Evaluation

The Ford Foundation has provided funding for program assessment and systematic change. This is a multi-year initiative that is divided into six phases: assess settlement realities, set the

stage for change, integrate and improve service delivery, transfer models, build new models, and expand capacity for reform.

Initial results indicate that settlement houses are efficiently administered and are "uniquely positioned" to address the needs of inner-city children and their families by providing neighborhood-based comprehensive and integrated human services. However, the first phase also revealed that categorical funding streams are creating artificial barriers among programs.

Contact

Emily Menlo Marks
Executive Director
United Neighborhood Houses of New York, Inc.
475 Park Avenue South, 6th Floor
New York, NY 10016
(212) 481-5570
(212) 481-5582 Fax

UPLIFT

UPLIFT, Inc., was formed in February 1991 out of the merging of Project Uplift and Early Childhood Initiative. Its mission is to promote the health and well-being of children, families, and communities by forging partnerships that build on the strengths of all segments of the community. UPLIFT, Inc., a North Carolina project, is composed of four initiatives: Project Uplift, the Comprehensive Child Development Program (CCDP), a training and technical assistance division, and the North Carolina Clearinghouse for Family Support and Empowerment.

Project Uplift began as a demonstration project in 1987 to work with families in Ray Warren Homes, a public housing community in Greensboro, North Carolina. Operated through Project Uplift are the Child Development Center, a full-day child development program for four-year-old children, which follows the High-Scope curriculum and offers health screenings and referrals for enrolled children; and the Family Resource Center, which offers adult education and job training, transportation, child care, parenting education, nutrition services, health care, and social and emotional development programs. Project Uplift offers programs such as MOTHEREAD, a North Carolina-based literacy program that helps develop the reading skills of mothers by encouraging them to read to their children.

CCDP is one of 35 federally funded research initiatives that provides child care development and family support assistance to low-income families.

The North Carolina Clearinghouse for Family Support and Empowerment and UPLIFT's training and technical assistance seek to share the lesson that UPLIFT and other organizations have learned in their work with families and young children.

Financing

Strategy

Project Uplift is funded through a Homeless Family Support Center Grant from the U.S. Department of Health and Human Services. The North Carolina Clearinghouse for Family Empowerment and UPLIFT's training and technical assistance division are funded by a grant form the North Carolina General Assembly.

Methods

The 1995 annual budget is $3,169,000.

Evaluation

Dr. David Kurtz, of the University of Georgia, on behalf of The Z. Smith Reynolds Foundation, completed a qualitative analysis of the organization. It was determined that UPLIFT is well grounded and genuine.

Contact

Randy Johnston
Director
UPLIFT, Inc.
P.O. Box 222
Greensboro, NC 27402
(910) 333-2222
(910) 333-2229 Fax

REFERENCES

James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss, eds. *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts.* New York: Roundtable on Comprehensive Community Initiatives for Children and Families of the Aspen Institute, 1995.

Ira M. Cutler. *The Role of Finance Reform in Comprehensive Service Initiatives.* Washington, DC: The Finance Project, 1994.

Frank Farrow and Charles Bruner. *Getting to the Bottom Line: State and Community Financing Strategies for Financing Comprehensive Community Service Systems.* Falls Church, VA: National Center for Service Integration, 1993.

General Accounting Office. *Community Development: Comprehensive Approaches Address Multiple Needs but Are Challenging to Implement.* Washington, DC: GAO, 1995.

Richard Hoefer. "A Good Story, Well Told: Rules for Evaluating Human Services Programs," *Social Work* 39 (1994): 233-236.

Sharon L. Kagan with Peter R. Neville. *Integrating Human Services: Understanding the Past to Shape the Future.* New Haven, CT: Yale University Press, 1993.

H.M. Levin. "The Building Blocks of a Cost-Effectiveness Analysis of Integrated Services for At-risk Children and Youth." Prepared for Project on the Study of Integrated Services for Children and Youth At-risk sponsored by the Center for Educational Research and Innovation of the Organization for Economic Cooperation and Development, October 4, 1994.

Carolyn Marzke, Deborah Both, and James Focht. *Information Systems to Support Comprehensive Human Services Delivery: Emerging Approaches, Issues, and Opportunities.* Falls Church, VA: National Center for Service Integration, 1994.

Linda McCart. *Changing Systems for Children and Families.* Washington DC: National Governors' Association, 1993.

National Commission on Children. *Beyond Rhetoric: A New American Agenda for Children and Families.* Washington, DC: National Commission on Children, 1991.

Ann Rosewater. *Comprehensive Approaches for Children and Families: A Philanthropic Perspective.* Washington, DC: Grantmakers for Children, Youth & Families, 1992.

Lisbeth B. Schorr with Daniel Schorr. *Within Our Reach: Breaking the Cycle of Disadvantage.* New York: Doubleday, 1988.

Rochelle L. Stanfield. "The New Fixation of Federalism," *National Journal,* (27) 4: 260.

Rebecca Stone, "Evaluating Comprehensive Community-building Initiatives: Musings from the May NCBN Meeting in Chicago," *Handsnet* 17 (June-1994).

Carol Hirschon Weiss. "Evaluating Social Programs: What Have We Learned?" *Society* (November/December 1937): 40-45.

Heather B. Weiss and Francine H. Jacobs, eds. *Evaluating Family Programs.* New York: Aldine De Gruyter, 1988.

The White House. *Comprehensive Strategies for Children and Families: The Role of Schools and Community-Based Organizations.* Washington, DC: The White House, 1994.

Joan Wynn, Joan Costello, Robert Halpern, and Harold Richman. *Children, Families, and Communities: A New Approach to Social Services*. Chicago: Chapin Hall Center for Children at the University of Chicago, 1994.

United States Department of Health and Human Services. Region IX Case Study: *Systems Change*. Prepared by the Urban Strategies Council, October 1994.

Wingspread Conference: Going to Scale with a Comprehensive Services Strategy. Falls Church, VA: National Center for Service Integration, 1993.

Nancy Young, Sid Gardner, Soraya Coley, Lisbeth Schorr, and Charles Bruner. *Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms*. Falls Church, VA: National Center for Service Integration, 1994.

APPENDIX I: Methodology

An initial search identified more than 500 comprehensive community-based initiatives across the country. These initiatives vary dramatically in form and content, and are at different stages of development. Because it was not feasible to review all of these initiatives in detail, this compendium contains a representative sampling. It began with a literature review relating to the evolution and current status of comprehensive, community-based initiatives, and informal conversations with a number of policy experts and providers to identify existing initiatives that should be candidates for inclusion.

Initiatives that were selected for inclusion have a minimum of the following:

- Provision or facilitation of integrated (more than two) services (i.e., if initiatives do not provide services directly, they may facilitate the referral process so that clients have easier access to the maze of available programs and supports for which they qualify);
- Innovative financing strategies;
- Techniques or progress in evaluations (they must either have been evaluated or have an evaluation plan in place); and
- Local-level involvement in planning, implementation, or both.

In addition, an attempt was made to select initiatives that represented a range of :

- Funding sources (i.e., the range of combinations of public, private, and other funding sources); and
- Geographical locales (i.e., rural and urban areas, and states and localities from all regions of the country).

Initiatives of significant historical importance also are included because of their longevity, progress, and/or role as models for other initiatives. Although selection was not limited to initiatives serving "disadvantaged" populations, most do, in fact, serve populations that are economically in need or that have some other type of special need.

After the initiatives were selected for inclusion, information was gathered through a number of different sources:

- Descriptive information about the initiative;
- Evaluations conducted by or for the initiatives (where applicable); and
- Phone conversations with individuals associated with the initiatives (e.g., both those listed as contacts and others), and outside evaluators to follow up on the information gathered from print materials.

Profiles of the initiatives were drafted, paying particular attention to strategy and methods of financing and to evaluation methodology and findings concerning costs, effects, and effectiveness. These profiles were reviewed by representatives of the initiatives and revised in response to their comments and corrections.

APPENDIX II: Selected Sources for the Review of the Initiatives

General Information

Kathy Goetz and Shelley Peck, eds. *The Basics of Family Support: A Guide for State Planners (and Others).* Chicago, IL: Family Resource Coalition, 1994.

Learning Readiness: Promising Strategies. Washington, DC: U.S. Department of Health and Human Services, 1993.

Link-Up: A Resource Directory -- Interagency Collaborations to Help Children Achieve. Alexandria, VA: National School Boards Association, 1991.

Atelia I. Melaville, Martin J. Blank, and Gelareh Asayesh. *Together We Can: A Guide for Crafting Profamily System of Education and Human Services.* Washington, DC: U.S. Department of Education, 1993.

"School Linked Services" *The Future of Children* 2 (Spring 1992) 1. Los Altos, CA: The Center for the Future of Children.

The Unfinished Agenda: A New Vision for Child Development and Education. New York: Committee for Economic Development, 1991.

Agenda for Children Tomorrow

ACT brochures and pamphlets.

Progress Report, July 1992-September 1994.

The Atlanta Project

Atlanta Project: Economic Development. Pamphlet.

Atlanta Project: An Evaluation of the Immunization/Children's Health Initiative. By Michael W. Giles. October 1993.

Atlanta Project Summary. December 1993.

The America Project /Atlanta Project. By Shepard Barbash.

The New War on Poverty: Poverty and Power. By James Jennings.

TAP Line. Fall 1994 issue.

Avance

AVANCE Evaluation Experience.

Avance-Rio Grande Valley: Annual Progress Report Addendum Evaluation Findings. August 31, 1994.

Carnegie Quarterly. Volume 39, Spring 1994.

Executive Summary of a Final Report of an Evaluation of the AVANCE Parent Education and Family Support Program.

Final Report: PROJECT CAN PREVENT/ Avance-San Antonio, Inc.

"Focus on Parents," Education Week. October 19, 1994.

Needs Assessment Survey: PROJECT CAN PREVENT/Avance-San Antonio, Inc. June 1983.

California's Assembly Bill 1741

AB 1741 Application materials. State of California Health and Welfare Agency.

Caring Communities Program

An Evaluation of the Caring Communities Program at Walbridge Elementary School. May 1994.

Center for Family Life in Sunset Park

The Center for Family Life and The Sunset Park Community. By Ethel Sheffer.

Center for Family Life in Sunset Park information pamphlet.

Learning Readiness. Center for Family Life In Sunset Park.

A Progress Report: 1993.

Center for Successful Child Development

The Beethoven Project: Executive Summary. May 1993.

The Beethoven Project: Summary and Retrospective Analysis of the First Five Years of the Center for Successful Child Development. The Ounce of Prevention Fund, 1995.

Partners For Change: The Ounce of Prevention Annual Report. 1992-1993.

Chicago Commons

Chicago Commons West Humboldt Employment Training Center information packet.

The Chicago Initiative

Citywide Initiative Summary. The Chicago Initiative.

Working Toward Citywide Collaboration: Frontline Perspectives on The Chicago Initiative and Recommendations for the Future.

Child Welfare Decategorization Project (Scott County)

DHS Staff Decategorization Plan.

FY 1994 Cluster Plan. Scott County.

Scott County Decategorization Project Progress Report: July 1992-June 1993

Scott County Decategorization Project Progress Report: July 1991-June 1992

Scott County Decategorization Project Progress Report: July 1989-June 1990

Task Forces Summary. Scott County.

Children, Youth and Families Initiative

Annual Report May 1994. The Children, Youth and Families Initiative.

Annual Report May 1995. The Children, Youth and Families Initiative.

Children, Families, and Communities: A New Approach to Social Services. Chicago, IL: Chapin Hall Center for Children.

The Children, Youth and Families Initiative. The Chicago Community Trust, 1991.

Enhancing the Lives of Children, Families, and Communities: A Framework and Early Lessons from a Current Initiative. By Joan Wynn, Sheila Merry, and Patricia Berg. November 1994.

Promoting the Development of Children, Families, and Communities: A New Approach to Social Services. By Joan Wynn. October 1993.

A summary of the grants. Children, Youth and Families.

Cities In Schools/Communities In Schools

Cities In Schools Network News. Fall 1994.

Evaluation of the Communities in Schools Houston Drop-out Prevention Program in Three Inner City Elementary Schools.

Learning Readiness: Promising Strategies. The U.S. Department of Health and Human Services.

MIS Manual: 1993-1994. Communities in Schools Houston, Inc.

The News and Observer. October 26, 1993.

1993 Annual Report. Cities In Schools, Inc.

Putting The Pieces Together: Texas Business and Dropout Prevention. By the Texas Research League.

Cleveland Works

Cleveland Works...And How. Cleveland Works 1994 manual.

Cleveland Works informational pamphlets.

Community Building in Partnership -- Sandtown-Winchester, Baltimore

Community Building In Partnership/Sandtown-Winchester, Baltimore Manual.

Community Building in Partnership -- The Enterprise Foundation information letter.

Sandtown-Winchester Information packet.

Community Schools, Intermediate School 218

Building A Community School: A Revolutionary Design In Public Education. The Children's Aid Society.

An Interim Evaluative Report Concerning A Collaboration Between the Children's Aid Society, New York City Board of Education, Community School District 6, and the I.S. 218 -- Salome Urena De Henriquez School. By Esther Robison. March 1993.

1994 Annual Report. The Children's Aid Society.

A Unique Partnership: The Story of a Community School. By Edgar Koerner.

"Working in Harmony: A Community School Supports the Whole Family," Education Week. March 23, 1994.

Comprehensive Child Development Program

Comprehensive Child Development Program: Interim Report to Congress/ Executive Summary. May 6, 1994.

Comprehensive Community Revitalization Program

CCRP: A Demonstration In The South Bronx.

CCRP Two Year Report: 1992 and 1993.

First Annual Report: CCRP. March 1994.

Comprehensive Services Act

Comprehensive Services Act for At Risk Youth and Families: Implementation Manual. May 17, 1993.

Comprehensive Services Act for At Risk Youth and Families: A Report to the Governor and General Assembly. December 1992.

Delaware State Service Centers

Division of State Service Centers: Facilities and Services Overview. Delaware Health and Social Services. 1994.

Executive Summary: Client Satisfaction Survey Results. Division of State Service Centers. May 1990.

Executive Summary: Client Satisfaction Survey Results. Division of State Service Centers. September 1994.

Family Services Partnership informational handout.

Early Childhood Development & Parent Education Program

For Parents' Sake: A Survival Kit for Parents and Kids, Volume I -- Knowing What To Expect.

For Parents' Sake: A Survival Kit for Parents and Kids, Volume II -- Tips for Parents.

1993 Annual Report. Oklahoma State Department of Health Child Guidance Service.

Parent Education: Its Effectiveness in Child Abuse Prevention. By David Strawn and Gerald Doeksen.

Early Childhood Family Education

Changing Times, Changing Families: Parent Outcome Interview Study Summary. Minnesota Department of Education. March 1992.

Fact Sheet: Current Legislation Related to Early Childhood Family Education. July 1993.

Fact Sheet: Types of Direct Service Offered in Early Childhood Family Education Programs.

"History of Minnesota Early Childhood Family Education Program Development," Community Education Journal, Volume XV, No. 2. January 1988.

Home Visiting 1993 Fact Sheet. Early Childhood Family Education.

Home Visiting 1994 Fact Sheet. Early Childhood Family Education.

Summary of 1994 Legislation Related to Early Childhood Family Education and/ or Learning Readiness.

DOCUMENT RESUME

ED 394 194 EA 027 517

AUTHOR Hayes, Cheryl D.; And Others
TITLE Compendium of Comprehensive, Community-Based Initiatives: A Look at Costs, Benefits, and Financing Strategies.
INSTITUTION Finance Project, Washington, DC.
PUB DATE Jul 95
NOTE 153p.
AVAILABLE FROM The Finance Project, 1341 G Street, N.W., Washington, DC 20005 ($5).
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS *Agency Cooperation; *Community Programs; Educational Finance; Elementary Secondary Education; *Family Programs; Financial Support; Governance; Human Services; Institutional Cooperation; *Integrated Services; Program Evaluation; Shared Resources and Services; *Social Services; State Aid; State Legislation; State Programs

ABSTRACT

Many service systems have fundamentally reoriented services by creating infrastructures that link resources from many parts of the community. This paper reviews 50 comprehensive community-based initiatives and describes their costs, results, and methods of finance. The overview defines comprehensive community-based initiatives and outlines governance arrangements, financing strategies, and accountability systems. All the models present potentially promising models for community change. For the most part, however, their experiences have not been documented in ways that will help policymakers or community leaders draw well-informed conclusions about costs, benefits, and the feasibility of implementation on a larger scale. A matrix of the initiatives highlights the 50 programs' arrangements for financial support and evaluation. Specific information on each program is provided. Information was gathered from descriptive information about the initiatives, evaluations conducted by or for the initiatives, and phone conversations with participants and evaluators. Appendices describe the methodology and list selected sources for the review of the initiatives. Information on the Finance Project and its available resources are included. (Contains 21 references.) (LMI)

COMPENDIUM OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

A Look at Costs, Benefits, and Financing Strategies

THE FINANCE PROJECT

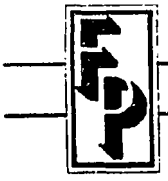
COMPENDIUM OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

A Look at Costs, Benefits, and Financing Strategies

By Cheryl D. Hayes
Elise Lipoff
Anna E. Danegger

July 1995

Prepared for
THE FINANCE PROJECT
1341 G Street, NW
Washington, DC 20005
202-628-4200
Fax: 202-628-4205



THE FINANCE PROJECT

PREFACE

Public financing for education and an array of other children's services has become a topic of significant interest and political concern. Growing skepticism among a critical mass of American voters and taxpayers has fueled doubts about the ability of government to solve social problems and provide basic supports and services that enhance the quality of life in local communities. Many believe government is too big, too expensive and doesn't work very well. Despite steadily increasing public expenditures for health, education, welfare, human services, and public safety over the past two decades, seemingly intractable problems persist. Nearly a quarter of U.S. children are poor and live in families and communities that are unable to meet their basic needs. Education has become increasingly expensive, but student achievement hasn't matched the rising costs, and drop-out rates remain unacceptably high. Health care costs continue to go up, yet many Americans can't get the services they need, and with each passing year their health care dollars buy less. Criminal justice demands a dramatically increasing share of public dollars for police officers, judges, and jails but neighborhood streets aren't safer.

Voters have spoken clearly. They want more for their money. They have called for more and better services, but they have also demanded balanced budgets and cuts in income and property taxes. In this time of big public deficits, they want government at all levels to operate more effectively and efficiently. They also want it to invest wisely and live within its means.

Across the country, there is mounting evidence of efforts to reform and restructure education and other community supports and services in order to improve the lives and future prospects of children and their families. Critical to the success of these initiatives are the ways in which they are financed. How revenues are generated and how funds are channeled to schools, human service agencies, and community development initiatives influence what programs and services are available. Financing determines how services are provided and who benefits from them. It also affects how state and local officials define investment and program priorities, and it creates incentives that guide how educators, other service providers, and community volunteers do their jobs. For these reasons, financing fundamentally affects how responsive programs and institutions are to the needs of the people and communities they serve.

In recent years, several blue ribbon commissions and national task forces have presented ambitious prescriptions for reforming and restructuring the nation's education, health, and human service systems in order to improve outcomes for children. While some have argued that public financing and related structural and administrative issues are critical to efforts to foster children's healthy development and school success, none of the reform proposals has been framed for the specific purpose of inventively reconceptualizing public financing. Indeed, many of the most thorough and thoughtful reports have called for an overlay of new funds but have neglected to provide cogent analyses of effective financing strategies, the costs of converting to these approaches, and the potential benefits that might accrue from addressing financing reform as an integral aspect of program reform.

In addition, the past several years have witnessed a burgeoning of experimental efforts by mayors and city managers, governors and state agency directors, legislators and council members, program managers and school officials to make government work better and more efficiently. Such efforts have been enhanced by the work of people outside of government, including foundation executives, business and labor leaders, community organizers, and academics. Some are creating new ways to raise revenues, manage schools, deliver human services, and spur community economic development. Others are designing new public governance and budgeting systems. Still others are developing and testing new approaches to involve citizens more directly in setting public priorities and maintaining accountability for public expenditures. Taken together, these efforts suggest the nascent strands of new and improved public financing strategies.

Against this backdrop, a consortium of national foundations established The Finance Project to improve the effectiveness, efficiency, and equity of public financing for education and an array of other community supports and services for children and their families. Over a three-year period that began in January 1994, The Finance Project is conducting an ambitious agenda of policy research and development activities, as well as policy-maker forums and public education. The aim is to increase knowledge and strengthen the capability of governments at all levels to implement strategies for generating and investing public resources that more closely match public priorities and more effectively support improved education and community systems.

As part of its work, The Finance Project produces a series of working papers on salient issues related to financing for education and other children's services. Some are developed by project staff; others are the products of efforts by outside researchers and analysts. Many are works in progress that will be revised and updated as new information becomes available. They reflect the views and interpretations of their authors. By making them available to a wider audience, our intent is to stimulate new thinking and induce a variety of public jurisdictions, private organizations, and individuals to examine the ideas and findings presented and use them to advance their own efforts to improve public financing strategies.

This paper, *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies*, was prepared by Cheryl D. Hayes, Elise Lipoff, and Anna E. Danegger of The Finance Project staff. It reviews 50 comprehensive, community initiatives to document what is known about their costs, the results they achieve, and the ways in which they are financed. Although this review is not exhaustive, the initiatives are representative of countless other efforts under way in communities across the country. The findings highlight a number of themes and issues that have implications for future research and development.

Cheryl D. Hayes
Executive Director

ABOUT THE AUTHORS

Cheryl D. Hayes is the Executive Director of The Finance Project. Elise Lipoff and Anna E. Danegger are Research Associates there.

TABLE OF CONTENTS

OVERVIEW

States and communities are under increasing pressure to change the way their education, health care, and human service systems are organized and operated. Dramatic demographic shifts and changes in family structure and functioning over the past generation have made it increasingly difficult for many families to provide the material, social, and psychological foundation necessary to care for their children. Children need love, support, and guidance from caring adults--especially their parents. They need adequate food, shelter, and clothing. They need decent educations, health care, and safe neighborhood environments where parents can work, children can play, and people of all ages can socialize and develop personal relationships. Especially, children need hope and the opportunities that give meaning to life.[1] Yet traditional categorical supports and services are organized to respond to narrowly defined problems and are available only when these problems become chronic or severe. They reflect specialized disciplinary or professional orientations, and usually they are delivered through bureaucratic structures that make it difficult to recognize or respond to the full range of a child's or family's needs.[2]

The limitations of existing service systems have spawned a plethora of reform efforts. Some of these initiatives have expanded upon the current array of problem-oriented services and programs. Many others, however, have fundamentally reoriented services by creating infrastructures that link resources from many parts of the community to enhance children's development, strengthen their families' ability to raise them, and at the same time respond to specialized needs and problems as they arise. Though widely varied in their form and content, these initiatives are based on several basic premises: 1) that children and families have multiple needs that are best met in a comprehensive, coordinated manner; 2) that family and neighborhood influences shape individual outcomes; and 3) that responsibility for the design and operation of public programs and services should reside at the neighborhood or community level.

Because they offer a potentially promising approach to address the needs of children and families and improve the quality of life in U.S. communities, comprehensive, community-based initiatives have generated significant interest among public policy makers and public and private sector funders in recent years. Whether or not this interest will be sustained and whether successful initiatives will become models for more ambitious systemic reform depends to a great extent on their costs and benefits relative to more traditional categorical approaches to service delivery and community revitalization. It will also depend on the ability of state and local officials to create governance structures and marshal public

[1] National Commission on Children, Beyond Rhetoric: Toward a National Policy for Children and Families. (Washington, DC: U.S. Government Printing Office, 1991).
[2] Joan Wynn, Joan Costello, Robert Halpern, and Harold Richman, Children, Families, and Communities: A New Approach to Social Services. (Chicago, IL: The Chapin Hall Center for Children at the University of Chicago, 1994).

and private funding to support activities that do not fit the narrow definitions and criteria of established categorical funding streams.

As groundwork for an assessment of these issues, The Finance Project has undertaken a review of 50 comprehensive, community-based initiatives to document what is known about their costs, the outcomes they produce, and the ways in which they are financed. Although this review was not exhaustive, the initiatives are representative of efforts under way in communities across the country.[3] The findings highlight several themes and issues that have implications for future research and development.

DEFINING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES

Each comprehensive, community-based initiative represents a unique response to local needs and priorities. It may have developed within an existing public service system--for example, schools, public health programs, child welfare services, mental health services, income support programs, and employment services. It may have emerged from community building and development efforts. Or it may have been created from scratch outside of any existing community institution or professional domain.

Defining comprehensive, community-based initiatives is difficult because they vary dramatically in their form and content. Our review found that some initiatives offer children and families primary and more specialized supports and services at a central location. Others coordinate and broker assistance offered by many independent providers thoughout the community. Still others link education, health care, and social services with broader efforts to improve the quality of life in the community through community planning and organizing, economic development, public safety, recreation, and rehabilitation and/or construction projects. The number and variety of supports and services that comprehensive, community-based initiatives offer or can provide access to--in other words, how comprehensive they are--varies. In addition, some initiatives are targeted to a limited number of children and families in a particular school, church, or neighborhood, while others are open to children and families throughout the community or local area.

Despite these differences, researchers and program developers have tried in recent years to articulate common characteristics that are shared by comprehensive, community-based initiatives.[4] Such initiatives are:

- Family-based and responsive to a child's needs in the context of his or her family and community, rather than focused solely on the child;
- Flexible in meeting a child's and family's unique needs, and able to draw on resources that cut across formal professional and institutional domains;

[3] See Appendix I for a more detailed description of selection criteria and data collection methods.

[4] Lisbeth B. Schorr, Within Our Reach: Breaking the Cycle of Disadvantage. (New York: Doubleday, 1988); Frank Farrow and Charles Bruner, Getting to the Bottom Line: State and Community Financing Strategies for Financing Comprehensive Community Service Systems. (Falls Church, VA: National Center for Service Integration, 1993); Wynn et al., 1994.

- Balanced in providing as much or more emphasis on fostering individual development and family strength and preventing problems before they occur as on remedying problems that have reached crisis proportions;
- Focused on and accountable for achieving improved outcomes for children, families, and the communities in which they live; and
- Community-based in their approach to decision making about the design, implementation, and operation of the initiative rather than centralizing decision making in state or municipal bureaucracies that are isolated from neighborhoods and communities and bound by inflexible rules and regulations.

FACILITATING COMPREHENSIVE, COMMUNITY-BASED INITIATIVES: BUILDING THE INFRASTRUCTURE

Our review suggests that individual comprehensive, community-based initiatives reflect these characteristics to varying degrees. The extent to which they do is significantly influenced by federal, state, and local bureaucratic structures, by the ways in which initiatives are financed, and by accountability systems.

Governance Arrangements

When government policies and organizational structures facilitate connections across community agencies and providers, comprehensive, community-based initiatives are more likely to have the autonomy to tailor responses to individual needs and to draw together resources from many parts of the community. In many cases, achieving this autonomy requires the development of new governance structures and processes at the state and local levels. Our review of comprehensive, community-based initiatives highlights several ways in which states and localities are reconfiguring governance arrangements to link financing strategies and service delivery more effectively to goals for enhancing the well-being of children and families:

- The California legislature passed Assembly Bill 1741 to enable local communities to blend categorical funding to support more innovative approaches for meeting the needs of children and families. The legislation creates demonstration projects in five counties. The counties are required to establish new community-based governance structures that are broadly representative of relevant institutional, professional, and consumer interests. These local coordinating councils are expected to develop a vision and goals for a reconfigured service system. State agencies will then assist the counties in obtaining waivers to decategorize federal and state funds to help them achieve their goals.
- In Virginia, the Comprehensive Services Act was enacted to assist youth with serious emotional and behavioral problems who require services from more than one agency or provider system. The law consolidates funding streams from several state agencies and creates the State Executive Council to set fiscal procedures and funding policy. The Council is composed of state agency officials, professional providers, and parent representatives. An even more broadly

representative State Management Team was also established to develop policies to guide the implementation of the new law. Each locality, in turn, is required to establish a local Community Policy and Management Team to identify local needs, establish funding priorities, and coordinate local agency efforts.

- In Kansas City, the Local Investment Commission was established to serve as a local intermediary to facilitate more flexible and responsive uses of existing public resources to meet the needs of neighborhood communities. The commission has no programmatic or budgetary authority. It is an advisory body composed of civic leaders, corporate and labor leaders, public agency officials, service providers, advocates, and private citizens. Its influence depends on its credibility with relevant, often competing, interests in the community and its capability to negotiate among them.
- The West Virginia legislature created the Governor's Cabinet on Children and Families in 1990 to foster a more integrated and collaborative approach to state investments in children's development and families' ability to meet their children's developmental needs. The Cabinet is composed of the Secretaries of Health and Human Resources; Commerce, Labor and Environmental Resources; and Administration; as well as the State Superintendent of Schools and the Attorney General. Representatives of the State Senate and House of Delegates serve in an advisory capacity. The Governor's Cabinet oversees the creation and operation of community-based Family Resource Networks to integrate supports and services for children and their families.

Financing Strategies

How funds are channeled to comprehensive, community-based initiatives significantly affects what supports and services are available, how they are provided, how well they are linked with other resources in the community, and who benefits from them. The bulk of available public funding for education, health care, and human services, as well as for housing, community redevelopment, and economic development is categorical. These narrowly defined funding streams support specialized activities in response to clearly defined problems and deficits. They usually make it difficult to coordinate resources across agencies and programs. They limit community organizers' and providers' flexibility to use resources creatively to meet individual needs and to avert problems before they occur. Under these circumstances, children's and families' needs are often fitted to available services, rather than the other way around.

Creating comprehensive, community-based initiatives typically requires blending funding from several sources. Expanding these models to community-wide support systems will require shifting a large portion of public funding to non-categorical sources. Funding for the initiatives we reviewed comes from a number of discrete federal, state, and local categorical funding streams, from federal entitlement funding, and from private corporate, philanthropic, and individual contributions. In many cases, foundation funding provides the impetus for launching these initiatives and the "glue" money for attracting and orchestrating

funding from other highly specialized categorical funding streams. In most cases, however, foundation support is time-limited, and community groups face the challenge of finding ways to draw upon public funding sources and other community contributions (e.g., United Way support) to sustain their enterprises over the long term. Our review highlighted a number of innovative efforts under way to create more flexible funding.

- Several states and communities have created legislation or executive policies to help coordinate (and in some cases consolidate) traditionally separate state-level funding streams. In Iowa, for example, more than 30 separate state funding streams were consolidated at the county level to make funding more flexible and to shift expenditure authority to the local level. Several counties were designated as demonstration sites to develop a continuum of supports and services for children and families and to redirect some resources from institutional services to community-based services.
- Several states have introduced new financing arrangements that pool funds appropriated to various state agencies to serve target populations. In Tennessee, for example, the legislature and state agencies created a funding pool to support comprehensive, community-based initiatives for vulnerable children and families as an alternative to foster care and out-of-home placement. All funds previously spent on out-of-home placements and care have been pooled into one statewide account under control of the Department of Finance and Administration. These funds now finance a redesigned system of community-based care and out-of-home placement managed by Community Health Agencies. Similarly, the Caring Communities Program in Missouri is a collaborative effort among four state agencies--Mental Health, Social Services, Health, and Education--to meet the multiple needs of high-risk children and their families in several local communities. Each agency contributes a portion of the total program budget to a funding pool, and all share responsibility for decision making and oversight.
- Cross-sector financing strategies are emerging in many communities whereby local initiatives are jointly funded by public and private agencies. The Agenda for Children Tomorrow (ACT), for example, is a joint initiative of the City of New York and a coalition of non-profit organizations working in ten community districts to integrate supports and services, including health, housing, family support, job training, mental health, youth services, and economic development. ACT combines public funding with support from private foundations and other private voluntary groups, such as the United Way. In-kind support for the initiative is provided by local corporations and law firms.
- Using private sector and foundation funds to leverage public fiscal resources is another way that many states and communities are beginning to expand the funding base for comprehensive, community-based initiatives. Many foundations and corporations are increasingly interested in getting behind promising system reforms to improve the quality of life in their communities. The Atlanta Project is one example of an ambitious community-based initiative to help empower

neighborhood communities to gain access to resources to address the needs of their children and families and overcome problems of crime, drug use, unemployment, homelessness, teen pregnancy, and school dropout. Each of the 20 participating neighborhood groups has a corporate partner that assists community leaders and residents to identify assets and needs, set goals, obtain needed resources, and plan and manage their use. Another interesting example of public-private partnerships in financing is the Missouri Family Investment Trust. Aimed at fostering the flexible use of public resources to enhance child development and strengthen families through community planning and community-specific approaches, the trust combines state and private foundation funds as a basis for levaraging other funds, including federal entitlement and matching funds.

- In efforts to reshape the way current public dollars are spent, several states and communities are experimenting with strategies to redeploy funds from more restrictive (and usually more expensive) services to less restrictive, community-based supports and services. Kansas City's Local Investment Commission (LINC) is an initiative to reform the city's human services system and devolve responsibility for the design and operation of services to neighborhood communities where community leaders want to do things differently. LINC serves as a catalyst for reallocating current resources from highly formalized categorical services to more flexible responses to community needs, for example, using schools as the hub of neighborhood social services or allocating Aid to Families with Dependent Children (AFDC) and Food Stamp benefits to local employers who hire welfare recipients.
- Some states are experimenting with making available flexible funds that front-line providers can use to meet unique family needs. The Lincoln Intermediate Unit No. 12 Migrant Child Development Program (LIUMCDP), for example, does not provide services directly. Instead, it refers children and their families to a number of community agencies and organizations that offer a variety of kinds of specialized help. LIUMCDP workers have discretion and access to limited funds to purchase the goods and services that families need which may not be available from other institutions or programs.

With increasing pressure at all levels to control costs and improve the effectiveness and equity of supports and services, there will be stronger incentives for public officials and community program developers to find more creative financing strategies. In addition, movement in Congress to consolidate federal programs and provide funds to states in the form of block grants can be expected to add momentum to efforts to devolve more authority for program design and operations to the state and local levels.

Accountability Systems

One of the most salient findings from this review was that very few comprehensive, community-based initiatives have been rigorously evaluated. Although some initiatives have attempted to gather information about the array of activities they manage and the

populations they serve, few have undertaken anything that approaches a careful analysis of the costs, effects, and effectiveness.

There are undoubtedly several reasons why so few comprehensive, community-based initiatives have been carefully tracked and assessed. First, evaluation research is expensive and time-consuming. Unless funders are willing to pay for this kind of data gathering and analysis, program managers are often reluctant to allocate the necessary fiscal and human resources--especially when doing so diverts dollars and staff from the initiative itself. Second, program staff rarely have the technical research skills required to undertake rigorous evaluation research. To mount this kind of effort generally requires expertise from outside the initiative. Third, as advocates for their own efforts, program staff may find it difficult to objectively assess the costs and benefits of their initiatives. If funders don't require evaluations and aren't willing to support them separately, there may be little incentive to undertake them.

Finally, and perhaps most important, comprehensive, community-based initiatives are complex endeavors that work across systems and sectors. This complexity makes them difficult to evaluate. Traditional economic measures don't adequately address the range of monetary, political, and social costs of creating comprehensive, community-based initiatives and how cost curves change over time. Nor do they take adequate account of the range of child, family, and community outcomes that such initiatives aim to achieve or the critical intermediate markers that indicate progress toward those outcomes. Because comprehensive initiatives work across sectors and traditional institutional and professional domains, the costs and outcomes that are relevant to one part of the newly configured system may not be the same ones that are important to others. In addition, conventional evaluation models for measuring the cost-effectiveness of particular program components do not adequately capture the interactions or synergy among components or the range of outcomes that comprehensive initiatives are intended to achieve. They typically fail to take account of how positive or negative changes in individuals and families affect communities and vice versa. They rarely examine how conditions and circumstances outside the community--for example, macro-economic trends, political factors, geographic patterns and demographic shifts--affect individual, family, and community outcomes and the effectiveness of the comprehensive initiative. Moreover, comprehensive, community-based initiatives are intended to be flexible responses to the changing needs of the children and families they serve. Existing evaluation research methods are not designed to track a changing and evolving "intervention."[5]

As a consequence, our review of the evaluations of existing comprehensive, community-based initiatives yields relatively little generalizable information about the costs and benefits of these efforts. With regard to costs, we found the following:

[5] For a more detailed discussion of the methodological difficulties associated with evaluating comprehensive, community-based initiatives, see James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss, eds., New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts. (New York: Roundtable on Comprehensive Community Initiatives for Children and Families of the Aspen Institute, 1995).

- Concrete data on the costs of creating and maintaining comprehensive support systems are almost totally lacking. Where data are available, they generally address the costs of providing a unit of service rather than the costs of achieving desired results for children, their families, the community, or the public and private sector systems that serve them. One exception among the initiatives reviewed is Cleveland Works, which calculates the average costs of placing program participants in jobs, not just the costs of providing units of service.
- Although some initiatives collect data on the costs of discrete program components, very little information is available on the administrative costs of linking supports and services across agencies and sectors or of reconfiguring delivery systems. Where these data exist, they are usually described in separate, single line items independent of the costs of individual programs or service components.
- No comparative data are available to assess the costs of comprehensive, community-based approaches relative to more traditional categorical service delivery modes.
- No data are available to estimate the start-up costs associated with creating comprehensive, community-based initiatives or expanding promising models to community-wide systems. Similarly, data are not available to reliably track the cost curves related to converting from more traditional, categorical systems to comprehensive approaches.

With regard to benefits we found the following:

- Available data concerning costs do not link this information to specific outcomes or results. They do not indicate how much benefit a given expenditure can be expected to yield. One exception is Cleveland Works, which calculates the financial benefits to employers who hire program participants and to state and local governments that no longer bear the costs of family dependency for participants who move from welfare to work.
- Where evaluations have been done or are under way, they focus primarily on "process" variables (e.g., the number of children and families served, the units of service provided). Very limited information is available on child, family, or community outcomes that may have been affected by the creation of a comprehensive, community-based initiative. Although some initiatives make claims of significant benefits, more often than not these claims are based on impressionistic or anecdotal information rather than data systematically collected to yield carefully defined measures. For example, programs to strengthen families report that parents feel more comfortable in their parenting roles; programs to rebuild communities report that citizens have more positive feelings about their neighborhoods and communities. Few evaluations have systematically collected information and compared measures before and after the intervention. Similarly, very few involved carefully constructed control groups to assess the impact of an initiative.

- Because so many comprehensive, community-based initiatives are relatively new, they have not tracked results over time. Those that report effects on measures of child, family, and community well-being generally do so on the basis of relatively brief experience.
- Very few data are available to track intermediate results, particularly those affecting systems and community resources themselves. Community-focused reforms are intended to change the shape of service delivery, governance arrangements, and financing strategies. Yet information on the process of creating a collaborative decision-making process, for example, or developing the capacity of service providers to operate differently, or decategorizing funding in various ways and the effects of these changes, typically is not documented.

The challenge of implementing comprehensive, community-based initiatives is significant, given the myriad of structural impediments that exist. But the congressional movement to create block grants holds the possibility of greater administrative flexibility and opportunities to tap local ingenuity. Presumably, states and communities will have latitude to focus on their own priorities and craft initiatives without federal micro-management. However, this renewed emphasis on federalism will not amount to much if decision makers are unable to draw concrete lessons from local experimentation about what works at what costs. Measuring results has become a predominant theme in policy discussions about federalism reforms. Yet accurately measuring the outcomes of public programs, where profit is not the bottom line, is easier to talk about than it is to do.[6] As several observers have noted, new models of evaluation that are consonant with the objectives of comprehensive, community-based support systems are needed.[7] This will require methodologists and evaluators to work together with community developers to overcome many technical issues associated with evaluating community reforms. Not the least of these issues is developing performance goals and standards and defining appropriate measures of costs and benefits to assess progress toward meeting them. Decision makers and funders must also make the necessary commitment to collect data and be patient until the results are in.

CONCLUSION

Comprehensive, community-based initiatives have gained support and prominence in recent years. The experiences of the 50 programs included in this compendium and countless others that were not reviewed provide strong and convincing evidence that these initiatives present a rich opportunity to test new concepts of service delivery, community building, and economic development. They demonstrate that changing established systems is a slow and cumbersome process, and it requires participation and support from all parts of the community. It is often difficult for institutions with established missions to imagine their roles and relationships changing. It is equally difficult for service providers with established

[6] Rochelle L. Stanfield, "The New Fixation of Federalism," in National Journal, vol. 27, no. 4, January 28, 1995, p. 260.
[7] Connell et al., 1995; Wynn et al., 1994.

disciplinary orientations to change their behavior and for governance structures to loosen their control over funding and administrative procedures.

All of the initiatives described here present potentially promising models for community change. Some are more ambitious than others. For the most part, however, their experiences have not been documented in ways that will enable policy makers or community developers to draw well-informed conclusions about the costs and benefits of this kind of reform and the feasibility of implementing it on a larger scale. Defining an effective evaluation methodology will require coming to grips with different and sometimes conflicting ideas about what a comprehensive, community-based initiative is, what it aims to achieve, and at what costs. It will also require expanding current concepts of costs and benefits to take account of purposes that are broader than single program components, that depend on the energies and resources of different institutions, and that reflect the context of the individual communities in which they have developed. With these kinds of tools, policy makers and program developers can learn much more from the growing portfolio of existing comprehensive, community-based initiatives. With the information that such studies will yield, they will have a sound basis for deciding on the next steps to restructure and reform existing systems to better meet the changing needs of children, families, and communities.

Matrix of Comprehensive, Community-based Initiatives

Program	Location	Funding Source/Financing	Evaluations
Agenda for Children Tomorrow	New York, NY	In-kind support from the mayor's office. Private and United Way funding. Local sites leverage additional funds.	Qualitative diaries categorizing activities and impact are kept by staff. An evaluation design has been funded.
The Atlanta Project	Atlanta, GA	Private/foundation and in-kind support flows through The Carter Center. Significant use of corporate partners. Specific projects also have government funding.	Evaluation being conducted. The first part of the evaluation will be process. The evaluation will be primarily qualitative. The Immunization/Children's Health Initiative was evaluated in 1993.
Avance	Texas	Created with foundation seed money. On-going support from foundations and corporations, government, and community organizations (both in-kind and financial support).	On-going evaluations of various service programs. Evaluations released in 1983, 1991, and 1994. One evaluation compared program and control groups. Participating in components of the evaluations of Even Start and CCDP.
California's Assembly Bill 1741	California	Blended funding at the county level. Local education agencies, cities, and/or private agencies also may contribute to the pools of funds.	Needs assessments and interim two- and four-year evaluations required. These evaluations must measure progress toward goals.
Caring Communities Program	St. Louis, MO	Redirection of state revenues from four agencies supplemented by private funds. Pooling of funds beginning in fiscal year 1996. Communities must match funds (foundation and corporate support secured).	A 1994 evaluation, based on descriptive information from 1990-1993, included random sampling and control group school.
Center for Family Life in Sunset Park	Brooklyn, NY	Public and private funds and in-kind support. Primary support from the city, other support from foundations and local businesses and organizations.	Needs assessment. Conducted 1992 evaluation based on interviews with clients. A three-year evaluation has been funded.
Center for Successful Child Development	Chicago, IL	Federal, state, and local funds, foundations, corporations, and other sources. Initial matching funds from the U.S. Department of Health and Human Services.	Implementation evaluation conducted after five years of operation. Data gathered through interviews and program data.
Chicago Commons	Chicago, IL	Public and private funds, including federal and state government and United Way support.	Results are assessed annually. Lack of funding prohibits formal evaluations.
The Chicago Initiative	Chicago, IL	Primarily private, philanthropic funds. Local grant recipients leverage additional federal, state, and local resources.	Evaluation completed in January 1994 through interview process. Evaluation conclusions were anecdotal.

19

Program	Location	Funding Source/Financing	Evaluations
Child Welfare Decategorization Project (Scott County)	Scott County, IA	Flexible state funding from various agencies and funding waivers. Redeployment of conserved funds.	Conducted evaluations of components. Produce annual progress reports.
Children, Youth and Families Initiative	Chicago, IL	Support from a single foundation.	Needs assessment conducted in 1990. Early qualitative lessons released in May 1994. Evaluation will be assessed by an independent panel when the initiative is halfway through its funding cycle.
Cities In Schools / Communities In Schools	Multiple National Sites	Public/private coordination for support. Government, foundation, corporate, and individual funds along with leveraged funds.	Evaluations conducted at local sites. Three-year study of national CIS conducted.
Cleveland Works	Cleveland, OH	Federal contracts along with other government, foundation, private, and corporate support.	Tracked six barometers which show positive results. Cost/benefit evaluations based on benefit to participants, employers, and the government.
Community Building in Partnership -- Sandtown-Winchester, Baltimore	Baltimore, MD	Foundation seed money, with in-kind support from the city. On-going public support. Specific initiatives supported by government and foundation funds.	Formal evaluation began in May 1994. Will assess against 1990 baseline of neighborhood data.
Community Schools, Intermediate School 218	New York, NY	Private start-up funds. On-going support from public and private contracts and gifts.	Needs assessment conducted. Evaluation conducted in March 1993. Showed preliminary positive results. A ten-year evaluation has been planned.
Comprehensive Child Development Program	Multiple National Sites	Federal funds through congressional authorization.	Two evaluation contracts for CCDP sites awarded. The first will focus on process, while the second focuses on outcomes. Interim report assessing the first two years of participation presented to Congress in 1994.
Comprehensive Community Revitalization Project	South Bronx, NY	Foundation seed money launched the initiative which uses private funds to leverage public support.	Assessment report completed in March 1994 through document reviews and interviews.
Comprehensive Services Act	Virginia	Pooled state funds complemented by State Trust Fund to provide conversion funds. Localities receive funds based on funding formula.	Completed evaluation of demonstration sites in February 1994. Evaluation under way by working group.
Delaware State Service Centers	Delaware	State line item as primary support. Tenant fees from private co-located providers and federal funds.	Cost analysis of co-location conducted. Client satisfaction surveys conducted in 1986, 1989, and 1993.
Early Childhood Development & Parent Education Program	Oklahoma	State appropriation supplemented by other government funds and fees for service.	Statistical reporting form which allows for client data tracking. Two evaluations conducted.

Program	Location	Funding Source/Financing	Evaluations
Early Childhood Family Education	Minnesota	State funds used for start-up. Tax levy/state aid formula now supplemented by other funds, including government, private, and fees for service.	Cost analysis competed. Parent interviews served as preliminary evaluation for curriculum and program development. Two-year evaluation implemented, with results expected in late 1996.
El Puente	New York, NY	Government funds supplemented by foundation and in-kind support.	Case study of the academy released in July 1994
Family Development Program	Albuquerque, NM	Foundation seed money. State-mandated funds as well as government contracts and other government contributions supplemented by private funds and individual contributions.	Six-year formal evaluation released in 1991. Five broad goals, ranges of objectives, and appropriate methods for measurement developed for this evaluation.
Family Focus	Chicago, IL	Two individuals provided start-up funds. Support from many levels of government, foundations, and fees for service.	Components of the initiative have been evaluated, primarily by outside evaluators. Five-year evaluation published in 1994. Anecdotal and qualitative data also compiled.
Family Investment Trust	Missouri	Private foundations and in-kind and government support.	Too recent for evaluation.
Family Resource Schools	Denver, CO	Many levels of government provided in-kind support during inception. Government, foundations, and businesses support implementation.	Resource assessments were conducted to determine need. Process evaluation conducted in 1992.
Florida Full Service Schools	Florida	Line item in the state budget. Local grant recipients leverage additional funds from federal, state, and local governments, foundations, businesses and non-profit organizations.	Preliminary evaluation based on the site's self-evaluations after six to nine months of implementation.
Governor's Cabinet on Children and Families	West Virginia	Funding coordination and authority to pool funds. Refinancing/reinvesting strategies supplemented by government, foundation, and private sources.	Local centers collect some evaluation information. Preliminary work on more formal evaluations.
Hawaii's Healthy Start Family Support Systems	Hawaii	State appropriations compose 90 percent of funding. Local funds supplement the remaining 10 percent.	Evaluation conducted in 1988 which measured children's outcomes as defined by levels of abuse. Other evaluations determined percentage of service population being served. A randomized study to determine outcomes and cost/benefit was initiated in October 1994. Evaluations of effectiveness are in the planning stage.

Program	Location	Funding Source/Financing	Evaluations
Healthy Start	California	State planning and operation grants, coordinated through state budget, are used as glue money. Long-term support is the responsibility of the local sites (which use techniques such as federal draw-downs of funds to ensure funding).	Three components of an evaluation have been conducted: an evaluation of planning grants; a process evaluation of the first year of the initiative; and an evaluation of service delivery and outcomes.
Home Instruction for Pre-school Youngsters	Multiple National Sites	Foundation and corporate support are supplemented at the local level by government and private sources of funds (e.g., Governor's office, federal funds [JTPA], communities, local private industry councils, school districts, and community-based organizations).	International component of program extensively evaluated. Three-year grant received to evaluate three school-based programs. Another two-year grant awarded to conduct a set of case studies focusing on implementation issues.
Kentucky Education Reform	Kentucky	State tax increases allow for grants to local sites, as do local tax increases.	Needs assessments conducted (both on state and local levels). Statewide Report Card produced as a status report of the state of reform. The Report Card goals are more process than outcomes. Implementation/process evaluations also conducted in 1993 and 1994.
Lafayette Courts Family Development Center	Lafayette Courts housing unit, Baltimore, MD	Federal government, grant funds, and in-kind local government support.	Outcomes measures clearly defined at the outset. Evaluation released in 1991 which measured at two points in time, in comparison to a control group.
Lincoln Intermediate Unit No. 12, Migrant Child Development Program	Pennsylvania	Federal and state funds with private donations.	Summer programs evaluated. Anecdotal evaluation supplied by the director.
Local Investment Commission	Kansas City, MO	State and local funds with foundation and business support.	Developed a series of short- and long-term targets for success.
Maryland's Tomorrow	Maryland	State appropriation and JTPA funds. Localities also use private and foundation funds.	Evaluations conducted every year for the first five years, looking at initiative impact on student performance.
Maternal Infant Health Outreach Worker Project	Tennessee	Seed funds from foundations. State, university, church, foundation, and local corporation funds, along with in-kind federal support.	Three evaluations conducted. The first evaluated county-level data and compared participants to control group for specific outcomes; the second was a qualitative study; the third assessed social support provided by the initiative.
Minnesota Milestones	Minnesota	State development funds.	Needs assessment conducted. The initiative is itself an evaluation tool.
Neighborhood Based Alliance	New York	State funding, supplemented at the local level by federal government and private grants.	Evaluation compared the initiative to similar initiatives. Progress reports conducted periodically.

Program	Location	Funding Source/Financing	Evaluations
New Beginnings	San Diego, CA	Redeployed funds for service delivery. Foundation funds for evaluations.	Feasibility study completed. Outcomes determined prior to implementation. Evaluation completed February 1994.
New Futures -- Chatham County, Savannah	Savannah, GA	Foundation initiated. Matching funds from governments and the United Way.	On-going needs assessments. Management Information System in place to track progress of students. Evaluation/progress report presented in October 1992. Conduct annual reports.
New York City Beacons School-Based Community Centers	New York, NY	Annual city appropriation. In most locales, partially matched with federal draw-downs. Also state, corporate, and foundation support.	Produced overall documentation report, assessing community impact of the initiative.
Oregon Benchmarks	Oregon	State special funds appropriated. Foundations support specific components (e.g., evaluations, assessments).	Initiative itself will serve as outcome measure for the state. Evaluation of the initiative conducted in June 1994 which recommended alterations.
Parent Services Project	Multiple National Sites	Public/private partnership. Includes corporate and private support and local government grants.	Qualitative evaluations produced annually. Cost-effectiveness study conducted in 1985. Three-year evaluation based on interview and control group released in 1988.
Pennsylvania Family Centers	Pennsylvania	Federal and state funds with local match (may include private, public, or in-kind).	Needs assessment required for establishment of local site. Two-year outcomes evaluation will be released in 1995. On-going descriptive evaluations.
School Based Youth Services Program	New Jersey	State budget line item, supplemented by federal and local funds and foundations.	Two components evaluated. Three-year evaluation funded and new data collection system instituted.
Success By 6	Multiple National Sites	United Way, corporate, foundation, and government support. Local sites vary.	Evaluation model has been identified. It will include process, implementation, and outcome studies.
Tennessee Children's Plan	Tennessee	Redirection of state and federal funds, partially through TennCare.	On-going evaluations.
United Neighborhood Houses of New York	New York, NY	Initially supported through charity and private funds. Current support primarily from government funds (mostly city, but also state and federal), also private donations and fees.	Evaluation published in 1991.
UPLIFT	North Carolina	Primarily supported through federal and state grants.	Qualitative evaluation conducted.

REVIEW OF COMPREHENSIVE, COMMUNITY-BASED INITIATIVES*

Agenda for Children Tomorrow
The Atlanta Project
Avance
California's Assembly Bill 1741
Caring Communities Program
Center for Family Life in Sunset Park
Center for Successful Child Development
Chicago Commons
The Chicago Initiative
Child Welfare Decategorization Project (Scott County)
Children, Youth and Families Initiative
Cities In Schools/Communities In Schools
Cleveland Works
Community Building in Partnership -- Sandtown-Winchester, Baltimore
Community Schools, Intermediate School 218
Comprehensive Child Development Program
Comprehensive Community Revitalization Program
Comprehensive Services Act
Delaware State Service Centers
Early Childhood Development & Parent Education Program
Early Childhood Family Education
El Puente
Family Development Program
Family Focus
Family Investment Trust
Family Resource Schools
Florida Full Service Schools
Governor's Cabinet on Children and Families
Hawaii's Healthy Start Family Support Systems
Healthy Start
Home Instruction for Preschool Youngsters
Kentucky Education Reform
Lafayette Courts Family Development Center
Lincoln Intermediate Unit No. 12, Migrant Child Development Program
Local Investment Commission
Maryland's Tomorrow
Maternal Infant Health Outreach Worker Project
Minnesota Milestones
Neighborhood Based Alliance
New Beginnings
New Futures -- Chatham County, Savannah
New York City Beacons School-Based Community Centers
Oregon Benchmarks
Parent Services Project
Pennsylvania Family Centers
School Based Youth Services Program
Success by 6 ®
Tennessee Children's Plan
United Neighborhood Houses of New York
UPLIFT

* See Appendix II for Selected Sources.

AGENDA FOR CHILDREN TOMORROW

Agenda for Children Tomorrow (ACT) is a public/private initiative that has the goal of promoting an integrated, locally based system of health and human services for children and families. ACT is a joint project of the City of New York and a coalition of non-profit organizations working to make social services more accessible at the neighborhood level, in part through co-location. The services include health, housing, child welfare, job training, mental health, youth services, and economic development.

In 1995, ACT includes ten community districts. Each community develops a local collaborative that includes service providers, coalition leaders, city officials, residents, and others. A needs assessment is done for each site, documenting strengths and problems. Members of the collaborative then develop a plan for the community, highlighting ten achievable goals. ACT will help local initiatives break through red tape to achieve these goals. At the local level, a planner will be chosen jointly by ACT and the community and will work with the collaborative to carry out its work.

One of the first sub-agencies to be engaged in working directly with ACT was the New York City Human Resources Administration's (HRA) Agency for Child Development. ACT is also partnered with HRA's Family Preservation Program and collaborates with New York state's Neighborhood Based Alliance.

ACT's Oversight Committee includes representatives from foundations and large voluntary service organizations, government, and communities. The Executive Committee, which provides leadership, has one representative each from foundations, large social service organizations, a community-based organization, and the New York City government. The Oversight Committee and the Executive Committee are half composed of New York City government representatives and half other representatives. The work groups are structured around the issues of budget and finance, neighborhood service patterns and coordination, and strategic planning support.

Financing

Strategy

In January 1990, the ACT Implementation Project was authorized by New York City's Mayor Dinkins. The city has provided in-kind support, including space in the Mayor's Office for Children and Families, since 1990. In-kind support also has been provided by the state Department of Social Services and the law firm of Sullivan and Cromwell. Initial and continuing funding has been provided by New York Community Trust, the United Way of New York City, the Foundation for Child Development, and Morgan Guaranty Trust Company of New York City, with the ACT Implementation Project established as a project of the Tides Foundation.

Funding for the local planner is provided by ACT. Eventually, the local entity is expected to take over the cost.

Methods

The fiscal year 1995 core budget is $650,000, which includes approximately $100,000 of in-kind support. The local communities leverage additional funds with the help of their collaboratives, the local planners, and the central ACT office. Since the inception of ACT, five collaboratives have raised $22 million, which includes current commitments not yet received.

In-kind support is provided by the Mayor's Office for Children and Families and funding is provided by Chemical Bank; Freddie Mac; Morgan Guaranty Trust; the New York Community Trust; the United Way of New York; The Foundation for Child Development; and The Aaron Diamond, The Booth Ferris, The Ford, The Ittleson Family, The New York, the Pinkerton, Primerica, and The Valentine Perry Snyder Foundations.

Evaluation

ACT staff have been keeping diaries which chronologically categorize information on ACT's activities and impact. In addition, they have compiled an inventory of gains and accomplishments. A student at the Woodrow Wilson School has completed an evaluation analysis of ACT's strategic planning methodology.

The Ford Foundation has provided funding for Public/Private Ventures to prepare an evaluation design, which should be completed by June 1995.

Contact

Eric Brettschneider
Director
Agenda for Children Tomorrow
c/o The Mayor's Office
250 Broadway, #1412
New York, NY 10007
(212) 788-6757
(212) 788-7234 Fax

THE ATLANTA PROJECT

The Atlanta Project (TAP) was launched in October 1991 by The Carter Center to address problems facing families and communities, including school drop-out rates, teen pregnancy, unemployment, crime, drug use, inadequate health care, and homelessness, among many others. TAP targets Atlanta neighborhoods with high percentages of single-parent families and school-age mothers and operates from 20 small community offices which are supported by a central office. Each office is typically staffed by two local residents. A policy advisory board and The Carter Center provide guidance and links to institutional support.

The communities surrounding the 20 sites are called clusters, and each cluster (ranging in population from 8,000 to 59,000) has a steering committee composed of key stakeholders from the community, including residents; service providers; political representatives; and school, religious, and business leaders. The steering committee creates its agenda based on its community's needs and oversees the project on the local level. To implement their agendas, clusters form task forces around the primary issues, including health, housing, economic development, education, community development, and public safety.

TAP is designed not as a program but as a framework or mechanism to help empower communities to better access the resources and programs that will serve their needs. Each neighborhood or cluster is paired with a corporate partner for assistance with planning and implementation, which fosters public/private-sector collaboration.

TAP launched a broader initiative, The America Project, in the spring of 1993 in order to use TAP's experience to assist other cities in improving the quality of life through holistic, community-based initiatives.

Financing

Strategy

The Carter Center solicits most of TAP's funds, which come from private sources. TAP's specific projects leverage additional funding, including city, county, state, and federal government funds. There are numerous corporate partners, including Coca-Cola and Marriott, who contribute funds as well as assist the clusters with planning and implementation through corporate pairings.

Methods

The five-year operating budget includes approximately $20 million of funds as well as approximately $12.8 million of in-kind contributions. A further $4.8 million has been pledged for evaluations, training, and documentation. Major contributors to TAP initiatives include the Annie E. Casey Foundation, the Surdna Foundation, and the Carnegie Corporation.

Evaluation

An Emory University researcher is conducting an evaluation of TAP. The first part of the evaluation will be a process evaluation with some outcomes data. The evaluation will be

based primarily on qualitative information obtained through interviews and written surveys with the central players involved with TAP and the clusters, including the steering committee chairs, members of the committees, organizations in the clusters, and general participants.

An evaluation of a specific project, the Immunization/Children's Health Initiative (I/CHI), was conducted by Emory University and its findings were disseminated in October 1993. The Rockefeller Foundation and the ARCO Foundation provided support for the evaluation. The I/CHI was the first comprehensive initiative of TAP. Its primary mission was to increase immunization levels within a target group of children under six residing in the TAP cluster regions, and to create a computerized system for tracking immunizations. In order to do this, I/CHI set goals of contacting every household within the TAP area and reaching a 90 percent immunization rate among its children. I/CHI's secondary goal was to increase awareness of TAP. The outcomes of this goal were not measured. However, a door-to-door canvass collected data from 54,000 households and identified 12,000 children under six years old. Approximately 16,000 children were seen by health clinics during the eight-day immunization drive and over 6,000 of them received inoculations. The evaluation, while recognizing the success of the initiative, notes that the goals of the initiative were not met, as it cannot be confirmed that more than 25 percent of households in the region were contacted. The evaluation also offers organization recommendations for future TAP initiatives.

Contacts

General:
Jane Smith
Program Director
The Atlanta Project
Carter Collaboration Center
675 Ponce De Leon Avenue, NE
P.O. Box 5317
Atlanta, GA 30307
(404) 881-3400
(404) 881-3477 Fax

Evaluations:
Michael Giles
Professor of Political Science
Department of Political Science
Emory University
Atlanta, GA 30322
(404) 727-6565
(404) 727-4586 Fax

The America Project:
Elise Eplan
Program Administrator
The America Project
675 Ponce de Leon Avenue, NE
P.O. Box 5317
Atlanta, GA 30307
(404) 881-3450
(404) 881-3477 Fax

AVANCE

Avance is a community-based, non-profit organization that provides education and support services to economically high-risk families in three Texas regions and training to service providers throughout the country. Avance was established in 1973 and historically has specialized in serving low-income Hispanic families with children age three or younger.

Avance is rooted in the community it serves, with 70 percent of its staff being Avance graduates. The Avance Parent-Child Education Program brings together mothers and expectant mothers for three-hour sessions on child growth and development, and their children to participate in an early childhood stimulation program. These sessions are held in housing projects, schools, or other community buildings, and run from September through May. Avance staff members also visit parents at home at least four times a year.

The Avance chapters provide services to 38 sites and serve approximately 6,000 individuals annually in San Antonio, Houston, and South Texas, including the federal Even Start and Project FIRST programs and the Comprehensive Child Development Program. Avance established a national training center in 1990 and agreed in 1994 to establish 30 Avance affiliates over three years. The affiliates will be replications of the Avance core program and members of the Avance organization. The Avance National Office is charged with executing the expansion plan for chapter affiliates.

The centerpiece of Avance's comprehensive services is its Parent-Child Education Program, which provides parents with the knowledge, support, and assistance to create an environment for their children in which optimal development is encouraged and supported, and to continue their own personal development in the areas of education and employment. Avance services have expanded to include family literacy, child care, transportation, male parenting education, early childhood education, mental and physical health care, economic development, and family advocacy.

Financing

Strategy

The Avance Parent-Child Education Program was created with seed money from the Zale Foundation. In 1979, it was selected as a grant recipient for a "Community and Minority Group Action to Prevent Child Abuse and Neglect" project of the National Center on Child Abuse and Neglect of the U.S. Department of Health, Education, and Welfare. This allowed for significant expansion of Avance and the initiation of Project C.A.N. Prevent, a 39-month project of Avance-San Antonio targeted at the prevention of child abuse and neglect, (hence C.A.N.). The purpose of the project was the development of strategies to alleviate child abuse among low-income Mexican-American families.

Avance receives funding from numerous foundations and corporations, including the Carnegie Corporation of New York, Kraft/General Foods, the Hazen Foundation, the Hasbro Children's Foundation, UPS, ARCO, The Spunk Foundation, Levi Strauss, H.E.B. Grocers,

The Christian Children's Fund, W.K. Kellogg Foundation, Conrad H. Hilton Foundation, and the Ford Foundation.

In addition, food banks, churches, government agencies, schools, and social and civic groups donate in-kind and other services to Avance, and local universities allow Avance to use their campuses for graduation ceremonies.

Methods

The fiscal year 1994 total revenues for Avance, Inc. were $3,998,688. This revenue came from the federal government (26 percent), the state government (8 percent), local governments (8 percent), the United Way (5 percent), contracted services (15 percent), private foundations (20 percent), and contributions and other sources (18 percent).

Evaluation

Avance conducts on-going evaluation activities with its various service programs.

A progress report evaluation of the first year of the Lower Rio Grande Valley sites was conducted in 1994. Avance was also participating in the evaluation components of the national Even Start initiative and the Comprehensive Child Development Program in 1994.

An evaluation of the Avance Parent-Child Education Program, funded by the Carnegie Corporation of New York and released in 1993, compared program and control groups at the end of the first year of program participation. It was demonstrated that the program had a positive effect on parenting knowledge, attitudes, and behavior. The evaluation showed that mothers provided a "much more stimulating and emotionally encouraging environment for their children" when participating in the program. Participating mothers were both more aware of community resources and used these resources more than the control group. The evaluation found that the program "resulted in less strict attitudes about child-rearing" and "helped mothers develop more positive attitudes toward their roles as teachers of their young children." The evaluation concluded that "most of the program goals were attained to an impressive degree."

A survey of 23 women and 32 children who attended a 1991 reunion of Avance's first group showed that Avance achieved significant successes. It revealed that 94 percent of the children had either completed high school, received a General Equivalency Diploma (GED), or were still in school. Fifty-seven percent of the mothers who had dropped out of school (i.e., 91 percent of the total 1973 group) had gotten a GED.

In June 1983, the final report of Project C.A.N. Prevent was released. This evaluation included two study group communities with a control group community. A needs assessment survey was used to identify factors that were effective in predicting physical child abuse and an education pre/post test was designed to gauge changes in knowledge, skills, and attitudes as a result of participation in parenting classes. The evaluation indicated that, in most cases, the curriculum had a significantly positive effect on the levels of knowledge, skills, and attitudes of participants.

Contacts

General:
Gloria Rodriguez, Ph.D.
National President & CEO
Avance
301 South Frio, Suite 310
San Antonio, TX 78207
(210) 270-4630
(210) 270-4612 Fax

Evaluations:
Todd Walker, Ph.D.
Director of Reserach and Evaluation
Avance
301 South Frio, Suite 310
San Antonio, TX 78207
(210) 270-4630
(210) 270-4612 Fax

CALIFORNIA'S ASSEMBLY BILL 1741

In 1993, Governor Wilson signed Assembly Bill 1741 (sponsored by Assemblyman Tom Bates from Alameda County), legislation to determine whether local communities can better serve children and families if categorical funds are blended. AB 1741 establishes a pilot program (the Youth Pilot Program) for the blending of various child and family services funds to support the implementation of innovative strategies at the local level in order to provide comprehensive, integrated services to children and families. Five counties will be selected to participate through a statewide competitive application process.

Through a broad-based collaborative governance structure, the counties must each develop a vision and goals for the pilot project based on a needs assessment. This collaborative group (the Coordinating Council) must include county, city, and school officials from the fields of education, juvenile justice, and health and human services, as well as representatives of service providers, labor organizations, and service recipients. The Coordinating Council must describe how the needs of the target population will be addressed through the integration of services and community activities, supported by the blending of specific public and private funds. Through the monitoring of locally determined outcomes, each pilot project will be able to measure progress toward the achievement of its goals.

Fifteen counties submitted letters of intent to apply for the Youth Pilot Program. The five counties selected on December 1, 1994, are Alameda, Contra Costa, Marin, Placer, and San Diego. Each county has the choice of beginning implementation on either January 1 or July 1, 1995.

Ultimately, the Youth Pilot Program will provide models for statewide implementation of locally controlled, family-focused, prevention-oriented and outcome-based service delivery systems.

The state will assist each of the five selected counties in achieving its project goals. The Health and Welfare Agency, as the governor's designee, is responsible for overseeing and coordinating the implementation of the Youth Pilot Program. To fulfill this role, the agency will serve as a hub for technical and other assistance. In addition, the state is committed to removing barriers to implementation, including, where appropriate and feasible, state and federal law or regulation through the waiver process.

Financing

Strategy

AB 1741 does not appropriate any new funding for the Youth Pilot Program. Instead, the county Coordinating Council is required to blend some or all of the funds for a minimum of four child and family services, in order to more efficiently and effectively use existing fiscal resources.

The state will help each selected county obtain, where appropriate and feasible, state and federal waivers necessary to decategorize specialized funds. If a waiver proves to be unobtainable, the state is committed to helping the county implement its integrated services strategy in an alternative way in order to achieve the goals of the pilot project.

Resources in support of the implementation and oversight of AB 1741 at the state level will be drawn from existing department budgets and normal state workloads. Several additional staff positions are being requested from the governor's budget.

Methods

AB 1741 requires the five selected counties to transfer, for five years, funds from a minimum of four child and family services into a blended Child and Family Services Fund. Funds may also be contributed by local education agencies, cities, and/or private agencies. The Coordinating Council must use the Child and Family Services Fund to support integrated services for high-risk, low-income, multi-problem children and families in accordance with the county's strategic implementation plan.

Evaluation

Statistics outlining the poor condition of California's youth and families were included in the text of the bill. Needs assessments were done individually by each county, with much input from the members of the community.

As part of the request for application process, counties must document the critical needs of the population to be served by the pilot project. The counties will also have to define specific, comprehensive outcomes, supported by reliable indicators, which will be used to measure progress toward the achievement of the counties' goals.

Each participating county must provide interim evaluations after the second and fourth years of implementation and a final evaluation after the end of the pilot project. These evaluations must measure the progress of the pilot project toward its goals, including the measurement of locally determined outcomes through appropriate indicators. Each pilot project must also create a mechanism for consumers and providers to give the county on-going feedback on service provision over the course of the pilot project.

If non-state funds become available, the state may conduct a statewide, or cross-county, evaluation of the pilot project in order to measure its overall success and to assess the potential applicability to other programs.

Contacts

Barbara Arnett
Assistant Secretary
Program and Fiscal Affairs
Health and Welfare Agency
1600 Ninth Street, Suite 460
Sacramento, CA 95814
(916) 654-3301
(916) 654-3343 Fax

Sarah Graeber
Special Assistant
Program and Fiscal Affairs
Health and Welfare Agency
1600 Ninth Street, Suite 460
Sacramento, CA 95814
(916) 654-3301
(916) 654-3343 Fax

CARING COMMUNITIES PROGRAM

The Caring Communities Program (CCP), a Missouri government initiative begun in 1989, is a school-based integrated service delivery program that provides a continuum of preventive and early intervention programs for children attending six schools and their families. It originally served a target population of 5,200 children and families in the Walnut Park neighborhood surrounding Walbridge School. After two years, the Walbridge model was expanded to Walnut Park Elementary and Northwest Middle School. The service delivery system has now expanded to six schools and discussions of expansion continue. The goals of the Caring Communities Program are to ensure that children remain in school while increasing and sustaining their levels of success, remain safely in their homes, avoiding out-of-home placement, and remain out of the juvenile justice system.

The Walbridge Elementary School service population is approximately 500 elementary school children and their families. Walbridge provides school-based services to children and families, including health services, family preservation, parenting education, case management, substance abuse counseling, and student assistance.

Financing

Strategy

The Caring Communities Program was conceived of by the director of the Department of Mental Health, who successfully recruited the participation of the directors of the Department of Social Services, the Health Department, and the Education Department. Because of its origins, CCP has always existed as a collaboration among these four departments. "Walbridge was created by the strength of four departments despite every bureaucratic obstacle."

CCP is financed primarily through redirection of existing state revenues. The legislature also has approved the allocation of new money to "fillin" where there is a need that cannot be met by the current services. Some of this new money is from federal matching dollars under Title IV-E and IV-A, which the legislature approved to be reinvested in CCP. Foundation support has been used for evaluation and critical start-up and initial expansion efforts to the middle school level.

The four partner agencies -- mental health, social services, health, and education -- are each responsible for a portion of CCP's total budget. Recently, they began to use the same program description in the budget. Beginning in fiscal year 1995, the budget legislative language will be very clear that the funds will be pooled. This will allow the four agencies to decide how best to spend the money regardless of which budget has the actual funding. There are great political advantages to having the budget split between the four agencies, because it must go through four legislative oversight committees, gathering support from all of those committees.

With pooled funding at the budgetary level, the local communities will have greater flexibility in their ability to use the money. CCP is working toward empowering the

communities by having them decide where to spend the funds. To help with this, there is a plan to have a local fiscal agent who will help channel the money and cut through some of the state bureaucracy. As a trade-off for this greater flexibility, the local communities will have to be accountable, based on agreed-upon indicators, for the money that is spent.

Methods

Caring Communities is a public/private collaborative partnership funded through federal funds, state agencies, and charitable and business donations.

The annual budget per site is estimated to be $560,000, while the entire Caring Communities Program annual budget is approximately $3.6 million.

Communities are required to have a minimum local match of 10 percent of the budget.

Evaluation

A May 1994 evaluation of the Walbridge Elementary School program was funded by the Danforth Foundation and conducted by Philliber Research Associates. Data was collected through descriptive information about families who were referred during the three-year period of 1990-1993, interviews with a random sampling of parents from the school and from a nearby control group school, questionnaire data from teachers at the school and at the comparison school, computer searches by the state Department of Social Services, student records at the school and at the comparison school, and interviews with the local police. Outcomes were compared to the principal goals of Caring Communities.

The evaluation revealed that Walbridge students who were part of the intensive case management offered through Caring Communities increased their grade point averages, Walbridge parents and teachers had more positive views of their school than parents and teachers at the comparison school, and the police perceived that Caring Communities was responsible for increasing neighborhood safety. There was no evidence that Caring Communities succeeded in decreasing involvement with the social services or juvenile justice systems.

Contacts

General:
Khatib Waheed
Director
Caring Communities Programs
5019 Alcott Avenue
St. Louis, MO 63120
(314) 877-2050
(314) 877-2057 Fax

Financing:
Steven E. Renne
Deputy Director
Missouri Department of Social Services
P.O. Box 1527
221 West High Street
Jefferson City, MO 65102
(314) 751-4815
(314) 751-3203 Fax

CENTER FOR FAMILY LIFE IN SUNSET PARK

The Center for Family Life in Sunset Park was created in November 1978 as a neighborhood-based initiative focusing on the family unit. It is a public/private initiative, with the majority of funds coming from the public sector and management from the private sector.

The program components consist of comprehensive family counseling modalities, an emergency food program, an advocacy clinic, year-round school-based programs for children and youth at three public school sites, an adult employment services center, and a summer youth employment program. There is also a small neighborhood foster family program in which children who require temporary foster care are placed with foster families in the same neighborhood. The goals of the Center are support of family relationships, community coherence, community development, stability, education, and the creation of a safety net for children and families.

The Center serves the Sunset Park region, which had a 1993 estimated population of over 113,000. The Center estimated service provision to client families for the one-year period of 1992-1993 at 18,565 units of services provided directly by the Center staff.

Financing

Strategy

St. Christopher-Ottilie, a large volunteer agency based in Long Island, provides in-kind administrative support of approximately 5-10 percent of the total Center budget. Funding also flows from public entities such as the Child Welfare Administration, the New York City Department of Youth Services, and the Department of Employment in the form of grants and reimbursements.

Methods

In 1995, the Center is supported by a mix of public and private funds, with 70 percent of funding coming from the public sector, including the Child Welfare Administration, the New York City Department of Youth Services, and the Department of Employment. The remainder of funding comes from foundations and local businesses and organizations.

The fiscal year 1993-1994 budget for the Center was $2.6 million.

Evaluation

A preliminary assessment of the Sunset Park region was based on analysis of demographic data, school indicators, community development surveys, school/police reports, and interviews.

Annual questionnaires are mailed to client families that are predominately "positive and reaffirming." The Surdna Foundation and the Foundation for Child Development collaborated to produce a 1992 examination of the Center, which focused primarily on community reactions to the Center. It was conducted through interviews with residents, employees, and directors, and provides a history of the Center.

The Annie E. Casey Foundation has funded a three-year research evaluation that is being conducted by the Columbia School of Social Work.

Contact

Sister Mary Paul
Director of Clinical Services
Center for Family Life in Sunset Park
345 43rd Street
Brooklyn, NY 11232
(718) 788-3500
(718) 788-2275 Fax

CENTER FOR SUCCESSFUL CHILD DEVELOPMENT

The Center for Successful Child Development (CSCD), initiated in 1986, is co-sponsored by the Ounce of Prevention Fund and the Chicago Urban League, but is directly operated by the Ounce of Prevention Fund. CSCD aims to prepare children through age five in all areas of their development so they are ready to learn when they enter school, and focuses on the family unit, aiming to create a positive, nurturing environment outside as well as inside school.

The initial service area of the project, six adjacent high-rise buildings of the Robert Taylor Homes area of Chicago, served as the attendance area for the Beethoven Public Elementary School, giving CSCD its nickname of the "Beethoven Project." CSCD is located on an empty floor of one of the Robert Taylor buildings served by the project and provides services to 200 families annually.

CSCD is made up of four primary program components: Home Visiting Services, the Family Enrichment Center, the Primary Health Care Center, and full-day child care for children ages three months to five years.

Financing

Strategy

In 1986, with matching funds from the U.S. Department of Health and Human Services, CSCD was launched as a service to families with children through age five living in the Robert Taylor Homes in Chicago.

Currently, CSCD is funded by a combination of federal, state, and local funds; foundations; corporations; and other private sources. The Robert Wood Johnson Foundation provided a $1 million dollar grant for five years ($200,000 per year), which began in 1993. This grant underwrites some primary care activities and the provision of additional mental health and support services at the primary care clinic.

Methods

The budget for fiscal year 1995 is $1,751,677. This is composed of approximately $375,000 from foundations (including $200,000 from the Robert Wood Johnson Foundation), $600,000 in general support from Illinois' Department of Children and Family Services (DCFS), $96,000 in reimbursements for a Medicaid-eligible population, $130,000 in reimbursements for day care services from the DCFS, $30,000 from individuals, $39,000 from corporations, $380,000 from the Department of Health and Human Services to run Head Start, and $90,000 from other private sources.

Evaluation

A "Retrospective Analysis" was conducted by the Ounce of Prevention Fund after five years of program implementation. The goal of this analysis was to assess the implementation process for the CSCD program. The data for this analysis were gathered through interviews

with staff and participants and from program data such as health records and demographic information. General lessons for on-going program development were gathered from this evaluation.

Contacts

General:
Harriet Meyer
Executive Director
The Ounce of Prevention Fund
188 West Randolph
Suite 2200
Chicago, IL 60601
(312) 853-6080
(312) 853-3337 Fax

Financing:
Sarah Bradley
Associate Director
The Ounce of Prevention Fund
188 West Randolph
Suite 2200
Chicago, IL 60601
(312) 853-6080
(312) 853-3337 Fax

CHICAGO COMMONS

Chicago Commons operates in 14 sites, serving Chicago residents who have few available alternatives for reasons of poverty, discrimination, lack of education or training, health needs, inadequate housing, or social isolation. The Commons provides services to over 20,000 individuals and families annually with the goal of creating healthy, self-sufficient families and neighborhoods.

The Commons was founded as part of the settlement house movement in 1894. For 100 years it has provided educational enrichment and skills development. In 1991, however, the Commons began to focus on comprehensive service delivery with the opening of the West Humboldt Employment Training Center (ETC), a welfare-to-work literacy center in the West Humboldt Park neighborhood of Chicago. ETC provides case management, life skills development, literacy training, career counseling, family literacy, child care, and health care services. These services are provided to a region with a population of 67,573. Annually, ETC serves approximately 100 new clients, 85 on-site retained clients and 75 clients, retained for case management. In addition, 40-50 children are served on-site each year.

ETC works in partnership with the City Colleges of Chicago, Erie Family Health Center, the Head Start Program, the Illinois Department of Public Aid, The National Lekotek Center, and the Chicago Public Schools in order to provide effective, comprehensive services without duplication.

Financing

Strategy

ETC relies on a combination of public and private funds, with private sources making up the majority of its annual income.

Methods

ETC's fiscal year 1995 total budget is $491,899. The 1994 budget was approximately $500,000, with funding coming from a partnership of 12 public and private funders, including $75,000 from a U.S. Department of Education Even Start grant, $100,000 from the Illinois Department of Public Aid, and $43,000 from the Illinois Secretary of State's Literacy Office. In addition, ETC received private support, including a $75,000 United Way grant.

Evaluation

Results are assessed annually, with the last set of data coming from fiscal year 1993. Of 126 students accepted in fiscal year 1993, 34 percent remained on site in the Adult Basic Education/General Equivalency Diploma or English as a Second Language programs as of January 1, 1994; 16 percent were working; 8 percent were in vocational training; and 10 percent were receiving services off-site. Gains in reading and math ability were noted for many students in the education programs.

In 1991, the Commons initiated a more formal evaluation process. However, funding

for this evaluation ran out and the informal results assessments now serve as the Commons' only evaluation mechanism. The first-year results from the formal 1994 evaluation were not released since they were calculated based on only a few months of operation.

Contact

Jenny Wittner
Project Director, Chicago Commons
West Humboldt Employment Training Center
1633 North Hamlin Avenue
Chicago, IL 60647
(312) 772-0900
(312) 772-0136 Fax

THE CHICAGO INITIATIVE

The Chicago Initiative (TCI) is a collaborative effort among large and "grassroots" non-profit organizations, government, business, and other community organizations formed in the wake of the Los Angeles riots to take action that would have an immediate positive impact on the lives of young people across the city, particularly those who live in high-risk communities. TCI has three primary goals: community building, youth development, and policy advocacy.

Community building strategies encourage community wide planning, broker technical assistance, and, among many other things, fund community-specific programs that link family, community, and economic development in innovative ways. Youth development strategies will include a focus on school-to-work initiatives, job training and placement, leadership training, and community service opportunities. The policy advocacy strategies of TCI support linking existing dollars to local community initiatives and leveraging corporate support for community revitalization plans through such actions as seeking an administrative waiver on funds that qualify for the Chicago Job Opportunities and Basic Skills Training program's required state match. TCI is in the process of redesigning its initial plan to make it much broader and to link youth development to community revitalization.

At its inception, TCI, had a mission to provide summer educational and employment opportunities to children in Chicago's disadvantaged neighborhoods. TCI's short-term goals were to provide meaningful education and job training and placement for low-income youth (ages 12 through 17) during the summers of 1992 and 1993, particularly in the areas of arts and culture, sports and recreation, and community service. TCI's intermediate goal was to provide year-round job training and placement and gang intervention for young adults. However, more recently, TCI has begun to focus more on its long-range mission to address the root causes of poverty and racism through broad-based community planning; to devise practical economic, family, and community development strategies; and to promote stronger integration between community building activities and TCI's youth agenda.

Financing

Strategy

TCI is a collaboration that brings together diverse partners who contribute funds and/or in-kind support. TCI then distributes these funds in the form of grants to other service provision organizations that agree to further the mission of TCI. Task forces made up of collaboration representatives determine grant application guidelines, processes, and review procedures. Based on the task forces' recommendations, the distribution committee (composed of business representatives and funders) makes final funding decisions. It is rare for the distribution committee to make decisions contrary to the recommendations of the task forces.

Many of TCI's grantees are established service providers. The grantees use funds for activities that fit TCI's goals and objectives. These funds can be used for a wide range of services, including community building, communitywide planning, and the implementation

of plans. Grantees also are allowed to use the funds as seed money to develop new programs and opportunities. TCI not only gives out funds, but also serves as a resource, providing technical assistance and other organizational support to its grantees.

Methods

Funds are raised primarily from private, non-profit philanthropic institutions. TCI receives no public money. However, there is a desire to draw down public funds and the leadership of TCI will be working on identifying ways to leverage public money. As of January 1994, TCI had allocated approximately $4.4 million to a wide range of programs.

The steering committee of TCI has approved a 1995 fund-raising goal of $2.5 million for programmatic uses. The administrative budget is $250,000, resulting in a total 1995 budget of $2.75 million.

Whereas TCI at large has a $2.75 million budget, local organizations and grant recipients may leverage additional funding. In 1993 (the last time TCI gave out grants), some of the smaller grant recipients used the money from TCI to leverage federal, state, and local money. Most of the funds both TCI and these recipients raise are Chicago-based, but TCI will be implementing a national fund-raising strategy.

Evaluation

An evaluation was completed in January 1994, wherein 12 in-depth interviews were conducted with organizations that received funds for short-term, year-round and long-range activities. Organizations that received funding the first year but not the second also were included. The conclusions of the evaluation were anecdotal. The evaluation included recommendations on improved funding strategies and service delivery methods.

A TCI goal is to raise funds to develop a methodology for an evaluation that will capture TCI's uniqueness, since quantitative analysis cannot reflect its true progress.

Contact

Marta White
Executive Director
The Chicago Initiative
Egan Urban Center
DePaul University
243 South Wabash, Suite 9128
Chicago, IL 60604
(312) 922-9870
(312) 922-9875 Fax

CHILD WELFARE DECATEGORIZATION PROJECT (SCOTT COUNTY)

In 1987, Iowa passed legislation allowing two counties (Scott County and Polk County) to act as pilots in the decategorization of funds. The original concept for decategorization came from The Center for the Study of Social Policy, which noted that the Iowa legislature might be receptive to the idea. Strong support was secured from then-State Legislator Charlie Brunner, who was instrumental in getting the legislation passed. The original legislation established a three-year pilot period during which the projects were to be funding-neutral to show the viability of decategorization, by improving service based on client needs without increasing funding.

The decategorization project has expanded to additional counties and further legislation has been passed that allows participation by any county or group of counties that apply and are accepted. (All decategorized counties formed a coalition in March 1993 to support statewide goals for decategorization.) Because the creation of new programs is reliant on the carryover of project savings, the follow-up legislation also allowed for the carryover of funds from one fiscal year to the next.

The purpose of the initiative is the protection of children through early intervention and the use of the least restrictive services to meet client needs. Funds are freed for the development of less restrictive services by reducing the use of expensive residential care and relying more heavily on community-based services.

In Scott County, decategorization creates a child welfare fund by combining funds from the Iowa Department of Human Services, the Seventh Judicial District Court, and Scott County.

The Joint Central Committee has primary decision-making authority and responsibility for the Scott County initiative and includes representatives of Scott County, the Iowa Department of Human Services, the Iowa Department of Health, and the Seventh Judicial District Court. Beginning in fiscal year 1993, the Committee was expanded to include the school superintendents of the four school districts in Scott County.

Annual planning is undertaken by the Department of Human Services, Juvenile Court Services, Scott County, and community leaders. Specific program development is undertaken through the process of assessment, target goal determination, service needs identification, strategy creation, and action step identification. There has been a concerted effort to try not to have one agency take the lead. Consequently, staffing has been established through an independent non-profit agency.

The Community Resource Panel in Scott County consists of administrative representatives from all child welfare agencies and organizations associated with the child welfare system. Work groups and ad hoc committees on specific issues include representation from all levels of service delivery and client participation in the planning process.

Financing

Strategy

Funds are not actually pooled; however, clients are served as if this were the case. A plan of service is developed for the client, and the agencies have funding flexibility (through the Iowa state legislation) to provide the services that are needed. Under the initiative, funding is needs driven, and not based on narrowly defined categories. The legislation has allowed the agencies more flexibility in how state dollars are spent.

There also has been an attempt to create flexibility in federal programs through available means (i.e., waivers, the new definition of Early and Periodic Screening, Diagnostic, and Treatment). Based on state and federal policies, programs are evaluated to determine what changes need to be made to facilitate the attainment of additional funding. Decategorization is an on-going process.

Methods

The decategorization plan was developed under the assumption that the funds saved through the decategorization process would be the basis for implementing new or modified services at less restrictive levels of intervention. Not all avenues of funding diversion (i.e., redirecting funds from institutions when service alternatives have been developed) have been able to be accomplished. Services offered and numbers of clients served continue to be limited, yet service provision is believed to be improving.

Evaluation

Evaluations conducted on the initiative have been, for the most part, piecemeal. Evaluations and monitoring have been conducted for shelter care, day treatment, family preservation, family foster care, and screening/consultation team and care review team monitoring. The two evaluations of family foster care provide primarily service statistics, with some process evaluation.

Progress reports were conducted annually for the period from July 1989 through June 1993. Progress reports contain a section that reports the impact on the Child Welfare Service Delivery System, looking at delivery statistics and process, and the strengths of the system.

A goal of fiscal year 1994 is to develop a meaningful evaluation system.

Contact

Dennis Timmerman
Human Services Area Administrator
Department of Human Services
428 Western Avenue
Davenport, IA 52801
(319) 326-8794
(319) 326-8240 Fax

CHILDREN, YOUTH AND FAMILIES INITIATIVE

The Children, Youth and Families Initiative is a grant-making program of the Chicago Community Trust. The philosophy of the initiative is to support and expand primary services offered in communities and to forge links between the primary services and specialized services, such as child welfare, juvenile justice, and mental health. The end goal of the Initiative is to enhance the development of children, families, and communities through the creation of an infrastructure of services and supports.

Since the Initiative was launched in 1991, it has focused on eight neighborhoods, seven in the city of Chicago and one in the surrounding suburbs. Within these communities, grants are awarded in four general areas: investing in direct services; removing barriers to access (e.g., transportation, information); training of professionals, paraprofessionals, and volunteers; and funding for community organizing/collaboration to help communities put together neighborhood councils to be used to develop strategic plans, assess the performance of agencies operating in the neighborhood, and ultimately influence patterns of funding. Small grants may also be awarded to allow agencies to hire private consultants to do program, board, and grant development. The Chicago Community Trust also provides technical assistance to help communities with program and organizational development.

The Initiative was proposed by researchers from the Chapin Hall Center for Children at the University of Chicago. Chapin Hall remains involved through on-going process documentation.

The Executive Committee of the Chicago Community Trust oversees the Initiative and makes all final decisions about funding. The Committee on Children, Youth and Families provides policy oversight, reviews all proposals, and makes recommendations to the Executive Committee. The Committee on Children, Youth and Families is a 25-person advisory committee that includes five members from the Executive Committee in addition to civic, business, and community leaders and high school students. The Community Councils, composed of members of the communities, have been developed in each of the eight communities. These Councils help to determine their community's needs and to plan how to meet those needs.

Financing

Strategy

The Chicago Community Trust launched the Children, Youth and Families Initiative in 1991, pledging as much as $30 million over ten years. The Initiative is about 10 percent of the Trust's annual giving. The Trust awards grants for specific projects in the selected eight neighborhoods. The communities have mobilized at different paces and therefore the proposals they submit request varying amounts of funds.

The Trust is looking to its colleagues and other funders to help diversify the base of support for the Initiative.

Methods

Since the program's inception in the spring of 1991, the Trust has spent $11.5 million. The 1995 budget is expected to be $3.5 million, although it will probably exceed that amount.

Evaluation

In 1990, the Trust commissioned the Chapin Hall Center for Children at the University of Chicago to assess the status of children's services in the Chicago region. This assessment served as a needs assessment.

A May 1994 report produced by the Chapin Hall Center offered early lessons from the Initiative. Lessons learned were qualitative, including concepts which are key to the success of reform efforts, such as methods to reform the training of planning group members, program staff, and volunteers; the large amount of time necessary to build community capacity; and the unique ways in which the Initiative takes shape in each community. Additionally, Chapin Hall is still in the process of learning how to evaluate efforts dedicated to system reform.

In the fall of 1995, when the Initiative is halfway through the 10-year funding cycle, an expert panel will be assembled independently to review the work of Chapin Hall and the Trust. This panel may reconvene at a future time.

Contact

Marvin Cohen
Director
Children, Youth and Families Initiative
The Chicago Community Trust
222 N. LaSalle Street
Suite 1400
Chicago, IL 60601
(312) 372-3356
(312) 580-7411 Fax

CITIES IN SCHOOLS/COMMUNITIES IN SCHOOLS

Cities In Schools, Inc. (CIS -- also known as Communities In Schools in some areas) has its roots in the "street academies" of the late 1960s, which offered educational and other services to dropouts in low-income neighborhoods. Incorporated in 1977, CIS anchors a nationwide network of state and local independent public/private partnerships.

The mission of CIS is to address critical issues facing youth, such as school attendance, literacy, job preparedness, teenage pregnancy, drug and alcohol use, teen suicide, and school violence. CIS addresses these issues, through local CIS programs and projects, by designing coordinated delivery of appropriate existing educational, health, social, and other supportive services at educational sites.

The goals of Cities In Schools are to decrease the school dropout rate, to decrease delinquency, to prepare participants for adult work roles, and to improve school performance. Most local CIS programs utilize counseling, tutoring, enrichment activities, parental involvement, referral to health services, and job training and placement to reach these goals. Because CIS encourages local empowerment, CIS programs differ from city to city, community to community, and site to site, although core aspects are constant throughout the network. Programs may also differ from year to year based on funding, staff, and student need.

The national CIS organization provides training and technical assistance free of charge to state and local CIS programs. In addition, a portion of national CIS funding may be provided to state and local initiatives through grants for specific projects, including capacity building, new state start-up programs, and other new initiatives. As is the case with all CIS programs, the national CIS board of directors includes representatives from both the public and private sectors. State CIS programs help to replicate the CIS model as widely as possible throughout the state, and to secure state-level resources and support for local programs. CIS has programs in 26 states, with 12 state CIS offices fully operational. Six more states have partially operational CIS offices.

Local CIS programs are independently incorporated community, city, or county organizations with their own board of directors. As of December 1994, CIS programs reached nearly 150,000 students annually. There are 818 school sites serving 243 communities in 26 states, while an additional 136 communities were in the process of developing new CIS programs.

Financing

Methods

Since 1977, CIS, Inc. has sought an even mix of public and private funds. In fiscal year 1993, 38.3 percent of funding came from federal government agencies, 23.3 percent from foundations, 16.1 percent from corporations, 11.3 percent from individuals, and 11.0 percent from other sources. CIS uses private funds to leverage public funds and vice versa. Funding

from the federal government comes from the Departments of Justice, Labor, Commerce, Health and Human Services, Housing and Urban Development, and Defense/Army.

For fiscal year 1995, CIS's budget includes a much larger percentage from federal government agencies, due to a substantial grant from the U.S. Department of Housing and Urban Development that will provide CIS with $10 million over two fiscal years.

CIS provides grants to state offices through a request for proposal process. These grants are more likely to go to state initiatives, unless funding is earmarked specifically to go to localities (e.g., entrepreneurship funding from the U.S. Department of Commerce). State and local CIS programs leverage additional resources through public and private funding. Generally, state and local programs seek to follow the national model of an even public/private mix of funding, emphasizing the use of in-kind support through repositioning of staff to serve youth in CIS projects.

Cities In Schools of Charlotte-Mecklenburg, North Carolina, for instance, had a fiscal year budget of $698,300, and reached more than 2,500 students at 19 school sites. This represented an expenditure of only $276 per student, because repositioned staff hours outnumbered paid staff hours by more than two to one.

Strategy

The projected budget for national CIS for fiscal year 1995 is $13,609,000, which includes $4,875,000 of pass-through money to the state and local programs, and $8.7 million in operating expenses. This is broken down into 75 percent from the federal government, 9.4 percent from foundations, 6.5 percent from corporations, 4.6 percent from individuals, and 4.5 percent from other sources.

Major private contributors to CIS include The Entertainment Industry's Foundation for CIS; the Burger King Corporation; Capital Cities/ABC, Inc.; and the Geraldine R. Dodge, Ewing Marion Kauffman, W.K. Kellogg, American Express, and John S. and James L. Knight foundations.

Evaluation

Many of the local and state CIS initiatives conduct their own evaluations. For example, Houston CIS recently conducted an evaluation that looked at student outcomes. This "Evaluation of the Communities in Schools Houston Drop-Out Prevention Program in Three Inner City Elementary Schools" was funded by the Houston Endowment and the Meadows Foundation. The evaluation, initiated in 1992, focused on the perception of effectiveness by student participants, staff, and parents. This initial evaluation of CIS Houston found success in helping "at-risk" students. It further allowed the observation that the CIS experience followed a multi-faceted approach necessary to assist low-income minority students living in fractured communities.

A three-year study of the entire national CIS movement was conducted by the Urban Institute. The independent evaluation, funded by a grant from the U.S. Departments of Justice, Labor, and Education, looked at both local and national CIS efforts. An executive summary of the three-volume study will be available from CIS, in the latter half of 1995, after

the official report is published. The evaluation found that CIS programs improve attendance rates and academic performance, and succeed in keeping youth in school. It noted that CIS's record "compares favorably with dropout rates in other at-risk youth programs." Local CIS programs earned praise for their attendance rates and academic improvements. "Seventy percent of students with high absenteeism prior to entering CIS improved their attendance," the summary stated. The Urban Institute also noted that "over 60 percent of students whose GPAs [grade point averages] were unsatisfactory improved their averages the year they joined CIS," and 68.9 percent of CIS students eligible to graduate did so.

Contacts

General:
Bonnie Nance Frazier
Director of Communications
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

Financing:
Julie Wolf-Rodda
Director of Development
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

Evaluations:
Linda Britt
Director of Research and Evaluation
Cities in Schools, Inc.
1199 North Fairfax Street
Suite 300
Alexandria, VA 22314-1436
(703) 519-8999
(703) 519-7213 Fax

CLEVELAND WORKS

Cleveland Works, Inc., is a non-profit organization that delivers job training and placement and comprehensive family services to people seeking permanent employment and an increase in their standard of living, including the opportunity to move off the public assistance rolls. Cleveland Works was established in August 1986 to provide training to adult recipients of Aid to Families with Dependent Children (AFDC) in Cuyahoga County in Cleveland and is designed to serve any of the 250,000 welfare recipients in the county. Three-quarters of those served are AFDC recipients and one-quarter are on general assistance.

The programs of Cleveland Works are centered around three cornerstones: family health, quality education, and gainful employment. Cleveland Works has five major programs, including Job Placement and Retention, Job Preparation and Training, "Beat the Streets," Legal Services, and the Family Development Project. Through these programs, the initiative provides educational opportunities, legal services, family education, an on-site health clinic, and on-site child care, among other services.

In 1992-1993, Cleveland Works placed 253 adults in full-time jobs with health benefits; in 1993-1994, 370 were placed; and in 1994-1995, approximately 425 will be placed.

Financing

Strategy

Cleveland Works' funding is composed of approximately 47 percent from a federal Job Opportunities and Basic Skills (JOBS) Program contract, 9.8 percent from JOBS reimbursements and day care, 8.4 percent from the City of Cleveland through the Federal Job Training Partnership Act (JTPA), 3.9 percent from Cuyahoga County Food Stamps, and 3.8 percent from Head Start. Non-governmental support totaled approximately 27 percent of the budget, with support from foundations, private contributions, and other sources.

JOBS funding has remained constant for eight years. However, in July 1994, Cleveland Works was notified that less JOBS money than anticipated was available (even though Cleveland Works had outperformed all of its contracts) because the state was not able to raise funds to match the federal funds. Consequently, Cleveland Works is trying to diversify its funding through fund-raising, especially from private contributors, foundations, and corporations. In the next year the percentage of support from these groups will be about 40 percent.

Methods

Cleveland Works' expenses for 1994-1995 were close to $2 million. Funding comes from the federal JOBS program, JOBS reimbursements and day care, the City of Cleveland through JTPA, Cuyahoga County Food Stamps, Head Start, foundations, private contributions, and corporations.

Evaluation

Cleveland Works is very focused on results, and tracks closely six primary barometers. These barometers include job readiness, entry wage, job retention rates, and cost per placement. The 1992-1993 average cost per placement was $6,269 for an adult and $6,542 for a youth. This has increased from $4,718 per adult in 1986-1987.

As of December 1994, the 12-month retention rate for the 738 JOBS-eligible adult welfare recipients who were placed into full-time jobs between October 1991 and July 1994 was 75 percent.

The cost/benefit ratio is evaluated based on benefit to participants, to employers, and to the government. Benefit to the participant is considered the difference between average monthly AFDC payments of $350 and average full-time wage income of $1,100. Therefore, the success of Cleveland Works' helping to employ a participant is calculated as a 300 percent improvement over remaining on assistance. Further benefits, including improved self-esteem, prevention of such outcomes as homelessness, and positive parental role models for the next generation, are not easily quantified, but are surely equally important.

In 1995, the financial benefits to an employer of hiring a Cleveland Works graduate include $2,400 in Targeted Jobs Tax Credit. The benefit of a trained, dedicated worker has been estimated by employers to be worth anywhere from several hundred to many thousands of dollars.

The benefit to the government of moving an adult off the welfare rolls and into full-time employment is approximately $11,200 per year. The state of Ohio reduces costs by $3,300 per year for every adult moved into full-time employment. On top of these savings, both the federal and the state governments increase tax receipts.

Contact

David Roth
Executive Director
Cleveland Works, Inc.
Caxton Office Building
812 Huron Road, SE
Suite 800
Cleveland, OH 44115
(216) 589-9675
(216) 566-6980 Fax

COMMUNITY BUILDING IN PARTNERSHIP -- SANDTOWN-WINCHESTER, BALTIMORE

Community Building in Partnership (CBP) in Sandtown-Winchester, Baltimore, Maryland, is the nation's first neighborhood transformation initiative. CBP was launched in 1990 as a partnership among Sandtown residents, city government, and The Enterprise Foundation. CBP serves Sandtown's 10,300 residents with the goal of transforming the systems of support that are not working for residents, including housing, education, health and human services, employment, public safety, and others. Significant program activities are under way in all of these areas.

The CBP transformation process has required the continuous cooperation of multiple actors, such as state and city officials, The Enterprise Foundation and BUILD (Baltimoreans United in Leadership Development). Habitat for Humanity, the U.S. Department of Housing and Urban Development, and Maryland's Office of Community Development have all joined to create over 1,000 units of new and improved housing. CBP has partnered with city agencies, community-based organizations, and federal agencies to implement projects beyond housing, such as comprehensive health care, youth programs, and family support, public safety, and employment initiatives.

Financing

Strategy

The Enterprise Foundation initially raised $4.9 million in seed funding over several years from foundations and corporations for CBP. The City of Baltimore provided in-kind contributions and support for key programs. On-going support for program implementation is being developed from a range of public and private sources.

Methods

The CBP general operating budget for fiscal year 1995 is $1.2 million, raised solely from private foundations, corporations, and local government. In addition, CBP initiatives in the program areas of health, housing, public safety, education, human services, and employment are supported by federal, state, and local government funds, and private foundation funds.

Evaluation

CBP is planning and implementing a formal evaluation that began in May 1994. The evaluation will assess the changes that occurred in Sandtown during the transformation process. It will establish a 1990 baseline of neighborhood data (including such information as reading scores and arrest rates), work to clarify CBP's objectives, develop interim markers of progress toward these objectives, and document the process through which the initiative is implemented.

As well as assessing the progress of the CBP initiative toward specific program objectives, attention will be given to other issues such as integration of programs and resident involvement and leadership.

The evaluation team is led by the Conservation Company, with assistance from the Schaefer Center for Public Policy at the University of Baltimore, the Chapin Hall Center for Children at the University of Chicago, Information Frontiers, Inc., and Kingslow Associates.

Contacts

General:
Patrick Costigan
Vice President and Director of
Neighborhood Transformation
The Enterprise Foundation
218 West Saratoga Street
Third Floor
Baltimore, MD 21201
(410) 727-8535
(410) 727-8620 Fax

Financing:
Sarah Eilers
Program Director/Director of Operations
The Enterprise Foundation
218 West Saratoga Street
Third Floor
Baltimore, MD 21201
(410) 727-8535
(410) 727-8620 Fax

Evaluations:
Joe Stillman
Partner
The Conservation Company
310 Madison Avenue
Suite 1630
New York, NY 10017
(212) 949-0990
(212) 949-1672 Fax

COMMUNITY SCHOOLS -- INTERMEDIATE SCHOOL 218

The Community Schools initiative was created in September 1990 through a partnership among the Children's Aid Society (CAS), the New York City Board of Education, and the Board of Community School District Six. In 1995, three are in operation: P.S. 5, an elementary school, and I.S. 218 and I.S. 90, intermediate schools. P.S. 8 is scheduled to open in September 1995.

The schools operate year-round six days a week (seven in the summer), 15 hours per day (eight hours on Saturday), to serve the community not only as schools, but also as community centers, offering health services and services for adult community members, such as English and General Equivalency Diploma classes. Community Schools contain the health and welfare services of a large social service agency under the roof of a public school. The goal is to be a "seamless" fusion of school day activities with extended day programs and other supports. Some of the key concepts of the initiative are community empowerment, parent involvement, and long-term partnerships.

The first of the Community Schools, I.S. 218, opened its doors in March 1992. In order to reach the community and have services meet needs, CAS worked closely with community groups, which have been instrumental in the operations of the schools.

Financing

Strategy

The annual cost of a District Six traditional school is approximately $6,500 per child. The Community Schools effort, including the extended day program, is $850 per child annually.

The Community Schools initiative began with 100 percent private funding. The initiative's goal is eventually to have half of the funding continue from private sources and have half come from public contracts with such agencies as Mental Health, Medicaid, Youth Services, Health, and others.

Methods

Approximately 25 percent of I.S. 218's funding is raised from public sources, including a large portion from Medicaid for the health component and two smaller grants from the state Department of Social Services and the New York City Department of Youth Services. Grants of $1 million from the Charles Hayden Foundation and $500,000 from the Clark Foundation led the way in private funding. A recent grant of $1.2 million from The Hasbro Foundation provides a strong early childhood program.

Evaluation

A 1987 needs assessment was conducted by CAS, which showed that many young people from poor, first-generation immigrant families were at risk of dropping out of school and were not receiving enough assistance from the city's large social service providers.

An evaluation of I.S. 218 was conducted by the Graduate School of Social Service of Fordham University for the Children's Aid Society in March 1993. This evaluation was conducted through observations and interviews and showed preliminary results of both increased attendance (the highest in the district) and increased enrollment. Observations and interviews concluded that children are happy and comfortable in the school and behavior has improved among a select group of students. Competency tests for writing, given to eighth graders, showed that students at I.S. 218 scored an average of 79 percent while students at a comparison school, I.S. 52, scored 64 percent. Comparable tests from prior years are not available for these children since this test is given only in the eighth grade. CAS believes that it is too early to determine long-term results of the Community Schools efforts, but positive signs have been noted.

A 10-year evaluation of both schools in the Community Schools initiative has been planned. It will formally document the children's academic outcomes as well as outcomes such as improvements in health.

Contact

C. Warren Moses
Associate Executive Director
The Children's Aid Society
105 East 22 Street
New York, NY 10010
(212) 949-4921
(212) 460-5941 Fax

COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

The Comprehensive Child Development Program (CCDP) was authorized by the United States Congress through 1988 by the Comprehensive Child Development Centers Act as a national family support demonstration project. CCDP was created as a measure to address the needs of low-income children and families. It provides for intensive, comprehensive support services that will enhance the physical, social, emotional, and intellectual development of low-income children from birth until entry into school. Its broad goals are to promote school readiness and economic and social self-sufficiency.

Families are eligible to participate in CCDP only if their income is below the poverty line, they have a child under the age of one or are expecting a child, and they agree to participate for five years. CCDP sites must, at a minimum, make available for infants and young children health services, child care, early childhood development/education programs, and nutritional services, and for parents and other family members prenatal care, mental health care, vocational training, adult education, employment referrals, and assistance in securing adequate income support, health care, nutrition, and housing. The sites also must ensure that transportation exists to access these services.

Under the 1988 Act, the U.S. Department of Health and Human Services provided funding for 24 projects for five years each, beginning in fiscal years 1989 and 1990. An additional ten centers were funded through the Augustus F. Hawkins Human Services Reauthorization Act of 1990. In fiscal year 1995, 34 CCDP programs were reauthorized under the Head Start Act and the program was consolidated into the new Head Start initiative to serve families with infants and toddlers.

CCDP sites are administered by a variety of grantee organizations, including hospitals, health agencies, universities, community agencies, and county governments. These sites serve both urban and rural populations in all regions of the country.

Financing

Strategy

The total costs calculated at the inception of CCDP were $25 million per year for five years, to be managed by the Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services. However, under Title VIII of the Augustus F. Hawkins Human Services Reauthorization Act of 1990, the CCDP authorization was extended and increased to $50 million per year. The fiscal year 1994 appropriation for CCDP was $46.6 million.

Methods

After two years in the program, non-research costs were determined to average $8,243 per family per year with a range across sites from $4,592 to $13,413. This averaged to $2,137 per family member per year.

Evaluation

Two evaluation contracts for CCDP sites have been awarded. The first evaluation will focus on process, examining whether CCDP is serving the population for which it was designed, whether the program has been implemented as intended by Congress, whether the program has succeeded in enlisting and coordinating the services of existing community agencies, what the cost of the program is, what services families receive, how well these services meet the families' needs and goals, and how much progress families are making in meeting their goals. The second evaluation will focus on outcomes, measuring the effects of CCDP on parents, child-rearing attitudes and skills, economic self-sufficiency, life management skills, and psychological and physical health, and the effects on children's development, physical health, and growth. The outcomes evaluation focuses on 21 of the initial 24 projects, and relies on the use of random sampling and a control group. Final evaluation conclusions will be presented in 1996; however, an interim report to Congress was made in May 1994 which provided evaluation data from the first two years of family participation.

Interim process evaluation findings showed that CCDP is serving the "multi-risk families" it was intended to serve, and that it is coordinating and delivering a wide range of services to children and families, with these services reaching a high proportion of participating families. As compared to a randomly selected control group, the interim results of the impact evaluation show that "CCDP mothers are more likely to be enrolled in academic classes or job training," "CCDP families make more use of community resources," "CCDP mothers interact more positively with their children," and "CCDP children score higher on a standard developmental scale."

Contacts

Michael Lopez
Research, Demonstration and Evaluation Branch Chief
Admin. on Children, Youth and Families
U.S. Department of HHS
Mary E. Switzer Building
330 C Street, SW
Washington, DC 20201
(202) 205-8212
(202) 205-8221 Fax

Mary Bogle
Program Specialist/Project Officer for CCDP
Head Start Bureau
Admin. on Children, Youth and Families
U.S. Department of HHS
Mary E. Switzer Building, Room 2314
330 C Street, SW
Washington, DC 20201
(202) 205-8891
(202) 401-5917 Fax

COMPREHENSIVE COMMUNITY REVITALIZATION PROGRAM

In early 1991, the Surdna Foundation commissioned an assessment of the feasibility of initiating a national program to demonstrate comprehensive neighborhood revitalization approaches. The South Bronx was selected as the locale for the initiative because it houses multiple stable non-profit development corporations. These Community Development Corporations (CDCs), heavily entrenched in the South Bronx, had created some 10,000 housing units that were providing more than merely housing relief. Interest grew around providing assistance to CDCs for a bottom-up, holistic revitalization effort, and the Comprehensive Community Revitalization Program (CCRP) was created.

Six well-grounded South Bronx CDCs were selected for participation in early 1992. The number of actual participants became five in December 1994. Each CDC immediately hired two new staff members, a program developer/manager and a community outreach worker. These hires were funded by CCRP.

CCRP aims to build on the experience and credibility of mature CDCs that have already displayed the ability to physically rebuild their neighborhoods. It assists these organizations in systematically addressing the economic and social issues that contribute to the poverty of community members.

In 1993, New York state selected CCRP for participation in its Neighborhood Based Alliance (NBA) program, creating a public/private partnership. As part of the NBA program, CCRP receives a favored position for state funding and has the opportunity to request waivers.

CDC initiatives already underway include new primary health care practices, economic development projects, child care and family learning programs, quality-of-life physical planning, self-esteem training, school enrichment and intervention, community safety, and jobs and employment initiatives, as well as management information-system development and neighborhood alliance-building through the Neighborhood Based Alliance program. The core service area in the six CDC regions is home to approximately 160,000 persons.

Financing

Strategy

CCRP's funding to CDCs is for CCRP management and outreach, staff costs, and seed money to leverage public funds. CCRP uses funds flexibly in order to advance CCRP objectives.

Methods

In 1991, the Surdna Foundation gave a $3 million three-year grant to launch the program. In 1995, CCRP has 14 funders, including The Surdna, The Annie E. Casey, The Clark, The Edna McConnell Clark, The Engelberg, the James C. Penney, The Rockefeller, the Uris Brothers and the Bankers Trust Company foundations, as well as Chemical Bank, The Merck Family Fund, The New York Community Trust, CITIBANK, N.A., and an anonymous donor. Combined support through January 1994 totaled $6 million. Through mid-1994, CCRP had also

leveraged in excess of $17 million in public funds (exclusive of housing) for projects within core service areas.

The CCRP initiative was originally designed to be a three-year program, ending at the close of 1994. However, a minimum seven-year life is now anticipated. The Director estimates the program will need as much as $12 million through year seven, which will be sought through private funding sources, including foundation grants.

Evaluation

While CCRP has a series of broadly stated objectives, each CDC develops its own goals and strategies. These serve as the basis for progress assessment at the most diffused level.

OMG, Inc., produced an assessment report in March 1994, covering the period of start-up through first-year operations. This evaluation, conducted through site visits, covered three primary areas: investigation of community conditions and CCRP's impact in the six neighborhoods; analysis of the effects of CCRP on the participating CDCs and the relationships of CDCs with other organizations; and investigation of CCRP administration and funder relationships. The evaluation was conducted through extensive document review and interviews.

The assessment focuses on CCRP's impact on CDCs rather than outcomes assessment.

Contact

Anita Miller
Program Director
Comprehensive Community Revitalization Program
330 Madison Avenue, 30th Floor
New York, NY 10017
(212) 557-2929
(212) 557-3013 Fax

COMPREHENSIVE SERVICES ACT

In 1992, the Comprehensive Services Act (CSA) was enacted to provide services to youth who have serious emotional or behavioral problems, need residential care or resources beyond normal agency services, need special education in private settings, receive foster care services as wards of the court, or are wards of a state agency. The funding formula was not adopted until the 1993 legislative session; following a year of planning, CSA went into effect on July 1, 1993.

Concerned that the costs of services were escalating unchecked, the Governor requested that the Virginia Department of Planning and Budget conduct a study of children's residential services. The resulting Study of Children's Residential Services was released in 1990. The study found that expenditures on residential care would continue to increase unless there was major change across state and local levels in the Departments of Education; Social Services; Youth and Family Services; and Mental Health, Mental Retardation and Substance Abuse Services.

This same study found that 14,000 cases across four agencies yielded only 4,993 actual residential care children because these children were being served by multiple agencies. At the same time, local agencies (which make decisions about service delivery for youth and families) were getting together to decide how to streamline services for children across the agencies and were finding that categorical funding streams allowed them little flexibility.

CSA consolidated funding streams and created the State Executive Council to set fiscal procedures and funding policy to better serve youth. The Council is composed of the heads of all the agencies serving children, parent representatives, and others. The Council has some resources, but most support is supplied by existing agencies. The State Management Team was formulated to begin developing policies and procedures to govern the implementation process. The Management Team has a more broad-based membership than the Executive Council and includes local representatives, judges, and private for-profit and non-profit providers. Thus, local representation on the Management Team is ensured in order to help in the development of policy. Because a myriad of issues has to be addressed, the State Management Team has set up a structure with standing work groups, including ones on service delivery, evaluation, and information systems. There are 11 in all, with some ad hoc groups that are developed as needed. Each of the work groups reflects the same profile of membership as the State Management Team.

Each locality is required to establish a local governance council, the Community Policy and Management Team (CPMT), which has a profile that reflects the make-up of the State Executive Council. CPMTs coordinate agency efforts at the local level. Family Assessment and Planning Teams (under the CPMTs) identify the needs of individual youth and families and prepare service delivery strategies on a case by case basis.

Financing

Strategy

The Act required the consolidation of eight state funding streams into a State Funds Pool, allocated to local governments on a formula basis. The Act also established a State Trust Fund which began with $4.8 million appropriated by the 1992 General Assembly as start-up funds for communities to establish service alternatives to out-of-home placements. Each agency's contribution to the pool was decided by the legislature.

The Department of Education is the fiscal agent at the state level. CPMTs also must designate local fiscal agents.

Methods

The 1991 Virginia General Assembly appropriated $2.4 million to fund efforts to begin addressing the issues outlined in the Study. These funds were distributed to five communities that served as demonstration sites and provided services, including intensive probation, case management, therapeutic respite care, after-school programs, and transition classrooms.

The 1994-1995 budget of pooled funds is $100 million, 62 percent of which is the state share, with the rest being the required local match.

The General Assembly passed a funding formula to determine each locality's share of the pool and the local match. Because the initiative is set up as a reimbursement-based system, it is easier for the state to ensure that local match requirements have been met.

Evaluation

There is an evaluation work group, but evaluative material will not be available until mid-1995 because the initiative is still in its early stages.

An evaluation report of the demonstration sites was completed by the Department of Mental Health, Mental Retardation and Substance Abuse Services in February 1994. The evaluation focused on issues of the service provision population and identification of the service population, as well as outcome measures.

Contacts

General:
Dian McConnel
Program Coordinator
CSA
700 E. Franklin Street
Room 510
Richmond, VA 23208
(804) 786-5394
(804) 786-5403 Fax

Financing:
John Mitchell
Fiscal Agent, CSA
Department of Education
P.O. Box 2120
Richmond, VA 23216
(804) 225-2704
(804) 371-8796 Fax

DELAWARE STATE SERVICE CENTERS

The Division of State Service Centers was created by Executive Order in 1972 as a division of the Delaware Department of Health and Social Services. Through this Executive Order, the Division was authorized to coordinate the planning and programs of all of the divisions within the Department of Health and Social Services. In 1991, the Division assumed responsibility for the State Office of Volunteerism and the Office of Community Services in addition to overseeing the State Service Centers.

The Division, through the Centers, is committed to providing consolidation or co-location of services wherever economically or operationally feasible. The Centers provide comprehensive services in a multi-service facility where Delaware agencies' human service programs and selected private not-for-profit programs are located. Currently, 12 multi-service facilities exist in the areas of greatest need. Four are considered major centers, while eight are considered satellite centers. The Division's goal is to have a Center within 15 minutes of any citizen.

The Division provides some services at the Centers, including the car seat loaner, community resource assistance, dental transportation for Medicaid children, and emergency assistance programs. Other divisions within the Department of Health and Social Services that may be located in the Centers include the Division of Alcoholism, Drug Abuse & Mental Health; the Division of Public Health; the Division of Social Services; the Division for the Visually Impaired; the Division of Aging; the Division of Mental Retardation; and the Division of Child Support Enforcement. In addition, the following agencies may be located in the Centers: Department of Labor; Department of Corrections Family Court; Department of Public Safety; Department of Services for Children, Youth and Their Families; and Department of State. Clients are referred to the numerous divisions, agencies, and private providers located in the Centers. There are approximately 160 programs and services delivered through State Service Centers, which serve clients through an excess of 600,000 visits annually.

The Advisory Council meets every two months and advises the executive director of the Division on all matters pertaining to the Centers. The seven-member Council is composed of community leaders, is bipartisan, and has representatives from Delaware's three counties.

Financing

Strategy

Because the administrative and financial responsibility for human services is centralized at the state level, Delaware has a unique advantage in the integration of human services.

The Service Centers do not receive federal funds, but are operated primarily with state dollars. Some of the Centers receive funds from private providers who pay a tenant fee for being located in a Center. The co-located state agencies and private providers have their own budgets, which are separate from the Center budget.

Methods

The Division's operating budget for the 12 State Service Centers for fiscal year 1995 is approximately $5.3 billion and includes a total of 75.7 full-time-equivalent personnel. The budget is composed of state general funds and non-appropriated special funds. The Division receives no private funds except the tenant fees.

While the state line-item budget for the Division is stable, the Division has to defend any new initiatives before the General Assembly.

Evaluation

A cost analysis of co-location conducted by the Division concluded that the co-location of four previously separate agencies into the Northeast State Service Center would save nearly $20,000 out of a $443,332 budget.

Client satisfaction surveys were conducted in May 1986, May 1989, and May 1993. The surveys found that clients were generally satisfied with the Centers.

There is a Master Client Index which tracks clients across programs and allows for facilitating more targeted needs assessment and accurate referrals.

Contacts

Anne Farley
Director
Division of State Service Centers
Delaware Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
(302) 577-4960
(302) 577-4975 Fax

Lorraine Mekulski
Deputy Director
Division of State Service Centers
Delaware Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
(302) 577-4960
(302) 577-4975 Fax

EARLY CHILDHOOD DEVELOPMENT AND PARENT EDUCATION PROGRAM

Oklahoma's Early Childhood Development and Parent Education Program is a statewide initiative begun in 1974 as a primary prevention effort to reach children between birth and five years of age. The program is overseen by Oklahoma's Department of Health, and administered at the county level by the county board of health. Over 39,000 clients were served in 1993. Seventy child development specialists provide services through county health departments in 45 counties; some services for children ages zero to three with developmental delays and their families are provided in all 77 counties.

The goal of the program is to provide information to parents of infants, toddlers, and pre-school children, teach skills to enhance parent-child relationships, prevent or reduce developmental problems in young children, and assist with coping strategies for families and children under stress.

The program focuses on the primary prevention of developmental and behavioral problems by providing assessment, education, and intervention services. Child development specialists collaborate with child health and guidance workers, medical professionals, nutritionists, family planning specialists, and others to provide physical, behavioral, and developmental services to children and families.

Services of the program include parent education and consultation, periodic developmental assessments of children ages zero to six, groups and workshops on parenting and child development, consultation with other child care or service providers, referral to other child health and guidance services as needed, and Sooner Start/Early Intervention Services for children ages zero to three with developmental delays and their families.

Financing

Strategy

Primary funding comes from state appropriations to the state Department of Health. Funds are also obtained from county revenues, fees for services, and federal Medicaid reimbursements. Sixty percent of the funds are from the state, 30 percent from the county, and 10 percent from fees (including for Early and Periodic Screening, Diagnostic and Treatment). Participants are charged for services on a sliding scale, based on family size and income--all of the fees are minimal.

Some counties have applied to local foundations for funding of specific projects.

Methods

The annual budget is estimated at $3 million, which is said to be a conservative estimate that does not include indirect costs to the Department of Health.

Evaluation

The Client Abstract Record, a statistical reporting form, allows for data tracking on client age, sex, race, and services provided.

The National Institute of Mental Health funded a collaborative evaluation project between the Department of Mental Health and Substance Abuse Services, Oklahoma State University Extension Service, and the Oklahoma State Department of Health. The evaluation focused on parent education group services offered to at-risk parents through child guidance clinics and area vocational/technical schools from 1987 through 1990. The main finding was that the program lowered child abuse inventory scores.

Results from the evaluation conducted by David Strawn and Gerald Doeksen, released in October of 1990, show that the client population was in need of this type of service, with elevated abuse potential evident in 38.9 percent of the initial entrants. The evaluation concluded that the project facilitated interdepartmental cooperation and collaboration. It also indicated a significant reduction in abuse potential of participants. However, concern was raised that the videotape used for this project (there are numerous videotapes, curricula, and materials used in the program) does not address the concerns of the parents, and that its level of sophistication is sometimes inappropriate.

This evaluation involved two distinct phases: data collection and analysis. The data collection phase involved collection of data and information prior to the first class, at the first class, at the last class, six months after course completion, and at a year-end debriefing. The analysis phase of the evaluation included both outcome and process evaluations.

Contact

Linda C. Passmark, Ph.D.
Director, Prevention and Parent Education
Child Health and Guidance Service
Oklahoma State Department of Health
P.O. Box 53551
1000 NE 10th Street
Oklahoma City, OK 73152
(405) 271-4477
(405) 271-1011 Fax

EARLY CHILDHOOD FAMILY EDUCATION

Early Childhood Family Education (ECFE) began as a series of pilot programs in 1974 through Minnesota legislation. In 1982, it became formalized as a voluntary program run by the state of Minnesota through the public schools to serve families with children from birth to kindergarten. In 1984, any school district with a community education program was eligible to establish an Early Childhood Family Education program.

ECFE's mission is to strengthen families and support parents to provide the best possible environment for the healthy growth and development of their children. ECFE offers support and training programs, including parent discussion groups, home visiting, play and learning activities for children, special events for families, family literacy, early screening for children's health and developmental problems, and information on community resources for families and young children. The programs work closely with the education, health, and human service agencies to assist parents and children in obtaining other needed services. Families typically participate two hours a week throughout the school year although the continuum of services includes strategies that are considerably more intensive (i.e., 10-12 hours per week) and/or less intensive depending on the needs of the family.

There are sites in 379 school districts and four tribal schools. Over 258,000 children and parents participated in ECFE during 1993-1994. ECFE estimates that the program is accessible to 99 percent of the birth-through-four population and serve approximately 40 percent of the eligible population statewide. The individual sites have significant local autonomy. Each site has an advisory group to tailor the site offerings to the needs of the individual community. District Advisory Councils, made up mostly of participating parents, assist the Board of Education in developing, planning, and monitoring the program.

Financing

Strategy

Originally, ECFE's pilot programs were grant-funded by the Minnesota Legislature through its Council on Quality Education. Currently, the programs are funded through a combined local levy/state aid formula which may be supplemented with other funds. Local programs may receive other funds from the federal government, foundations, civic organizations, and fees from parents (based on a sliding fee scale for those able to pay) to supplement the local levy/state aid formula. Each ECFE district also may levy additional funds for home visiting/violence prevention activities.

Not more than 5 percent of the ECFE revenue may be used for administration; and $10,000 each year may be spent on evaluation at the state level. (The local level can spend as much as it wants on evaluation.) In addition, the McKnight Foundation awarded ECFE $150,000 for a two-year evaluation study.

Methods

For the school year 1994-1995, the guaranteed maximum district revenue for ECFE is $101.25 per child in the district under five years of age, or times 150, whichever is greater. Therefore, the district's minimum guaranteed state revenue for 1993-1994 is $15,187.50.

The district may levy a tax equal to 0.626 percent times the adjusted net tax capacity , but the amount raised by the levy is limited so as not to exceed the guaranteed maximum ECFE revenue amount. State aid is then calculated to be the guaranteed ECFE revenue minus the permitted levy times the ratio of actual levy to permitted levy. This ratio rewards those districts that choose to levy the entire permissible amount with the maximum state revenue. The state aid portion of ECFE may be from 0 to 95 percent, depending on the amount collected through the levy based on the property base of a locality. As a whole, roughly 60 percent of funds for ECFE have come from local levies and 40 percent from state aid.

The state aid for 1994-1995 was $14,544,000, supplemented by local levies generating an estimated $17,642,000, totaling $32,186,000 statewide in governmental funding. Sites may supplement this funding with fees and other sources of funds.

Each district that levies for ECFE may also levy for additional revenue equal to $1.60 times the greater of 150 or the birth-through-four population. These funds are to be used for education and home visiting to prevent violence.

Evaluation

It costs approximately $300 per participant to provide the basic program of parent and early childhood education and parent-child interaction.

A study, Changing Times, Changing Families Phase I, was conducted during 1990-1991 to evaluate the effects of the program on parent participants. Staff from a sample of 24 programs were used to develop a set of interview questions for parents. Over three-fourths of the parents interviewed indicated a number of changes they observed in their children that they associated with program participation. Results of the interviews led to suggestions for ECFE curriculum and program development.

With support from the McKnight Foundation, ECFE has implemented a two-year evaluation. The design was piloted in the spring of 1994, and implemented in 1995. The final report, Changing Times, Changing Families Phase II, is due out in late 1996.

Contacts

General:
Lois Engstrom
Team Leader
Early Childhood and Family Initiatives
Minnesota Department of Education
991 Capitol Square
St. Paul, MN 55101
(612) 297-2441
(612) 297-5695 Fax

Evaluations:
Betty Cooke
Program Specialist
Early Childhood and Family Initiatives
Minnesota Department of Education
991 Capitol Square
St. Paul, MN 55101
(612) 296-6130
(612) 297-5695 Fax

EL PUENTE

El Puente was established in 1982 in the Williamsburg neighborhood of Brooklyn, New York, as a response to youth violence in the community. It was founded by Luis Garden Acosta, who called together a consortium of community, school, and church leaders. El Puente is Spanish for "the bridge," symbolizing the programs commitment to helping young people and their families make connections to build "a bridge from hope to social action" (New York Times). The "movement," as El Puente refers to itself, addresses a young person's interaction with his or her family, school, and community. El Puente is rooted in the belief that coalitions strengthen organizations and has worked with many local and national groups.

El Puente's membership at the Williamsburg site totals 363 leadership members, with 4,410 community members. At Bushwick, there are 209 leadership members and 765 community members. The number of persons affected by El Puente has been estimated by the chief executive officer to be 10,000 yearly.

El Puente offers health services, education, job training, internships, community service programs, integrated performing and visual arts, and especially diverse opportunities to coalesce with others for development, democratic action, healing, and human rights. Participation in El Puente's activities stresses membership in the organization at large. Membership does not require a fee; it does however, require that members give a day for community service/action and sign a contract to strive for "excellence in body, mind, spirit, and community." El Puente is open from 7:00 a.m. until 10:00 p.m., six days a week. On Sundays, it is open for ad hoc participation.

El Puente is guided by a board of directors with seven members, all of whom have been raised or live in the community. It responds to the changing needs of the community. El Puente was awarded the New York State Governor's "Decade of the Child Award" for leading the state in community-based vaccination campaigns. It facilitated church-based leadership in promoting unprecedented electoral participation rooted in the Voting Rights Act. It leads the Latino environmental movement in Brooklyn and in so doing has forged a unique partnership with the members of the Hassidic, white ethnic, and African American communities. First to be funded by the New York State Department of Health to use the arts in AIDS education, El Puente is known for its human rights emphasis, particularly in its campaign against school segregation, school and street violence, and police brutality.

Within the context of El Puente, the El Puente Academy for Peace and Justice was established in 1993 as one of the New York City Public Schools' New Visions Schools. The El Puente Academy is fully integrated in the El Puente organization. Its founder and director, Frances Lucerna, is also the associate executive director of El Puente.

There are several other "El Puente-like" communities, located in Chelsea and Revere, Massachusetts, and in Washington Heights, Bushwick, and Soundview, New York. These organizations are each (with the exception of the Bushwick site organization, which is part of the Williamsburg El Puente) community-initiated and managed. The staff from El Puente offer technical support to these organizations and gain a mutual support network based on El Puente's underlying principles.

Financing

Strategy

El Puente was started as a volunteer organization, with all donated equipment. It carefully built ownership-like commitments from a wide range of activist leadership still reflected in its board, staff, and membership.

Methods

In early 1995, El Puente's annual budget (inclusive of the Bushwick and Williamsburg locations) was estimated to be $1.6 million. The El Puente Academy received approximately $0.4 million in addition to this amount.

Approximately 85 percent of the $1.6 million comes from government sources, including contracts or grants from the City of New York's Departments of Employment and Youth Services, the city's HIV Care Network, the state Departments of Health and Social Services, the state Office of Alcoholism and Substance Abuse Services, the state Division of Youth, the state Council on the Arts, and the Federal Americorps initiative, through a partnership with Rheedlen and the Parks Council. Some of these contracts are for very specific uses, while others more specifically serve youth or community revitalization. Much of El Puente's funding from the City of New York is in jeopardy in 1995 due to drastic budget cuts.

The other approximately 15 percent of El Puente's funding comes from foundations, including the Aaron Diamond Foundation, the Fund for New York City Public Education, and the United Way of New York City. Funding for the Academy flows directly from the Division of High Schools of New York City Public Schools.

Evaluation

A case study of the El Puente Academy for Peace and Justice was undertaken by Rainbow Research, Inc., and released in July 1994.

Contact

Luis Garden Acosta
President and Founder
El Puente
211 South Fourth Street
Brooklyn, NY 11211
(718) 387-0404
(718) 387-6816 Fax

FAMILY DEVELOPMENT PROGRAM

The Family Development Program (FDP) began in 1985 to serve low-income families in Albuquerque's South Broadway community by involving them in defining the community's needs, and developing and implementing a system of component projects to meet those needs. Currently, FDP has 150 families enrolled; since its inception, FDP has served more than 500 children and families.

The programs that are a part of FDP include Baby Amigo, where parents receive prenatal care and support and intensive home visitation from pregnancy through the child's second year; Escuelita Alegre, a bilingual parent-run preschool program that provides training and dissemination of the FDP program model; My True Colors, an after-school project that focuses on self-esteem and pro-social behavior for children through age 11; Family Support Services, which provides counseling, advocacy, referral, adult education, and general support for all FDP families; and Training and Dissemination, which provides training of service providers, community representatives and other entities both within and outside of New Mexico.

While the program began in the South Broadway community, FDP now has a few spin-off projects in community development and assessment which are in other communities. In addition, Baby Amigo has expanded to two other communities. All FDP components now provide statewide training.

FDP does not have its own facilities, but is usually a "guest" in other facilities. A few years ago, FDP had a federal grant to design a Family Development Center. It was to be a center with services and programs under one roof, but the project never got beyond the design stage.

The Coordinating Committee, composed of parents of the children in FDP's various projects, runs the organization and makes policy decisions. The Advisory Board advises the Coordinating Committee and the staff and lobbies on behalf of FDP. The Board is composed of representatives evenly divided between families that are or have been a part of FDP and community leaders and experts.

Financing

Strategy

Initial funding came from the Dutch Bernard van Leer Foundation. In 1994-1995 the largest source of funding was the New Mexico Department of Education, which supplied 54.9 percent of the budget. The funding from the Department of Education is mandated by the state legislature, although funding requests must be made every year. The New Mexico Department of Children, Youth and Families also funded three contracts, including two for child care (one preschool and one after school) and one for family support services.

The City of Albuquerque contributes 9 percent of FDP's budget, and funds Escuelita Alegre. The State Department of Health (through maternal and child health) contributes 4.7 percent of the budget for Baby Amigo; and 4.5 percent of the budget is from Bernalileo

County for family support services. A very small percent of FDP's budget is from individual donations and client contributions. Although FDP has received foundation funding in the past (from the Bernard van Leer, US West, and General Mills foundations), no foundations are currently supporting FDP.

Methods

FDP's budget for 1994-1995 is $883,599.

Evaluation

A six-year formal evaluation, conducted by Minnick and Associates and released in January 1991, examines the performance of FDP from 1985 through 1990. The evaluation is the result of a two-part process, including the formative and the summative. The formative evaluation consists of constant monitoring of community needs, the program's responses, and the effectiveness of program components at each developmental stage. The summative evaluation assesses the operation and effectiveness of the program in meeting a range of goals determined by the program and its funders.

For each of five broad goals, the evaluator determined a range of specific objectives and an appropriate method for measurement.

Contact

Edith Menning
Family Development Program
University of New Mexico
Onate Hall, Room 215
Albuquerque, NM 87131
(505) 277-4236
(505) 277-6282 Fax

FAMILY FOCUS

Family Focus has been serving the Chicago area since 1976 through five family resource and support center sites located in diverse areas in and around Chicago. These family resource centers aim to help parents cope with child-rearing responsibilities, prepare children for a successful school experience, and encourage teenagers to become productive members of the community. Half of Family Focus's resources are used to work with teenagers.

The Family Focus model is based on the philosophy that all families need and deserve support in their nurturing family roles. While each site provides slightly different services based on the needs of parents in the given communities, every site has comprehensive services, including a drop-in center and child care for parents visiting the center. Centers may provide services such as parent support groups, developmental screening, case management, emergency assistance, family literacy, and counseling. Family Focus centers also respond to the needs of special communities such as immigrants, teen parents, single-parent families, dual-income families, and grandparents. In addition to the five main sites, Family Focus has a headquarters for training and administrative oversight, and satellite sites where specific programs are offered in different community locations. The service population in 1992-1993 was 2,708 families.

Some of the underlying principles of Family Focus are that early intervention and prevention are cost-effective, the family as a whole must be supported, and there is a need to work with families over a substantial period of time. Family Focus has professionals in social work, child development, education, and counseling who work with trained community members and volunteers to provide structured activities and classes as well as drop-in times and home visits to address these principles.

Each site has a Community Advisory Board, the composition of which is decided at the local level, but which generally includes interested citizens, parents, local service providers, and others. This Board provides input and guidance on program design and implementation. The Family Focus Governing Board includes representatives of the community advisory boards, corporate leaders, funders, experts in the field, and others.

Financing

Strategy

Family Focus was originally funded by two individuals. In 1995, Family Focus receives government funding (including state, county, city, and township government funds), private grants, and individual contributions. Private contributors include the Pittway Corporation, the Chicago Community Trust, the Chicago Foundation for Women, and the Ounce of Prevention Fund.

Methods

The fiscal year 1995 budget was approximately $2.9 million. Sixty-five percent of the funding is from the government; 25 percent is from corporations, foundations, and individuals; and 10

percent is from fee-for-service type charges (Family Focus rents space to non-profits in a building it owns and receives income from training fees).

Evaluation

Since the beginning of the initiative, different components of Family Focus have been evaluated. Most of the evaluations have been done by outside organizations looking at a number of different initiatives. Consequently, it is very difficult to separate the results for Family Focus from those of other initiatives. For example, the Ounce of Prevention Fund (which funds three of Family Focus's five sites) conducted a multi-year evaluation that included Family Focus among its other initiatives.

Zero to Three conducted a five-year evaluation, published in 1994, which included the Lawndale Community as one of six case studies. This evaluation focused on service delivery to the community, including interagency collaboration, rather than service delivery of the Family Focus center specifically.

Family Focus records anecdotal information and keeps quantitative data in hopes of having a large-scale evaluation if the funding becomes available.

Contact

Maureen Patrick
Executive Director
Family Focus, Inc.
310 South Peoria
Suite 401
Chicago, IL 60607-3534
(312) 421-5200
(312) 421-8185 Fax

FAMILY INVESTMENT TRUST

The Family Investment Trust (FIT) is a Missouri statewide partnership created by an Executive Order. It creates a public/private partnership aimed at developing a strategic approach for strengthening families and keeping children safe, healthy, and successful. FIT is committed to parents working and their children being ready to enter school.

FIT uses three methods to accomplish its mission: it promotes the use of family-focused and preventive services that respond to families as a whole, it promotes a participatory decision-making process at the local level, and it promotes the flexible use of dollars invested to achieve improved family outcomes and reduce governmental red tape.

FIT's Board of Directors, initially appointed by the governor, is made up of the directors of the Departments of Elementary and Secondary Education, Health, Mental Health, Labor, and Social Services, as well as civic and corporate leaders.

One of FIT's approaches to reaching its goals is to work with communities to create more innovative strategies for serving children and families by using federal family support dollars as a catalyst. Beginning this fall there will be planning groups to help communities think creatively about how to apply for family support dollars and how to use those dollars. Another approach will be an attempt to use federal funds, such as Medicaid reimbursements, to fund school clinics.

Financing

Strategy

FIT supports innovations that cut across traditional agency boundaries and funding streams.

Methods

FIT is funded through private Missouri and national foundations, and through in-kind government support.

Evaluation

No evaluations have taken place at this time. However, this partnership was designed in part due to positive results from the evaluations of Caring Communities and other similar programs.

Contact

Phyllis Rozansky
Director
Family Investment Trust
3915 W. Pine Boulevard
St. Louis, MO 63108-3207
(314) 531-5505
(314) 531-2285 Fax

FAMILY RESOURCE SCHOOLS

The Family Resource Schools (FRS) initiative is a school-based family services project. FRS is a partnership between the Denver Public Schools and the City of Denver, with state, business and foundation support.

Planning of FRS began in the fall of 1989. In September 1990, seven elementary schools began to implement the concept by acting as service delivery centers. The total student population in the seven schools is approximately 2,700 students. The primary service population has been defined as not only students in the seven schools, but also their families; no one is turned away from the centers.

The FRS program offers support that is both student- and family-focused. In order to provide this support, schools have expanded their hours of operation and include summer programs and child care. The goal of the initiative is to enhance the range of programming and activities offered by public schools in inner-city neighborhoods. Schools provide programs aimed at student achievement and growth, adult education and skill building, parent education, family support, and staff development and training.

Financing

Strategy

The FRS initiative was developed with in-kind support from the Colorado governor's office, the mayor's office, the Department of Social Services, and the Denver Public Schools. The implementation of the initiative is reliant upon funds from the state, the city, foundations, and businesses.

It was initially understood that if the FRS project was successful, the City and the Denver Public Schools would contribute funds to the initiative and it would become a regular program. However, due to tight budgetary constraints, this has not happened at the level originally intended. The City of Denver has contributed financial support for the current fiscal year.

If institutionalization cannot be initiated, other methods for sustained implementation will be explored.

Methods

The original funders of the FRS project were Denver Public Schools and the City of Denver (providing in-kind support), the state, foundations, and businesses (e.g., First Impressions gave $150,000, Pace Warehouse gave $100,000 over two years, and Public Service Corporation gave $165,000 over four years and loaned an executive for the first year's administration).

The annual budget is approximately $410,000: $40,000 for project coordination, $70,000 for project development and implementation, and $300,000 for six project site budgets of $50,000 each.

All administrative costs are absorbed by the schools through the in-kind contributions of facilities and staff. Current major funders include the Colorado Department of Education,

the Colorado Department of Local Affairs, the City of Denver Community Development Office, the Danforth Foundation, the Piton Foundation, and the Junior League of Denver.

Evaluation

In 1990, during the initial stages of the project, resource assessments were conducted by planning committees made up of principals, teachers, parents, and community representatives. These committees were formed to determine each individual school's and community's need for services.

A second-year evaluation was conducted in 1992 by the Center for the Improvement of Public Management at the University of Colorado at Denver. This evaluation is primarily a process evaluation; however, it does contain some outcomes as it compares participants with a control group (non-participants in the schools) in the areas of test scores, performance, attitude, and motivation. It also looks at services provided, comparing schools and quantifying results by numbers served. The evaluation further looks at barriers to attendance through profiles of attendees. It examines the effect of the program, if any, on parents, community involvement, and student achievement. It also examines the participant pool and the partnerships that the FRS project has created. The evaluation is based, in part, on interview responses regarding satisfaction with the services provided.

Contact

Twila Norman
Project Director, Family Resource Schools and
Assistant Superintendent of Elementary Education
Denver Public Schools
900 Grant Street
Denver, CO 80203
(303) 764-3542
(303) 764-3838 Fax

FLORIDA FULL SERVICE SCHOOLS

Full Service Schools (FSS), authorized as s.402.3026 in the Florida Statutes, are intended to integrate health, social, human, and employment services. The Full Service Schools are to be "one stop service centers" with integrated education, health, social, human, and employment services that are beneficial to meeting the needs of children and youth and their families on school grounds or in locations that are easily accessible.

The FSS legislation specifies that the Full Service Schools are to be located at schools with populations at risk of needing medical and social services. They are to be open to all students and their families, although some services offered will require minimum qualifications of need. The legislation was written in order to leave the meaning of "high risk" ambiguous, allowing local communities the ability to determine the risk factors of particular urgency for each school.

Full Service Schools are locally planned and accountable. The only common element required of the local sites is operational. Each site must have a planning committee with representatives from local education and government agencies, public and private sectors, and business and community service agencies; and a selection of services directly benefiting students and families.

FSS sites are chosen through a competitive grant process. In 1991-1992, 32 districts and one university-affiliated developmental research school initiated programs at 128 sites. Currently, 49 of Florida's 67 school districts receive competitive grants supporting 220 FSS sites.

The Department of Health and Rehabilitative Services (HRS) cooperated with the FSS initiative and implemented a parallel initiative for Supplemental School Health Programs.

Financing

Strategy

Full Service Schools are funded through a line item in the budget. The initial 128 sites were funded with $6.1 million which came through the Department of Education (DOE).

Beyond the state allocation, there is no single local funding strategy for all Full Service Schools. Localities raise additional funds from federal, state, and local governments, foundations, businesses, and non-profits. There are also funding opportunities from DOE, HRS, Juvenile Justice, and the Department of Labor.

Methods

For 1994-1995, Full Service Schools were appropriated $9.3 million. The money comes through the Department of Education, where an interagency review team selects projects to be funded from school districts' applications.

Public Education Capital Outlay (PECO) projects have funded the renovation, remodeling, new construction, and equipping of facilities. These outlays total $14.5 million

for 1994-1995 and cover 199 schools. PECO funds both Full Service Schools that have received state competitive grants and those that have not.

Evaluation

An evaluation was conducted by the Institute for At-Risk Infants, Children and Youth and Their Families, University of South Florida, for the Florida Department of Education. It summarizes self-evaluations of FSS initiatives after six to nine months of implementation. One recommendation of the evaluation was that closed-ended questions and more refined measurements would make for more effective evaluations.

Contacts

Financing:
Mary Jo Butler
Administrator, Dropout Prevention
Florida Department of Education
444 Florida Education Center
Tallahassee, FL 32399
(904) 488-6315
(904) 488-9840 Fax

Evaluations:
Neil Burger, Ph.D.
Deputy Director
Institute for Instructional Research
and Practice
University of South Florida
4202 East Fowler Ave. - HMS 401
Tampa, FL 33620-8350
(813) 974-3700
(813) 974-5132 Fax

GOVERNOR'S CABINET ON CHILDREN AND FAMILIES

The West Virginia Legislature created the Governor's Cabinet on Children and Families in 1990 to foster educational and to'al life development for children, concentrating on the idea that parents are children's first teachers and have primary responsibility for their development.

The Cabinet is composed of, at a minimum, the secretary of Health and Human Resources; the secretary of Commerce, Labor and Environmental Resources or a designee; the secretary of Administration or a designee; the superintendent of schools; and the attorney general. One governor-appointed member of the Senate and one of the House of Delegates also serve in an advisory capacity.

Currently, the Cabinet is moving toward creating more of a partnership between the state agencies and local communities. Thus, the governor has reduced the Cabinet staff (from ten to three) to try to move the state agencies further along. The staff's responsibilities will be taken over by the state agencies' personnel, especially the responsibilities for providing technical assistance and state-level coordination.

The Family Resource Networks (FRNs) are one of the primary initiatives of the Cabinet. FRNs are created as community-based, non-profit organizations representing a single county or consortium of counties, and are established to integrate services for children and families.

The original legislative allocation allowed the Cabinet to fund five FRNs. More recently, the Benedum Foundation funded two more, bringing the total to seven. These seven FRNs submitted initial proposals and were selected through an application process. With approval of the proposals (selection as an FRN), the Cabinet Operations Group commits to helping the FRNs remove any barriers to implementation. The Cabinet has the power to waive regulations and move funding across agencies. With very little local funding in West Virginia, most of the barriers are at the state level.

FRNs are encouraged to create a local action plan that establishes ways in which local areas can reconfigure the funds targeted for children and families. The plans propose to blend state and federal funds. The Cabinet is working with the Philadelphia regional federal office to work toward the implementation of these plans.

While the Cabinet only provides funds to the seven officially selected FRNs, any unfunded FRN that requests technical assistance may receive this service. These FRNs are generally run by volunteers and are in various stages of development.

An FRN must be: a consortium of health, behavioral health, human services, and education providers; inclusive of at least one entire geographic county; governed by a single entity (i.e., a non-profit corporation); governed by a board made up of a majority of non-providers; and accepting of the Cabinet's Mission Statement as the basic principle of its philosophy.

Financing

Strategy

The legislation that created the Cabinet gives it the authority to "transfer funds among, between and within departments in accordance with rules for such purpose adopted by the cabinet." As of yet, this provision has not been exercised.

If an FRN is established, the Cabinet has the authority to waive state rules to pool funds for the agencies. FRNs are financed through refinancing and reinvestment strategies with some new money available for start-up through the Cabinet grants program. Money was made available to the Cabinet from the West Virginia Legislature, the Benedum Foundation, and the Appalachian Regional Commission.

The Cabinet, with funding from the Benedum Foundation, is working on different financing and funding strategies for children and families.

Methods

The initial appropriation in August 1990 was $1 million; every year after that, the appropriation has been for between $400,000 and $500,000.

There are 37 Family Resource Networks, but only seven receive funding from the Cabinet. The Cabinet provides technical assistance to all of the FRNs, upon their request.

Evaluation

The communities collect some evaluation information and send it to the Cabinet. Preliminary work on evaluations also has been done with the Harvard Family Research Project.

Contact

Steve Heasley
Funding Specialist
Governor's Cabinet on Children and Families
Building 1, Room 9
1900 Kanawha Blvd., East
Charleston, WV 27305
(304) 558-0600
(304) 558-0596 Fax

HAWAII'S HEALTHY START FAMILY SUPPORT SYSTEMS

Hawaii's Healthy Start Family Support Systems (HS/FSS) program serves as the state's primary child abuse and neglect prevention program. HS/FSS reaches out to families (through screening, home visiting, and family support) under multiple stresses at the time of the birth of a new infant. The main goals of the program are to reduce family stress and improve family functioning and parenting skills, enhance child health and development, and prevent abuse and neglect.

HS/FSS was initiated with a small screening program in 1975 and was expanded to a State-funded demonstration project in Oahu in 1985. Following the success of the demonstration project, Healthy Start was broadened to 11 sites in 1990. In 1995, the initiative is financed through state funds and has 12 sites throughout the state. While the Department of Health's Maternal and Child Health Branch (MCHB) administers and monitors the Family Support Systems program, the Healthy Start program is implemented on a day-to-day basis by seven private, non-profit community agencies.

Although the program is on every island, it is not statewide because there is a lack of capacity to reach all those who are eligible (e.g., on Oahu, the largest island, the program is only reaching 50 percent of all newborns). This is, in part. because case workers don't take on more clients when they've reached a full case load of 25 families. When case workers reach their maximum caseload, there is an attempt to link high-risk mothers with other appropriate social and health services. Currently, Healthy Start is reaching 45 percent of all newborns. Of this 45 percent, 20 percent are at-risk. In fiscal year 1994, HS/FSS served 2,760 families. It is estimated HS/FSS will serve 3,305 families in 1995.

The principles of the Healthy Start initiative are: systematic screening to identify 90 percent of high-risk families of newborns, community-based home visiting family support services, individualization of the intensity of service based on the family's need and risk level, linkage to a medical provider, coordination of a range of health and social services for at-risk families, continuous follow-up until the child reaches age five, a structured training program, and collaboration to serve environmentally at-risk children.

Healthy Start offers services such as daily chart screening at target hospitals, voluntary home visitation focusing on parent-child bonding, case management services and interagency coordination, parent support groups, and community education.

Financing

Strategy

The original demonstration project, which ran from 1979 to 1981, was financed through federal funds. The second demonstration project in Oahu in 1985 was financed by state funds and was also a three-year project. In 1990, when the initiative was expanded, it was financed through appropriations of almost $4 million from the state legislature. At this point, the program became institutionalized as part of the Maternal and Child Health Branch of Hawaii's Department of Health.

The average 1994 cost of screening and assessment was $145 per case and the average cost of case management services, including child development, was $2,400. In 1994, the total cost for a family was $2,800, including monitoring, evaluation, training, screening, assessment, and case management.

While the FSS program is financed entirely through state funds, these funds cover only 90 percent of the costs of Healthy Start. Each of the seven private agencies operating HS programs raise funds that help to supplement the state funds.

Methods

The budget for fiscal year 1995 is $8,284,082, appropriated by the state. The fiscal year 1994 budget was slightly over $6 million.

Evaluation

A primary outcome measure for the initiative is the number of children in the service population who are later confirmed for abuse and neglect. Three years after the initiation of the 1985 demonstration, an evaluation was conducted which concluded that of the 241 high-risk families in the demonstration, not a single case of abuse was reported. This 1988 study also described Healthy Start as "a good example of cost-efficient public-private partnerships."

An evaluation of the Healthy Start pilot, initiated in 1985 and completed in 1988 in the Ewa, Ewa Beach, and Waipahu areas, was conducted by Ramey et al.

In 1988, Stannard evaluated the early identification services provided by the Healthy Start project to determine whether missed cases were due to systematic bias or random error, and to evaluate the validity and reliability of using the Family Stress Center Referral Record as a first-level screen. It was determined that missed cases were due to random error, which has subsequently been almost fully corrected.

The initiative, as of 1992, had 99.8 percent accuracy in hospital identification of high-risk families. The home visitor program has been deemed 99.7 percent successful in assisting families avert physical abuse and neglect. The National Committee to Prevent Child Abuse in October 1992 initiated a three-year study of the initial and long-term efficacy of the initiative. The Director of Health also presented a report on the Healthy Start program to the legislature in 1992. This report served as a review of the initiative, with recommendations for future development and change.

MCHB has contracted with a consultant to develop studies to evaluate Healthy Start's effectiveness. MCHB also conducts continual monitoring of the Healthy Start initiative through expenditure reports and progress reports from providers.

Another control study began in October 1994 as a collaboration among the Hawaii Department of Health, the Hawaii Medical Association, and the Robert Wood Johnson Foundation. This randomized study to determine health outcomes and the cost/benefit of the Healthy Start model is to be conducted in conjunction with the Johns Hopkins School of Medicine. It is being funded by foundations (e.g., the Robert Wood Johnson Foundation and

The Pew Charitable Trusts) and the federal Maternal and Child Health Bureau of the Department of Health and Human Services.

Contacts

Loretta Fuddy
Chief, Maternal and Child Health Branch
Department of Health
741-A Sunset Avenue
Suite 204
Honolulu, HI 96816
(808) 733-9022
(808) 733-9032 Fax

Gladys Wong
Program Coordinator
Healthy Start
Maternal and Child Health Branch
1600 Kapiolani Blvd.
Suite 600
Honolulu, HI 96814
(808) 946-4771
(808) 942-2160 Fax

HEALTHY START

Healthy Start (HS) was established through California Senate Bill 620 in 1991 as an effort to place comprehensive support services at or near schools. The goals of Healthy Start are to improve the education, health, mental health, and social outcomes of children and families. The Healthy Start projects are all community developed, controlled, and governed initiatives; and, consequently, each is unique.

At least 90 percent of the schools that receive Healthy Start funds must meet eligibility criteria. For junior high and high schools, at least 35 percent of the enrolled students who must be from families that receive Aid to Families with Dependent Children (AFDC) support or have limited English proficiency, or both; and eligible to receive free or reduced-price meals. In qualifying elementary schools, at least 50 percent of enrolled students meet these criteria. Grants are awarded and administered by the California Department of Education.

In conjunction with the California Department of Education, the California Partnership for Comprehensive, Integrated School-Linked Services, initiated in 1992, offers support to Healthy Start participants and strives to link the Healthy Start program with other initiatives in order to improve outcomes for California children and their families. The Partnership is made up of the governor of California, the secretary of the health and welfare agency, the state Superintendent of Public Instruction and the Foundation Consortium for School-Linked Services, which represents 22 California-based grant makers.

Financing

Strategy

The Superintendent of Public Instruction is authorized by the Healthy Start initiative to award planning and operational grants annually to school districts to provide integrated services to children and their families. Planning grants are for a one- or two-year period and are for a maximum of $50,000. Operational grants are for a maximum of $400,000 for a three-year period, including a one-time amount of $100,000 for start-up costs.

The financing strategy includes trying to draw down as many federal funds as possible and linking Healthy Start initiatives to state-level mainstream funding in order to create sustainable funding streams.

Healthy Start is designed as "glue money, not new money." HS is founded on the belief that sites should use appropriations to supplement existing funding streams rather than as new categorical funding streams. There is a legal limit on the amount of Healthy Start funds that can be put into services in order to ensure maximum use of existing resources and funding streams.

Methods

Healthy Start is funded in the annual State Budget Act. The first-year (1991-1992) appropriation for Healthy Start was $20.5 million, which funded 40 operational proposals

and 110 planning proposals. Funding for each additional year has remained at approximately $20 million.

During the period of 1991-1994, Healthy Start projects were established in 53 counties, 171 school districts, and 890 schools through operational and planning grants. There are 114 operational and 235 planning grants. As some HS sites are a cluster of schools, there are 315 schools in the operational stage, and 615 covered by planning grants.

Healthy Start sites are expected to develop methods for long-term financing upon expiration of state grants. One strategy for sustainability is to use Medicaid dollars, where reimbursement is on a fee-for-service basis for health services currently provided by schools.

In 1993, federal approval was granted to allow schools to do Medicaid billing. It was anticipated to bring approximately $50 million annually in federal matching funds. However, in reality, funds are coming in more slowly than anticipated because this is new territory for schools and because all eligible Medicaid recipients are not easily identified. To date, the schools have received approximately $1 million from Medicaid.

The state statute that implemented the Medicaid billing option specifies that the "recovered" money is returned to the school district – not the state. The districts then decide how to spend the money, although it must be spent in Healthy Start-like activities. Schools must set up a local collaborative for decisionmaking.

School districts may also participate in billing Medicaid through an administrative claiming mechanism. In order to do so, school districts must participate in a contracted arrangement with the county health department.

Evaluation

Local Healthy Start programs must be focused on outcomes and are aimed at producing measurable improvements.

Three components of a comprehensive evaluation of the Healthy Start programs have taken place to date; all were conducted by SRI International. In February 1994, two reports were released: the first was an evaluation of planning grants and the second was a process evaluation of the first year of the initiative.

The third report, an evaluation of the statewide initiative, was released in June 1994. It examined the development of the collaboratives and service delivery as well as outcomes. This evaluation grouped Healthy Start programs into four basic types: school-site family centers, satellite family service centers, family service coordination teams, and youth service programs. The ethnic background and age differences of the population being served were also examined for variations in service delivery.

The Healthy Start program targeted the following individual outcomes: improvements in meeting basic needs, employment, health and wellness, individual emotional health, family functioning, youth behaviors, and educational performance. Data were collected through a comparison of intake and follow-up forms, parent questionnaires, and school records of those children involved in the Healthy Start programs. Overall improvement of targeted individual outcomes was analyzed. Schoolwide outcomes were measured through changes in attendance, student behavior, and educational performance. Student behavior, as

measured by the average number of disciplinary actions in a month, was the only significant change in these outcomes. However, even these early data show promising results and positive outcomes for children and families participating in Healthy Start.

A statewide evaluation report, due out in October 1995, will track the development of grantees over three years.

Contact

Wade Brynelson
Assistant Superintendent of Public Instruction
Interagency Children and Youth Services Division
California Deparment of Education
721 Capitol Mall, 5th Floor
Sacramento, CA 95814
(916) 657-3558
(916) 657-4611 Fax

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS

The Home Instruction Program for Preschool Youngsters (HIPPY) began in 1969 as an initiative of the National Council of Jewish Women (NCJW) Research Institute for Innovation in Education at The Hebrew University in Jerusalem, Israel. It is a curriculum that aims to help parents teach their four- and five-year-olds at home to facilitate the child's transition from preschool to kindergarten. HIPPY has adapted and implemented the curriculum worldwide, from New Zealand to South Africa to cities throughout the United States. The first HIPPY programs were brought to the United States in 1984. Today, approximately 12,000 educationally disadvantaged families participate in programs operating in 25 states. HIPPY USA, the national network of all HIPPY programs, provides training and technical assistance to existing programs and communities interested in starting new programs, develops the program curriculum, disseminates information, coordinates research and evaluation efforts, and develops regional capacity for training and technical assistance.

HIPPY reaches out to hard-to-reach families and gives parents an opportunity to help their children, particularly parents who have had little and often unsuccessful formal schooling. Parents are trained by paraprofessionals, themselves parents from the community, and are supported by other participants and a local program coordinator. HIPPY is a three-year program; in each year, there are 30 weeks of activities for parents and their children to roughly coincide with the school year. The activities concentrate on language development, sensory and perceptual discrimination skills, and problem solving. Parents are to work an average of 15 to 20 minutes each day with their children.

While the basic HIPPY program is education-focused, individual sites have broadened the HIPPY concept to include delivery of more comprehensive services. HIPPY, generally, is based on a community empowerment model that works with the community by training community members to become home visitors. The trust among parents and home visitors is used as an entry point for the provision of other services. HIPPY reaches hard-to-reach families and can become a resource center for health, literacy, child development, and other services.

As an independent, not-for-profit organization, HIPPY USA has its own Board of Trustees, with Hillary Rodham Clinton as a founding and now Emeritus Board member. The Board sets overall policy, develops a strategic plan, and approves the annual budget of the organization. Most members of the Board have been involved with programs locally. HIPPY encourages the establishment of a local advisory group (with representatives from different segments of the community) at each site to guide program implementation.

One example of the implementation of HIPPY is HIPPY in Arkansas: beginning in 1986, HIPPY in Arkansas was coordinated from the governor's office. In 1990, the state's first HIPPY director was hired. In 1991, HIPPY in Arkansas was formally created through early childhood legislation, the Arkansas Better Chance Act. Arkansas HIPPY programs are networked and coordinated through the Arkansas Children's Hospital HIPPY Center. Currently, 30 agencies around the state provide HIPPY programs to approximately 5,500 families. Arkansas HIPPY sites encompass 54 counties and are administered through a

variety of community-based organizations, including local school districts, education service cooperatives, community colleges, economic development agencies, and Head Start agencies.

Arkansas HIPPY programs network with other community service agencies and programs to provide appropriate services to families, including the Department of Human Services' Project Success, Arkansas Children's Hospital, Adult Education, Education Cooperative Early Childhood program, Home Extension programs, Financial Aid for College through the Job Training Partnership Act (JTPA), Literacy Councils, Single Parent programs, and the Arkansas Department of Health.

Financing

Strategy

Funding for HIPPY USA is derived from three main sources: fees for training services, royalties on HIPPY curriculum materials, and grants. Grants have been awarded from a wide range of foundations, corporations, and small family foundations.

Local HIPPY chapters receive funding from the U.S. Departments of Education, and of Health and Human Services, the Indian Child Welfare Act, JTPA, Save the Children Foundation, local school districts, community-based organizations, local NCJW chapters, colleges/universities, the Junior League, and various other foundations and corporations.

Methods

HIPPY in Arkansas receives funding totaling $2.5 million through the Arkansas Better Child Act of 1991. It also receives support from JTPA, Chapter 1, Chapter 2, Compensatory Education, private corporations, Minnesota Early Learning Design, Head Start, Even Start, and Save the Children.

Evaluation

The HIPPY model has been systematically evaluated in Israel with positive results.

The NCJW Center for the Child is conducting various research projects evaluating the implementation and success of HIPPY in the United States. Anecdotal evidence suggests that HIPPY is having a positive effect on parents and children in the United States.

The NCJW Center for the Child was awarded a three-year grant from the Fund for Innovation in Education Program of the U.S. Department of Education to evaluate the school-based HIPPY programs. The project includes three distinct components: a model validation study that will assess the effectiveness of HIPPY in preventing academic under achievement and in enhancing parental involvement in their children's schooling; an implementation component that will document how HIPPY has been implemented in three sites; and a cost analysis which will provide detailed information about the types of costs incurred in starting up and maintaining a HIPPY program.

Preliminary results of this three-year study show that in Arkansas, teachers rated boys who participated in HIPPY as significantly better adapted to the classroom than boys not participating in HIPPY (there was no significant difference between HIPPY and comparison

girls). New York teachers rated HIPPY children as significantly better adapted to the classroom than children randomly assigned to the control group (children's classroom adaptation is an important component of school success). The study will provide findings on other effects of HIPPY, including the child's school readiness and classroom adaptation, the family's school readiness and participation in the child's education, parent-child relationships, parental development, parental self-sufficiency, and the child's school performance.

The Center for the Child is also involved with various other research projects. The Carnegie Corporation awarded the Center a two-year grant in 1992 to conduct a set of case studies focusing on implementation issues. HIPPY in "Brownswell" is a case study of one inner-city program which found that, through their work with HIPPY, the paraprofessionals gained increased understanding of the needs of the community, concrete ideas on how to act on those needs, and improved job skills that prepared them for future employment.

Contacts

HIPPY USA:
Home Instruction Program for
Preschool Youngsters
c/o Teachers College
Box 113
525 West 120th Street
New York, NY 10027
(212) 678-3500
(212) 678-4136 Fax

HIPPY Arkansas:
Barbara Gilkey
Director
HIPPY-Arkansas
Arkansas Children's Hospital
Little Rock, AR 72202
(501) 320-3671
(501) 320-3547 Fax

KENTUCKY EDUCATION REFORM

The Kentucky Education Reform Act (KERA) was passed in 1990. It is a multi-dimensional reform initiative for Kentucky's educational system. KERA's system of school finance, SEEK (Support Education Excellence in Kentucky), was established to ensure that Kentucky's education dollars are distributed to provide equal educational opportunities for all Kentucky children. The system is helping to give Kentucky children equal opportunities to learn; to make more dollars available for education; and to spread those dollars according to local needs, with more state money going to districts with limited ability to generate local funds.

The Family Resource and Youth Service Centers (FRYSCs) are the integrated services aspect of KERA. They are school-based service centers with funding from a state budget allocation. Local public schools may apply for a grant under this program. To qualify, they must have over 20 percent of their student population approved for free school meals.

The FRYSCs should be fully implemented by 1996-1997. Implementation is the responsibility of local school districts and, while the state has established the basic services that may be provided, the individual centers are designed differently based on the service needs of the individual school. Goals range from helping families gain access to and integrating services, to being the service provider of last resort.

Financing

Strategy

Under KERA, state education funding increased approximately 50 percent and local funding approximately 50 percent through 1994-1995. At the state level, this additional funding came from tax increases, including a 1 percent increase in the sales tax, and from other taxes (e.g., business taxes). At the local level, the funding came primarily from an increase in property taxes and a tax on utilities (if the locality did not have one already). KERA legislation allowed the local school board to raise taxes to a certain level without a recall or a vote. The equivalent tax rate is $0.30 per $100 and $0.05 for debt service--the locality is required to have $0.30 of taxes ($0.05 is an optional add on). Above the $0.35 tax rate, the state will supplement poorer districts that have the same tax rate as wealthier districts. Because the poorer tax districts have a lower tax base, they are collecting a lesser amount of money than the wealthier districts. Approximately $91 million is appropriated for this equalization.

The gap between the wealthiest one-fifth of districts and the poorest one-fifth of districts has been narrowed by 52 percent in three years. There is a hope that the gap will be virtually closed in six to eight years. Although the wealthiest districts continue to increase spending, the poorer districts are increasing spending more quickly.

All funds generated by the local taxation stays at the local level. Local funds account for approximately 25 percent of the funds expended for elementary and secondary education. Through the SEEK program and various categorical grant programs, the state contributed approximately 65 percent of the funds expended at the local level. In addition, state revenues are used for teachers' retirement fees, school employees' health and life insurance, and other

state responsibilities in funding. The majority of state and local money raised goes into the basic funding formula.

Methods

Grant allocations are issued in the maximum amount of $90,000 and minimum amount of $10,800 for the FRYSCs. The fiscal year 1994 average grant was $67,400, based on a $200 allocation for each student eligible for free school meals.

FRYSC general fund appropriations in fiscal year 1992 equaled $9.5 million, establishing 133 centers. In fiscal year 1994, 382 centers were established (serving 651 schools or 48 percent of all Kentucky schools), with general fund appropriations of $26.4 million. The legislature has appropriated up to $47 million in the next fiscal year, and there is a commitment to appropriate up to $50 million in 1996 for additional centers in order to bring the program to full scale. When the program is fully implemented, there should be centers serving over 1,000 of Kentucky's 1,361 schools.

After the program is fully implemented in approximately five years, funding will continue as a normal part of the budget. The funding is fairly stable, because the legislature has a strong commitment to fund these centers.

Evaluation

A statewide needs assessment, including the compilation of national and Kentucky youth statistics, was undertaken to demonstrate the need for Kentucky's Education Reform.

The Kentucky Department of Education produces a Report Card that is a status report on the state of reform; the latest was for years 1993-1994. The Report Card lists 1996 reform goals alongside 1990-1993 status and 1993-1994 progress. The goals are primarily based on process rather than outcomes. The Appalachia Educational Laboratory also conducted a qualitative study of education reform in Kentucky.

Needs assessments for the FRYSCs have generally been conducted on a site-by-site basis through such methods as questionnaires, surveys, and meetings.

FRYSC implementation evaluations were conducted by REACH of Louisville in August 1993 and again in June 1994. The implementation evaluations are primarily process evaluations, based on program service statistics, written evaluations, and interviews. A formative FRYSC evaluation was conducted in October 1993. The formative evaluation goes into formal educational outcomes evaluations, including demographic and program data analysis, school attendance and achievement data, and satisfaction ratings. The data are based on participant reaction data, school statistics, and school personnel/community member satisfaction ratings. A summary of interim evaluation data for the reporting period July through December 1993 was also compiled by REACH.

Contact

Tom Willis
Associate Commissioner
Kentucky Department of Education
1521 Capitol Plaza Tower
Frankfurt, KY 40601
(502) 564-3930
(502) 564-7574 Fax

LAFAYETTE COURTS FAMILY DEVELOPMENT CENTER

The Lafayette Courts Family Development Center (FDC) is located in the Lafayette Courts housing unit in Baltimore City. The FDC was started in 1987 when Baltimore City officials became aware of the need for on-site service provision for residents of the public housing development who had difficulty receiving social services.

Lafayette Courts houses almost 2,400 residents. The Family Development Center serves approximately 750 families, 300 of whom are in the active caseload annually. A social worker, an employment counselor, an addiction counselor, and a health educator provide services at the housing unit. These services include child care, educational and General Equivalency Diploma (GED) services, employment and training assistance, health, and family support services.

The Advisory Board includes representatives from the Department of Health, the Mayor's Office, the Baltimore City Schools, and the Housing Authority of Baltimore.

Financing

Strategy

The Family Development Center was created with Community Development Block Grant (CDBG) funds from the Baltimore Housing Authority. It operates on an annual budget of approximately $500,000. It does not receive grant funds, but instead makes use of existing resources.

Methods

The bulk of funding (about 90-95 percent) comes from the Community Development Block Grant. The remaining 5-10 percent comes from the Job Training Partnership Act (JTPA). In-kind support is received from the Housing Authority of Baltimore, the Baltimore City Health Department, the Baltimore Department of Social Services, and the Office of Employment Development, among others.

Since the beginning of the initiative in 1987, each year the FDC applies for the CDBG grant and it is renewed. Thus far, the funding has been stable, and it is anticipated that it will remain so.

Evaluation

The outcome measures for the Lafayette FDC initiative were clearly defined at the outset and include increasing the pr· portion of family heads working, increasing graduation rates, and decreasing pregnancy and addiction rates. These desired outcomes are the basis for evaluation.

An evaluation was conducted by Johns Hopkins University's Institute for Policy Studies with funds from the CDBG. It looked at the three-year period from mid-1986 to mid-1989. The evaluation was released in two stages: the implementation evaluation in January 1991 and the outcomes evaluation in April 1991. The evaluation analyzed source delivery records,

advisory board meeting notes, and field visit observations. The outcomes evaluation used a housing unit in close proximity to Lafayette as a control group. The data for both evaluations were measured at two points in time over the span of a year.

The evaluations revealed that while some changes occurred during the one year of study, a longer evaluation period is necessary to show outcome results.

Contact

James Massey
Project Director
Lafayette Courts
200 N. Aisquith Street
Baltimore , MD 21202
(410) 396-9321
(410) 396-4064 Fax

LINCOLN INTERMEDIATE UNIT NO. 12, MIGRANT CHILD DEVELOPMENT PROGRAM

Lincoln Intermediate Unit No. 12 Migrant Child Development Program (LIUMCDP) was developed to serve the children of Pennsylvania's migrant agricultural workers, aged infancy through 21. The children who qualify for the LIUMCDP program are children of interstate migrants, intrastate migrants, and former migratory workers. The goal of the program is to "ensure that all enrolled migrant students receive educational programs and services necessary to develop self-confidence, academic discipline and vocational competencies...." LIUMCDP operates in 31 counties and served just under 2,000 children in 1994.

LIUMCDP services are structured around education; however, they encompass much broader childhood needs, including health, nutrition, and safety. The program also offers day care and preschool centers, family and group day care homes, English as a Second Language supplementation, special needs intervention, summer school programs, and career education. If LIUMCDP does not provide a specific service, then it refers the child/family out to the community, especially for health care and social services.

LIUMCDP facilitates interagency coordination through an annual meeting of all agencies that serve migrants and through monthly meetings of the migrant coalition, which includes representatives of all programs for migrants. In addition, the Director of LIUMCDP is the president of the Agriculture Human Resource Management Association (AHRMA) which is composed of one-quarter agricultural employers and growers, one-quarter workers, one-quarter representatives of public service agencies, and one-quarter representatives of the community at large. AHRMA serves as an umbrella group that seeks to facilitate good communication among all the members, and also acts as an advisory group to LIUMCDP.

Financing

Strategy

The funding for LIUMCDP is pieced together from a number of different federal and state agencies. In addition, donations are accepted. In 1995, LIUMCDP does not receive any funds from foundations; however there is some thought of beginning to do some fund-raising in that area, especially to fund evaluations.

LIUMCDP receives, as its major source of funds, funding from the federal government for migrant education (Title I, Part C of the Improving America's Schools Act). Federal funds also are granted for being a demonstration site for Even Start for children from birth through eight years. Federal nutrition financing from the Child and Adult Care Food Program and the Summer Food Feeding and Donated Commodities Programs provides for two or three nutrition programs. State funds flow through the Department of Public Welfare for preschool/day care and family day care. Local school district money for operating English as a Second Language programs in various school districts also supports LIUMCDP. Various other special grants, including the governor's special grants for upgrading facilities and nutrition education and donations from individuals and churches, also support the initiative.

Methods

The LIUMCDP budget was about $1.6 million per year a few years ago. No exact record is kept of how much money is received since funds are pieced together and some funding comes in an ad hoc manner.

Evaluation

The state evaluates the summer programs of LIUMCDP.

The federal Even Start program had never included migrant populations in its evaluations since they are such mobile populations. As a result, Fus Associates, under contract with the federal government, studied LIUMCDP to try to figure out how to effectively measure migrant Even Start programs. An evaluation will take place some time in the future based on the findings.

There is anecdotal evidence, offered by the director, that LIUMCDP has the highest GED rate in the country for migrant Even Start programs.

Contact

Parker Coble
Director
LIUMCDP
103 Rear Carlisle Street
Gettysburg, PA 17325
(717) 624-4616
(717) 624-3866 Fax

LOCAL INVESTMENT COMMISSION

Kansas City's Local Investment Commission (LINC) is an initiative to reform the Kansas City human services system at the community level. It began with the Missouri Department of Social Services and several community leaders who wanted to "do things differently."

LINC is composed of 23 members including civic leaders, consumers, business leaders, advocates, and citizens. Sitting with the Commission is a 15 member professional cabinet consisting of private and public staff professionals who provide technical expertise and guidance. The cabinet also has committees with a combined membership of approximately 330 that concentrate on the areas of health care, aging, housing and safety, business and economic development, children and families, school-linked services, and welfare reform.

LINC serves primarily as a coordinating organization for bringing together the human services agencies and the public and private sectors. LINC serves as a facilitator for communications among the different parties with the goal of helping community-based, comprehensive initiatives. The initial target population is the population in the Kansas City limits, south of the Missouri River.

LINC is focused on various projects at the local level, including tax-increment financing through an investor relationship, economic development, job development, and redeployment and redirecting of social service dollars. LINC oversees and coordinates 21st Century Communities, which is a comprehensive approach to the development of low-income communities. This approach is composed of a number of initiatives. One initiative is the Centers for Learning and Neighborhood Services, where schools act as neighborhood social service centers. This effort is spearheaded by the Kansas City School Health Organization (KC-SHO) Board, a community board appointed by the Kansas City school district and LINC, composed of citizens, community leaders, funders, parents, and youth. Another initiative is Wage Supplementation, which converts Aid to Families with Dependent Children (AFDC) and Food Stamp benefits to an average grant amount offered to employers to promote the hiring of recipients. Wage Supplementation is only available to employers who create new jobs, to prevent job displacement.

Financing

Strategy

LINC does not have implementation funding, but acts as a facilitator to try to change the thinking around financing and delivery to be more creative and collaborative.

Methods

LINC's operational and administrative budget is $64,000. LINC's administrative costs are supported by the Missouri Department of Social Services (DSS) and a number of local foundations and businesses. The major expenditure for the LINC office is salaries for staff, which are paid for by DSS. Those salaries are approximately $200,000 annually, and supplies and other expenses total $70,000 annually.

Each initiative is financed independently and supported by a combination of local and national foundations and businesses, the Kansas City School District, and the Missouri Department of Social Services. LINC does not apply one financing strategy to all its initiatives.

Evaluation

LINC has developed a series of short-term and long-term targets for success that can serve as a first step toward evaluating progress.

Contacts

General:
Gayle Hobbs
Executive Director
Local Investment Commission
Penntower Building
3100 Broadway, Suite 226
Kansas City, MO 64111
(816) 889-3160
(816) 561-4864 Fax

Financing:
Bryan Fawks
Community Enterprise Developer
Community Enterprise Unit
Missouri Department of Social Services
P.O. Box 1527
Broadway State Office Building
Jefferson City, MO 65102
(314) 526-3581
(314) 526-4814 Fax

MARYLAND'S TOMORROW

The Maryland's Tomorrow (MT) High School Program, which began in 1988, operates in about 75 sites each year, serving approximately 8,000 students around the state. Maryland's Tomorrow operates in at least one high school site in every school district. MT is a partnership among businesses, schools, and the state. The primary goals of MT are to prevent high school dropouts and to help graduates make the transition successfully into the workplace or higher education. To achieve these goals, the initiative provides many comprehensive services, including working with students year-round and for one year after graduation. Students are identified based on low academic achievement, histories of grade retention, and various other characteristics.

Each site or locality has a local management team which includes representatives from business, the service delivery area, the local education agency, and in some cases, students and parents. This team is involved with identifying students' needs and developing programming to meet those needs. While each county may have different designs, generally schools within the same county will have similar programs. Although Maryland's Tomorrow encourages local flexibility in the design of each program, all programs must offer the following six service strategies: skills development for students, personal development activities for students, a sustained parent involvement program, business involvement, successful transition to school or work, and staff development. Each school has a teacher or case manager who advocates for the students, defusing any crisis that might lead a student to quit school. These teacher/advocates develop personal relationships with students, provide one-on-one counseling, work with teachers to monitor progress, and work with principals to find alternative solutions to discipline problems

Financing

Strategy

The Governor's Employment and Training Council's Education Task Force developed the Maryland's Tomorrow concept in 1987. Governor Schaefer and the Maryland General Assembly appropriated funds for the program's initial year, which began in July 1988. The state initially funded the program with $3 million, which was supplemented with $914,625 of the state's Job Training Partnership Act (JTPA) 8 percent allocation. These funds were apportioned by formula to the Private Industry Council (PIC)/JTPA Service Delivery Area system, which distributed the funds as grants to local school districts. At the local level, additional support was leveraged through private sources and foundations.

Methods

The fiscal year 1995 funds distributed to the local sites as grants included state funding for high school sites of $7.9 million combined with $1.2 million of federal funds. Localities raised an additional $6 million, $2.9 million of which came from federal JTPA, $2.8 million from

school systems, and $300,000 from other contributors. The state portion of the funding is considered a stable source of revenues.

Evaluation

Pelavin Associates, Inc., conducted evaluations of the program for the first five years of Maryland's Tomorrow. The conclusions of these evaluations were confirmed in a 1993 school-by-school evaluation done by the state Department of Education. This evaluation looked at the impact of Maryland's Tomorrow on individual student performance. The evaluation consisted of a research sample of 27 schools, which included over 50 percent of all Maryland's Tomorrow schools, with comparison groups identified for each school. Analysis focused on the degree to which the program achieved two of its primary goals: dropout prevention and improved passing rates on the Maryland Functional Tests. The study showed improved results on these criteria each year.

The Maryland's Tomorrow Performance System was established to align itself with the standards set for the Maryland School Performance Program created by the state in 1990. The system provides a mechanism for annually reviewing the performance of the Maryland's Tomorrow initiative. The Maryland's Tomorrow Performance System Report compares the Maryland's Tomorrow youth with their school as a whole, based on key standards from the Maryland School Performance Report (including passing scores on Maryland's Functional Tests as well as dropout rates). Maryland's Tomorrow youth are expected to achieve a satisfactory level of performance in each standard area by the end of program year 1996.

Contacts

General:
Marion Pines
Project Director, Maryland's Tomorrow
Senior Fellow, The Johns Hopkins
University Institute for Policy Studies
3400 N. Charles Street
Wyman Building, 5th Floor
Baltimore, MD 21218
(410) 516-7169
(410) 516-8233 Fax

Financing:
Irene Penn-Hechler
Chief of the Career
and Employability Branch
Maryland Department of Education
200 West Baltimore Street
4th Floor
Baltimore, MD 21201
(410) 767-0298
(410) 333-2423 Fax

MATERNAL INFANT HEALTH OUTREACH WORKER PROJECT

The Maternal Infant Health Outreach Worker Project (MIHOW) was initiated in 1982 by the Center for Health Services at Vanderbilt University, which continues to oversee this project, in addition to many others. The Ford Foundation provided the initial funding for MIHOW as a Child Survival/Fair Start pilot project.

MIHOW is a network of community-based organizations serving rural, low-income families in Appalachia and the Mississippi Delta. MIHOW is a partnership among community health centers and organizations in Tennessee, Kentucky, Virginia, West Virginia, and Arkansas, and the Vanderbilt Center for Health Services (CHS). Each site has a sponsoring local agency, a child care center, and a voluntary community organization or community health center, which must have an existing track record and be respected in the local community.

Through MIHOW, trained community mothers visit pregnant women and parents of small children at home to provide health and child development education, support for healthy lifestyles and positive parenting practices, and advocacy with health and social service systems. Most community sponsors have built on the MIHOW base and provide a range of activities, including General Equivalency Diploma programs, child care services, pregnancy prevention programs, job training, tutoring, parent groups, and links to federal programs. More than 3,000 families have participated in the MIHOW program since 1982.

Currently, there are 17 sites at various stages of development. These sites, which either apply or are chosen to be a part of the MIHOW project, are provided with VISTA volunteers and support from CHS for the first three years. CHS is responsible for program supervision, technical assistance, staff training, and evaluation. It helps local sites build the skills and contacts to do their own programming and fund-raising. The community sponsor is responsible for day-to-day operations. After their initial three years, almost all of the local sites are able to sustain themselves.

The Center for Health Services has a Board of Directors that oversees all of its work, including MIHOW. This board is composed of one-third representatives from the community, one-third student representatives, and one-third university faculty. The local agencies are all non-profits and use their existing boards to oversee MIHOW in addition to their other projects.

Financing

Strategy

Initial funding was provided by the Ford (in 1982), the Robert Wood Johnson (in 1983) and the Bernard van Leer (in 1987) foundations for a period of six years.

Each local agency generally receives its funds from a combination of the state public health department, the state Resource Mothers program (which has a similar mission), churches, foundations, and local corporations. The composition of this funding varies greatly among all the local sites.

Methods

The fiscal year 1995 operating budget is approximately $300,000, which includes training, technical assistance, materials, and some operating costs for some new sites. In-kind support is calculated at $375,000 from VISTA, paid directly to workers as stipend and health insurance.

Some financial support is received from Vanderbilt University. Vanderbilt also contributes the use of the building where central offices are located. The project at large receives funding from the Bernard van Leer Foundation, St. Joseph's Health System in California, and an anonymous donor. In addition, it receives a small amount of money from the National Commission on Community Service (NCCS). NCCS also provides 25 VISTA workers (calculated to be worth well over $100,000).

Evaluation

Three evaluations have been conducted. The first evaluation was a five year study conducted between 1983 and 1988. In the first part of the evaluation, Vital Statistics in West Virginia and Tennessee and the Kentucky Department of Prenatal Services provided county-level data which were applied to information on pregnancy outcomes and prenatal care use. In the second part of the evaluation, the Caldwell HOME Inventory (which assesses mother-infant interaction and parental management of the infant's environment) was given to a control group and to participants in the initiative when their children were approximately one and two years of age. MIHOW participants scored significantly higher than the controls at both intervals. Participants also received more prenatal medical visits than the controls, and participating pregnant women were more likely to obtain Medicaid coverage for their deliveries than non-participants. MIHOW was determined to have had "a powerful and positive impact on the participating families, on the women providing the services, on the leaders managing local programs, and on the local organizations sponsoring the intervention." This evaluation recognized that it would be impossible to separate the different levels of impact, due to their interdependencies.

In 1990, a qualitative study was conducted in which program participants were interviewed. Participants felt that the program decreased their isolation, increased their assertiveness, improved their sense of purpose and hope for the future, and had other positive impacts.

A third evaluation was conducted between 1990 and 1993, during which time MIHOW examined whether participants received more social support than non-participants. It was found that participants benefited from MIHOW services and support.

Contacts

Barbara Clinton
Director
Center for Health Services
Station 17
Vanderbilt University Medical Center
Nashville, TN 37232-8180
(615) 322-4176
(615) 343-0325 Fax

Mary Porter
Director of Community Programs
Center for Health Services
Station 17
Vanderbilt University Medical Center
Nashville, TN 37232-8180
(615) 322-4184
(615) 343-0325 Fax

MINNESOTA MILESTONES

Under the leadership of Governor Arne Carlson, in 1992 Minnesota developed a vision for its future and a process to achieve that vision titled the Minnesota Milestones initiative. More than 10,000 Minnesota citizens ages 8 to 92 participated in public meetings around the state to discuss the state of the state and their visions of how they want their state to be in the year 2020. These responses were collected by the Planning Department and organized into a vision statement, goals, and indicators, which then were finalized after further citizen input. The initiative is centered around a vision of five main principles, 20 broad goals, and 79 specific milestones. The milestones are to serve as the critical measures for Minnesota's success over the next 30 years.

Kids Can't Wait is the 1992 report of the Governor's Commission, Action for Children. It proposed 17 milestones for children. These indicators for children and families were incorporated into the 79 milestones.

The Children's Report Card was developed from Minnesota Milestones. It is an on-line service, available through some libraries or by subscription to the state's Datanet service. It gives users a county-by-county "report card" on 21 children's indicators, such as poverty, school dropouts, and runaways, allowing comparison of county statistics with other counties in the state and with the state as a whole.

The Children's Cabinet was also developed through the Milestones process; one representative of each agency with jurisdiction for children sits on the Cabinet. Each agency takes the lead on the Milestones that relate to that agency. The Cabinet has come up with specific strategies to meet the Milestones related to children. The Cabinet, along with the legislative Commission on Children, Youth and Their Families, produced a bipartisan proposal to create a new Department of Children, Families and Learning. The department will bring together a number of programs serving children and families that were previously scattered throughout seven different agencies.

Financing

Strategy

In 1993, the state began integrating the outcome measurements from the Milestones initiative into the budget process. This began the process of transforming the budget from input-based to outcome- or performance-based.

Methods

The Minnesota Milestones initiative was created through a $500,000 development budget from the legislature.

Evaluation

The needs assessment took place essentially in two distinct phases. A self-selected group of citizens joined together in groups of ten to 20 to begin determining need and to outline

categories of need that should be thoroughly examined. A report card was then developed, that displayed the current status of Minnesota and acted as a needs baseline for improvement.

The Milestones initiative is, in itself, an evaluation of progress within the state. It generally measures outcomes, yet some milestones are based on process, such as number of children immunized.

Contact

Linda Kohl
Deputy Chief of Staff
Office of the Governor
130 State Capitol
St. Paul, MN 55155
(612) 296-0017
(612) 296-2089 Fax

NEIGHBORHOOD BASED ALLIANCE

The Neighborhood Based Alliance (NBA) is a locally based public/private partnership aimed at improving the housing, jobs, education, public safety, and economic conditions for residents in New York state's highest need neighborhoods. The NBA initiative began as the Neighborhood Based Initiative (NBI), and was established by Chapter 657 of the New York State Laws of 1990, which gave spending authority, and specified the creation of an oversight committee as well as the need for evaluations. NBA was an initiative of the governor.

NBA (at its time of inception NBI) was designed as a five-year effort to improve social and economic conditions across the state by addressing neighborhood revitalization comprehensively, fostering community collaboration, eliminating bureaucratic duplication, maximizing resources, and promoting self-sufficiency and well-being. Six communities were chosen to be NBI sites in 1992 and were given planning grants. In 1993, Governor Cuomo highlighted the necessity of expanding services to special needs communities and ten additional sites were chosen. NBI then became the NBA initiative, which allowed more attention to be paid to expanding collaborative efforts and for state agencies to focus more effort on these communities. In 1994, ten more sites were announced; however, these sites have only been awarded a one-year planning grant, rather than a five-year grant as the previous 11 initiatives had received. In 1995, there are a total of 26 sites receiving grants, as well as one site which has been designated an NBA site but has received no funds.

NBA sites can include such initiatives as economic development zones, community schools, youth development, GATEWAY (an initiative of the Human Investment Subcabinet to develop employment and training services), Antidrug and Alcohol Abuse Council community projects, adolescent pregnancy prevention and services, services for the developmentally disabled, health prototype pilots, and community policing.

A Neighborhood Advisory Council (NAC) is to be established for each site, and it is empowered by law to define the needs of the NBA community. The NAC is a community collaboration that seeks future funding above and beyond the basic NBA grant and plans for future self-sufficiency. These NACs are responsible for developing a Strategic Neighborhood Action Plan (SNAP) to guide the NBA over the five years. SNAP is the community plan for social and economic improvement designed to shape the community's vision of needs and opportunity. The SNAP process is fundamentally different because it empowers the NAC to assess the community as a whole. The diversity of the NAC is different from traditional community groups. NBAs are required to provide core services on top of SNAP activities. NBA projects are required to develop neighborhood-based core services, providing either crisis intervention or case management or both. SNAP must meet new demands by filling gaps in these services (rather than provide a service that already exists).

A state Oversight Committee, mandated in the statute, coordinates all aspects of the state's implementation of NBA. The Committee is chaired by the governor and the Deputy Secretary for Human Services, with the Department of Social Services (DSS) as the lead agency. It also has representatives of 21 other agencies. Committee reviews plans and is responsible for targeting funding to the NBA sites. DSS provides technical assistance on

financing strategies, sustainability of funding, development of the NAC, conflict mediation, and other areas as they arise.

Financing

Strategy

DSS includes NBA as a part of its annual budget and is responsible for the implementation of the program. The agencies that are a part of the Oversight Committee also have part of their budgets set aside for NBA sites to meet the additional needs identified by the SNAPs. This money is then transferred through a unified contract to DSS. This funding is in addition to the basic allocation that NBA sites receive. Sites, through the NAC, may have additional funding from the federal government and/or private organizations.

Methods

The first 16 sites, chosen in 1992 and 1993, received approximately $75,000 in each of their first years which, in turn, funded a community development process to come up with the collaborative strategic plan. In the following four years of implementation, the plan was that each site was to be funded with between $250,000 and $400,000, depending on the size of the initiative. According with the NBA model, each NBA site is provided with five years of gap funding, a formula-driven amount that is expected to cover the cost of NBA-mandated services (case management and/or crisis intervention); the cost of other high-priority NBA services for which the community cannot obtain other funding; and the costs of planning and administering NBA at the local level.

The third wave of sites, selected in 1993, was an add-on to the original statute. It was done at the initiative of the legislature, which chose to fund these ten initiatives for one year, allowing them to put together a neighborhood plan. In fiscal year 1994-1995, the last ten sites were provided SNAP planning funds.

Because of the fiscal condition of New York and the executive branch change of January 1995, the states executive budget recommends sunsetting the program.

The fiscal year 1993-1994 DSS budget for NBAs was $5.5 million to continue funding the first six sites and to expand the NBA program into an additional ten communities. Funds are used to leverage additional support from all levels of government and from the private sector.

Evaluation

The goal of NBA is to promote the development of locally driven strategies that will measurably improve outcomes at every level for neighborhood residents.

An evaluation of the Neighborhood Based Initiative, which included data through December 1992, was conducted by the Nelson A. Rockefeller College of Public Affairs and Policy and was presented in May 1993. The evaluation methodology was to interview officials, review NBA documents, and attend NBA meetings. The evaluation found the NBA initiative's state-level structures to be functioning in the intended fashion, a worthy model for

other interagency efforts, although the NBA project as a whole has taken longer than anticipated to get off the ground and funding has been more complicated than straight categorical funding.

The evaluation compared the NBA initiative to other comprehensive community-based initiatives in order to draw out strengths and lessons from those programs and to offer them as background experience for NBA. The evaluation observed that the scope of the goals of NBA were so broad and far-reaching that although progress has and continues to be made, actually reaching the goals of the initiative will be more difficult than in other projects and will take significant time and resources.

NBA also reports to DSS with periodic progress reports. The last progress report was presented in draft form in January 1995. It contains service and client population numbers as well as recommendations for programmatic changes.

Contacts

General:
Jeannette Provost
Assistant Director for Division
of Community Services
Department of Social Services
40 N. Pearl Street, 11-C
Albany, NY 12243
(518) 474-9606
(518) 474-9617 Fax

Financing:
Karen Lopiccolo
Director, Finance Unit
Neighborhood Based Alliance
Department of Social Services
40 N. Pearl Street, 11-C
Albany, NY 12243
(518) 474-9420
(518) 474-9617 Fax

NEW BEGINNINGS

New Beginnings is a countywide, community-based collaborative formed to promote family and community well being through prevention and early intervention services. It is a strategy to engage communities, families, and agencies in improving the lives of families and children in San Diego through promoting self-sufficiency and community capacity to resolve the many difficult issues facing families today.

The collaborative involves the County of San Diego, various cities, school districts, housing commissions, community college districts, universities, hospitals, community-based organizations, and parents.

The goal of New Beginnings, as determined at the end of an extensive feasibility study, is to use existing resources more productively to create a family-oriented integrated system of preventive services, adaptable to the needs of a specific community. The New Beginnings initiative emphasizes family-focused, preventive services; reliance on existing resources; integrated service delivery; and adaptation of principles to specific community needs. The initiative is structured to let each community design how and which services can best serve it, because each community is unique and has individual needs. It is intended to build upon the strengths of the communities and families, treating the family as a whole unit.

The concept for New Beginnings originated in 1988 in a series of conversations among executives from the major agencies serving children and families in San Diego. The first site was opened in September 1991 on the grounds of Hamilton Elementary School (a school serving approximately 1,300 children in grades K-5). The site provides parenting and adult education classes, counseling, family advocacy, and service planning. It also provides health care, including immunizations and mental health services for children.

In 1995, there are sites at 35 schools representing four regions.

Financing

Strategy

This initiative does not rely solely on new money, but emphasizes the use of existing resources and shifts the way that these resources are used for more effective results. The direct services staff are funded by existing streams of money, including but not limited to the Department of Education, the Department of Social Services, and Child Protective Services. Foundation money has been primarily used for evaluations or small initiative enhancements, not for direct service delivery.

There is a fiscal agent designated at the local level to administer and track grant money.

Methods

The feasibility study, financed by a foundation grant, recommended that the implementation plan and start-up costs be financed by philanthropic organizations, although the actual financing scheme is based on reallocation of existing funds. Support has been received from the Danforth Foundation, the Pew Charitable Trusts, and the Stuart Foundation.

The New Beginnings collaborative began with in-kind contributions (e.g., staff time) and a limited amount of money. Three years ago the initiative received some federal Health and Human Services money to help facilitate and expand collaboration in other communities.

Funds from outside agencies are being used to give the agencies time to build the initiative into existing funding streams. This is much more difficult than previously thought; the ratio between existing and new funding is not as high as originally anticipated.

Evaluation

A feasibility study was conducted in 1990 to assess the needs of families and children at Hamilton Elementary School. Foundation funds along with in-kind support from the partners amounting to $217,000 supported this study.

Desired outcomes for the initiative were determined by the feasibility stage, prior to implementation of the initiative. However, based on the outcomes identified, it was determined that few of the outcomes would be reached quickly.

An evaluation of New Beginnings was completed in February 1994. The strategy used for this evaluation was to gather data through interviews with participants in the collaborative, review program documents, and observe Center working groups and operations. A lack of flexibility in funding streams is one problem the evaluation identified.

Contact

Connie Roberts
Director
New Beginnings
Department of Social Services, Room 843
1255 Imperial Avenue
San Diego, CA 92101
(619) 338-2945
(619) 338-2876 Fax

NEW FUTURES--CHATHAM COUNTY, SAVANNAH

In 1988, the New Futures Initiative of the Annie E. Casey Foundation was launched to assist several communities in implementing programs for at-risk youth. The school-based program focuses on education, training, and welfare. Ninety percent of the projects have community-based organizations as service providers.

In Savannah, New Futures is run by the Youth Futures Authority (YFA) Collaborative, created by legislative mandate. New Futures of Savannah is located in four middle schools and four high schools. YFA is a non-profit entity that can receive funds directly from the state.

Throughout the initiative, the focus gradually has changed from being school-based to community-based mediation, and from a youth advocate staff to a family advocate staff. Currently, the main focus is community family resource centers and experimental service integration.

Financing

Strategy

YFA received a $20,000 planning grant from the Annie E. Casey Foundation in 1987, followed by about $2 million annually for five years with a 100 percent foundation local match. The community match ensures the sustainability of the project because of the high level of institutional commitment required. The original award expired in June 1993, but YFA received an achievement award from Casey that provides $2 million for two years.

From the beginning of the project, YFA encouraged the partners to take over the funding of programs that worked (e.g., the health clinics were gradually picked up by the Chatham County Health Department's and the Department of Human Resources' budgets). A goal of the YFA initiative is systemwide change, which is achieved when new initiatives become permanent, sustainable programs.

The financing strategy involves searching for new sources of funding and also giving the community knowledge of how to spend this money. A central belief of the initiative is that it is vitally important to have communities articulate their priorities and then spend money around those priorities.

Methods

Until June 1993, funding had been provided through a five-year grant from the Annie E. Casey Foundation with matching funds from the City of Savannah, Chatham County, the United Way and the school system. Currently, YFA is receiving $2 million for two years (1993-1995) from a Casey Achievement Award, in addition to other public and private support (financial and in-kind).

The basic annual funding stream during the first five years included approximately $2 million from the Annie E. Casey Foundation, $500,000 from the City of Savannah in general funds, $500,000 from the Chatham County Commission, $500,000 from the Board of

Education, $100,000 from the United Way, and $200,000 from the Department of Human Resources (some of this was redirected and was specific to the health clinic). In years five and six, YFA received an additional $200,000 from the Department of Family and Children's Services for the family resource center's case management. The annual match for the $2 million generally amounted to $1.8 million in cash, and in-kind contributions equaled approximately $200,000 per year.

There were also specific projects funded with grant money, including one that received $100,000 with a match from Youth Corp as an urban core expansion site through Public/Private Ventures, and another which received $250,000 a year for three years for juvenile justice and delinquency prevention.

One of the main initiatives of YFA is the Family Resource Center. The Center's budget is $1.3 million, which in addition to YFA program and administrative costs of $715,000, includes financial and in-kind support from the Indigent Disproportionate Share Dollar Fund, the Chatham County Department of Family and Children's Services, Head Start, Chatham County Health Department, State Children's Trust Fund, Boys and Girls Clubs, Department of Mental Health, and a local food bank. The Family Resource Center also is attempting to obtain Medicaid reimbursement (at $150,000 a year).

Evaluation

As part of the planning phase of the New Futures project, Savannah documented its problems by way of statistical pictures of the city's youth. As an on-going assessment of needs, all teens in Savannah are screened for being at risk.

A management information system (MIS) was setup by a Casey Foundation consultant to track the progress of students in the New Futures schools. At the end of year five (1993) there was significant improvement in four of seven indicators tracked by METIS Associates. The MIS information has continued to be very influential in directing the programs of New Futures.

An evaluation was presented in October 1992 by the Center for the Study of Social Policy for the Casey Foundation as an interim assessment of Savannah's progress during year four of the five-year initiative. This evaluation primarily serves as a progress report, with historical data and actions from the 12 month period of examination. The total impact of the New Futures project on Savannah was scheduled to be presented in a summative evaluation after year five.

Annual reports are produced by YFA to gauge community progress toward its vision for children. These reports began in 1992 and are titled "Children's Profiles." The reports focus on progress toward 14 concrete community goals, including lowering violence and delinquency rates and increasing prenatal care rates.

When Casey reduced funding in 1992-1993, some of the programs were discontinued because they were shown not to be particularly effective. Specifically, the program to "buy down" the student-teacher ratio went from a budget of $580,000 to $130,000, and the additional positions (e.g., guidance counselors, etc.) funded by YFA were discontinued.

Contact

Mary Willoughby
Senior Planner/Financial Strategist
Chatham-Savannah Youth Futures Authority
New Futures of Chatham-Savannah
316 E. Bay Street
Savannah, GA 31405
(912) 651-6810
(912) 651-6814 Fax

NEW YORK CITY BEACONS SCHOOL-BASED COMMUNITY CENTERS

The Beacon Schools initiative grew out of the recommendations of a study group to develop an anti-drug strategy for New York City. The intent was to create a safe, drug-free haven for children and families. Non-profit organizations interested in operating the school-based centers responded to the request for proposals.

The 37 existing Beacons are developed and managed by community-based organizations. At least 75 percent of the Beacon Schools are open 13-14 hours a day, seven days a week; the rest are open at least 12 hours a day, six days a week. Enrollment at the Beacons varied in December 1993 from 628 to 1,848 persons, with a typical on-going participant enrollment averaging approximately 1,000 community residents. There is no sophisticated usage tracking system.

The Beacon Schools provide children and adults with recreation, social services, educational opportunities, vocational training, health education, and the opportunity for community meetings and neighborhood social activities.

Financing

Strategy

The Beacons were funded originally through the Mayor's Safe Streets, Safe City program, with the support of the City Council. Funding now is allocated as a line item in the budget of the Department of Youth Services. Foundations and private corporations also have supported the programs. The Aaron Diamond Foundation and the Annie E. Casey Foundation awarded the Youth Development Institute of the Fund for the City of New York a grant for a major documentation and technical assistance project.

Methods

The mayor's 1991 budget originally allocated $10 million of the city's funds to establish ten Beacon Schools; however, this funding was reduced before implementation to $5 million. Still, ten sites still were selected and in July 1992, city funds were made available to double the number of Beacon Schools to 20. In 1993, an additional 17 schools were selected for the program, allowing for 37 Beacons and at least one Beacon School in every Community School District.

The current Beacon budget is approximately $18.5 million. Each Beacon receives $450,000 annually from the New York City Department of Youth Services along with $50,000 for custodial services. It is estimated that to run a Beacon School properly, will cost approximately $1 million annually. More than 90 percent of Beacons match city funds with foundation and other government support. There are 16 Beacons that draw down funds from preventive care funding sources, such as Title IV-E. The funding for these 16 Beacons is based on the number of foster care placements in their communities.

Evaluation

A documentation report was produced in December 1993 by the Youth Development Institute of the Fund for the City of New York. This report looks at the community impact of the Beacon Schools, including the historical perspectives, goals and strategies, implementation status, and other issues associated with Beacons. A system of documentation has recently been implemented in all Beacon Schools. This system will assist in evaluating participation and service populations in the future.

The documentation report was based on interviews, surveys, and site visits with the first 21 Beacons. The Youth Development Institute will be issuing another report in the fall of 1995 with information on all 37 Beacons. In addition, the Institute is working with the Department of Youth Services to identify support for a formal evaluation of the initiative.

Contact

Michele Cahill
Vice President
Fund for the City of New York
121 Avenue of the Americas
New York, NY 10013
(212) 925-6675
(212) 925-5675 Fax

OREGON BENCHMARKS

The Oregon Benchmarks initiative began in 1988 with the formulation of a 20 year strategic plan for Oregon, Oregon Shines. Benchmarks were introduced in 1991 as strategic measures of progress toward the Oregon Shines goals. There are 259 benchmarks for which Oregon will measure progress and toward which Oregon will organize efforts and direct funds based on desired results. The benchmarks were originally chosen as appropriate measures of movement toward the three overarching goals for Oregon: to create a diversified and productive economy; to protect and enhance the quality of life; and to invest in the capability of the population.

The benchmarks were determined, with citizen input, by a nine-member Progress Board, chaired by and including the governor. The other eight members are appointed by the Governor, and by statute, at least one member must be drawn from each of the five congressional districts.

The creation of the benchmarks has led to major actions on the way to reform: state education reform and workforce legislation were enacted; regional strategies were developed as methods for building upon Oregon's key industries; and a Commission on Children and Families created county-based children and families commissions to develop and implement local strategies to progress toward the state-identified benchmarks. It is fully recognized that attaining the designated goals requires that statewide effort be directed not only at governmental agencies but also at businesses, communities, and localities.

As a result of the Oregon initiative, local communities have begun building models for service delivery on a smaller scale. For example, Multnomah County now integrates service delivery for primary care and has developed a local set of benchmarks.

Financing

Strategy

The Oregon initiative, with the exception of the creation of the Progress Board, does not require that new money be added to the budget, but rather attempts to redirect planning and budgeting according to outcomes rather than inputs.

Methods

The Oregon Progress Board's 1993-1995 biennial budget was approximately $800,000. Special funding has come from sources such as the Governor's Strategic Reserve Fund, which provided resources for an adult literacy assessment in 1990. Funds also have been received from outside sources, such as the Annie E. Casey Foundation's Kid's Count initiative for profiling the conditions of Oregon's children.

Evaluation

The Oregon Benchmarks will serve as outcome measures for the state and will require the state to be accountable to its citizens. The measure of progress toward meeting benchmark targets is a biennial evaluation of improvement.

Benchmark data are based on varying sources such as federal and state statistical information, sample surveys, and the judgment of experts in particular fields. The Progress Board has tried to base the benchmarks on existing information, but where necessary, the Board collects new information.

An evaluation of the Oregon Benchmarks was conducted in June 1994 by Harry Hatry of the Urban Institute and John Kirlin of the University of Southern California. This evaluation was based on published and written materials on the Oregon Benchmarks initiative as well as interviews with state and local government officials. Recommendations for alterations in the benchmark initiative were presented by both evaluators.

Contacts

Duncan Wyse
Executive Director
Oregon Progress Board
775 Summer Street, NE
Salem, OR 97310
(503) 986-0033
(503) 581-5115 Fax

Tim Houchen
Senior Policy Analyst
Oregon Progress Board
775 Summer Street, NE
Salem, OR 97310
(503) 986-0031
(503) 581-5115 Fax

PARENT SERVICES PROJECT

Parent Services Project, Inc. (PSP) was initiated in 1980 to promote child care centers to becoming family care centers. By the end of 1994, it was operating in 300 sites and serving almost 15,000 families in California, Florida, Georgia, Delaware, and Mississippi. PSP offers both child care programs and parent support services. PSP sites create partnerships of staff and parents who develop a menu of parent support services that reflect the needs and interests of the parents at each site. PSP is replicated in child care centers, family child care homes, teen parent programs, public schools, and Head Start sites.

PSP services include family outings, leadership opportunities for parents, stress-reduction workshops, parenting and vocational education, male involvement activities, camping, parent break times, and sick-child care, among other services.

PSP applies for grants to do training and follow-up, including program implementation money that permits local sites to set up programs and then raise additional funds. PSP initially provides significant support to the sites that have projects. However, the staff and parents at the local sites ultimately assume the role of operating the program. In 1989, PSP incorporated and broadened its mission to include program replication, social change and advocacy efforts, and education and information services.

PSP is governed by a Board of Directors, composed of about ten people representing programs and the community. Each local site is overseen by a Parent Leadership Committee that has a membership determined by the site. The committees vary in size from four to 21 members. Each site has a staff member who, with the Parent Leadership Committee, coordinates the implementation of the menu of services that the site develops.

Financing

Strategy

PSP was initiated in the San Francisco Bay area in 1980 by the Zellerbach Family Fund and the San Francisco Foundation as a public/private partnership.

PSP secures program implementation funds of approximately $2,220 for each new site. This may cover staff stipends, child care, respite care, and some activities. Besides the initial start-up money, each site has a budget of between $2,000 and $40,000 annually, usually related to the size of the site. Each local site does its own fund-raising and generally draws on local social clubs (e.g., Elks and Rotary), corporate giving, fund-raisers, local foundations, and small grants from cities and towns.

PSP has calculated that if it were to cost out all of the services needed to do an adequate job of serving families, this would amount to $400 a family per year. This would include a project coordinator's salary, stipends to support a parent coordinator at each site where it is appropriate, family activities, parent classes, respite care, supplies, telephone and postage, and local travel. Currently, however, PSP does not spend this full amount per participating family.

Methods

The national PSP has a fiscal year 1995 annual budget of $252,103.

Evaluation

Qualitative evaluation reports are prepared annually.

A study of PSP's cost-effectiveness was conducted in 1985 by Paul Harder of the URSA Institute, San Francisco. This evaluation focused only on the PSP model in operation in the Bay Area. The study estimated that the annual net cost savings to the state of California for every family served by a PSP site would be approximately $415 in crisis intervention, social service, mental health treatment, and health care costs. This amount is an estimate based only on short-term costs and not the long-term costs of having a family placed in a stressful or vulnerable situation, thus needing to access a variety of costly resources.

In 1988, the results of a three-year evaluation of the PSP services were released. This study was completed by Alan Stein and Associates and funded by the San Francisco Foundation and the Marin Community Foundation. The evaluation measured results in eight PSP agencies operating in 20 service sites by selecting a total of 169 parents for interviews to determine whether PSP activities act as a buffer against stress and prevented or reduced negative family results. A control group consisted of 86 similar parents at 15 non-PSP child care centers. The study found that the program had positive short- and long-term success, primarily due to its role in reducing stress and improving confidence levels and competence in parents, thereby improving relationships with children and improving mental health in families at large.

Contact

Ethel Seiderman
Executive Director
Parent Services Project, Inc.
199 Porteous Ave.
Fairfax, CA 94930
(415) 454-1870
(415) 454-1752 Fax

PENNSYLVANIA FAMILY CENTERS

Pennsylvania Family Centers grew from collaboration among the secretaries of Education, Health, and Public Welfare, who were in 1993 charged with creating a new level of integration, coordination, and enhancement of services for children. Family Centers met the objectives by merging education, health, welfare, and employment services with a long-term goal of empowering families to help themselves.

Family Centers are developed through community collaboration, in which all members of the community join as partners to identify and achieve a vision. The goal of the Centers is seamless service delivery, in which repetition and duplication will be replaced with easy accessibility, prevention, and early intervention for children and their families. There are 48 Centers, 26 of which were originally funded as child development centers before becoming more comprehensive. The Centers serve an estimated 15,000 clients.

The five program objectives are: to promote positive child development through effective parenting, early intervention and outreach services; to support and preserve the family unit as the foundation for success for children; to ensure healthy development and health care services for children; to provide a seamless, comprehensive, and easily accessed network of services for families; and to encourage economic self-sufficiency for families through adult education, training, and employment.

Centers are generally school-based or school-linked. While they are not intended to be the providers of all services, they are a comprehensive source of information and support about services available in the community. The child development component of the Centers uses the Missouri Parents as Teachers model.

At the state level, the Children's Cabinet, composed of the secretaries of Health, Education, and Public Welfare and a part of the governor's office, oversees the Centers. Under the Cabinet is the Children's Coalition, composed of bureau directors and deputies of state programs that affect children. The Children's Coalition looks at the broad cooperation among the participating agencies. Under the Coalition is the Steering Committee, composed of division chiefs and coordinators responsible for the state programs that affect children. The Steering Committee is the operational committee that makes sure collaboration is occurring. At the local level, Community Governing Boards, a required component of the Family Centers, oversee the development of the Centers. The Boards are required to have representatives from the different agencies and programs, and at least 25 percent parents. While these Boards do not handle fiduciary matters, they are responsible for strategic planning and operational matters. The local education agencies or the boards of county commissioners have fiduciary responsibility for the Centers.

Financing

Strategy

Family Centers are funded through a combination of federal and state funds, with a local match (funding or in-kind). Private funds are not leveraged at the state level, but may be leveraged at the local sites.

Each site is awarded approximately $200,000 annually, which provides for staff support, materials, and equipment. There is no requisite percentage of match, but a match is required. Part of the application and renewal applications must illustrate how effective the local site has been in getting cash and in-kind support. The state expects that the percentage of the local match will continually increase so that, in time, each local site will be self-sufficient.

Methods

Family Centers have a total 1994-1995 budget of approximately $10.2 million. Federal funds make up $6.1 million of this, which includes $4.9 million from the Child Care and Development Block Grant and $1.2 million from Family Preservation and Support Funds. The state line item for Family Centers, $4.1 million in 1995-1996, makes up the rest of the funding for the Family Centers.

Evaluation

Applications for establishment of Family Centers require knowledge about the needs and projected outcomes for the community. Therefore, a needs assessment is the critical first step in the development of a Family Center.

Family Centers are being evaluated through the Center for Schools and Communities to measure outcomes for families, the community, and the service delivery system and to support the continued development of the initiative. The evaluation, to be released in 1995, took place over two years.

The Center is conducting on-going evaluations that are mainly descriptive. The information generated is being used for a state-level reporting system. The Heinz Foundation funded the Human Services Research Institute to conduct a two-year outcomes evaluation (including the development of the methodology). It is hoped that that the evaluation results will allow the localities to conduct their own self-assessment and that the evaluation will continue beyond June 1996, when it will be published.

Contacts

General:
Randall Bauer
Chief, Division of Early Childhood and Family Education
Pennsylvania Department of Education
5th Floor
333 Market Street
Harrisburg, PA 17126-0333
(717) 772-2813
(717) 787-6824 Fax

Evaluations:
Lynn Cromley
Acting Director
Center for Schools and Communities
1300 Market Street, Suite 301
Lemoyne, PA 17043
(717) 763-1661
(717) 763-2083 Fax

SCHOOL BASED YOUTH SERVICES PROGRAM

New Jersey's School Based Youth Services Program (SBYSP), a school-linked service delivery project targeting the 13- to 19-year-old population, was implemented in 1988. Its creation was intended to provide adolescents with educational opportunities and skills that would lead to employment or additional education and to aid youth in leading mentally and physically healthy and drug-free lives. SBYSP operates in 30 school districts with at least one site per county. Services include health care, mental health and family counseling, job and employment training, and substance abuse counseling. Some sites also offer recreation, information and referral services, teen parenting education, transportation, day care, tutoring, family planning, and hot lines.

Services were initially provided in or near secondary schools with all services provided at a single site. The program has now expanded beyond the 30 original high school sites into 12 elementary and middle schools. These 12 schools feed into the high schools.

SBYSP was introduced by Governor Kean, to be overseen by the Department of Human Services. The original sites were competitively selected from 67 school/community coalitions that applied through a request for proposals process.

Financing

Strategy

The commissioner of the Department of Human Services, a former program officer at the Robert Wood Johnson Foundation, was very aware of the need for teen clinics within high schools. He was given a mandate to develop a program that would garner national attention for the governor. With his background knowledge of youth programs, and knowing the governor's keen interest in education and children's issues, the commissioner developed the state program in time for the governor's state-of-the-state address in January 1987. Due to the strong executive support from its inception, SBYSP began and has remained a budgetary line item.

Methods

SBYSP was initially funded through an appropriation of $6 million granted by the New Jersey legislature in 1987. Of this $6 million, each site receives between $200,000 and $260,000 annually, with an average of approximately $225,000. The specific amount is determined by the original negotiated contract rather than by the size of the student population. The program's ideal expenditure would be approximately $200 per student. With average expenditures of $225,000, only schools with a population of approximately 1,200 or less are served to the desired extent.

In 1990, Governor Florio announced a $500,000 increase in the budget for program expansion. This additional $500,000 allowed for expansion into some middle schools and elementary schools. While the funding source is relatively stable (a line item in the state

budget flowing through the Department of Human Services), funding has not increased predictably either annually or for expansion purposes.

Local sites have attempted to use Medicaid and public health funds to provide services. Grants are also used to support the program, including a federal "Youth 2000" grant procured by the Department of Human Services to help pay for technical assistance.

There is a local match requirement of 25 percent for each site, which can be met through in-kind services or direct contributions.

Evaluation

Need for the program was documented through compiled statistics on the state of New Jersey's youth, including teen dropout, pregnancy, attendance, unemployment, and crime rates.

Two sets of evaluations have been conducted. A teen pregnancy program was evaluated in May 1994 by representatives of the National Committee for Prevention of Child Abuse and Phillibar Research Associates. A comparison of the New Brunswick and Bridgeton SBYSPs was completed in August 1993 and presented to the New Jersey Department of Human Services. This comparison relied on interviews with students and teachers to evaluate whether SBYSP is meeting its goals.

The Annie E. Casey Foundation has agreed to fund a three-year evaluation which will begin in June 1995. A new data collection system also was instituted which will help with evaluations.

Although a cost-benefit analysis has not been conducted, the director of SBYSP commented that the program pays for itself based on the calculation that it spends less than $200 per child annually while jailing a child costs $20,000-$30,000. "As long as the program keeps 10-15 children out of prison, it is paying for itself."

Contact

Roberta Knowlton
Director
New Jersey School Based Youth Services Program
222 South Warren Street, CN700
Trenton, NJ 08625-7816
(609) 292-7816
(609) 984-7380 Fax

SUCCESS BY 6 ®

Success By 6 is a United Way initiative that aims to ensure that all children are prepared to learn when they reach school by helping them develop physically, mentally, socially, and emotionally. As part of this goal, Success By 6 works to promote children's health from birth. The initiative also aims to promote the nurturing of children by increasing the availability of informed parents or caregivers and access to quality preschool services. One of the strategies of Success By 6 is to have community organizations, both public and private, work jointly and comprehensively.

The initiative began in January 1988 in the Minneapolis area as a multi-sector collaborative partnership under the leadership of the United Way of Minneapolis Area (UWMA). It has now been used as a model in over 125 other United Way locations.

Minneapolis is considered the model of the Success By 6 concept. It is directed by a Management Committee consisting of community leaders representing business, government, labor, the non-profit sector, education, and health and human services agencies. This group works together to make sure children get what they need to succeed. Success By 6 accomplishes its goals by focusing the community's energy and resources on three areas: educating people about the crisis that children face and encouraging them to make a commitment to helping all children succeed (this includes both public education and lobbying); helping parents get the health and human services they need; and, building partnerships with individuals and groups who work with children and families, making sure they are sensitive to people's diverse backgrounds and cultures.

The Northeast Nashville Family Resource Center is part of the Success By 6 initiative in Nashville. The Center targets pregnant women and infants to ensure that children are born and remain healthy and are ready to succeed in school by age six. Through collaborative partnerships, the Center offers "one-stop shopping," including health care services, a family learning center, parent education classes, case management, child care, literacy, housing, transportation, and help in accessing social services. The initiative is governed by an eight-member Steering Committee made up of the directors of the main metro agencies involved, each paired with a neighborhood resident. There is also a 21-member Advisory Council, the majority of whom must be local residents.

The United Way of America, through its national children's initiative, the Mobilization for America's Children, works in partnership with UWMA to help local United Ways replicate the Minneapolis model by providing training and workshops, consultation and technical assistance, resource materials, and on-site presentations about Success By 6.

Financing

Strategy

Success By 6 in Minneapolis has received United Way funds and employee time. Funding for special Success By 6 projects has come from Honeywell and Children's Hospital. In addition, projects have partnered with government and private agencies so that a large amount of

money is not needed, but resources that already exist are better utilized in a collaborative manner.

The Northeast Nashville Family Resource Center is a public/private partnership among residents of northeast Nashville, government, and service agencies, and receives financial support from the business community. Specifically, United Way has provided $250,000 to fund several positions.

Methods

In Minneapolis, the Success By 6 budget for 1990 was $450,000.

Evaluation

Minneapolis cites the following accomplishments: changed public policy--particularly in the legislature's support of school readiness, expansion of state preschool health and developmental screening, increased numbers of mothers getting prenatal care, easier access to services (e.g., transportation), more educated parents; and others. A more formal evaluation is planned that will assess the achievement of Success By 6's goals, specifically the coordination of services, expansion and improvement of services, improvement of the public's awareness of the issues, reduction of targeted barriers, and success of specific strategies.

An evaluation model, used in Nashville, has three components: a process study, an implementation study, and an outcomes study that will include both short- and long-term outcomes.

Contact

Karen Smiley
Manager, Success By 6 National Replication Center
Mobilization for America's Children
701 North Fairfax Street
Alexandria, VA 22314-2045
(703) 836-7112, ext. 516
(703) 549-9152 Fax

TENNESSEE CHILDREN'S PLAN

The Tennessee Children's Plan, announced in 1991, was developed with the assistance of a consultant funded by the Annie E. Casey and Edna McConnell Clark foundations. The Plan consolidates funding to serve the 12,000 children in state custody as well as those at risk of being put in state custody. The Plan consolidates all contracting for residential services for children.

The Children's Plan is spearheaded by the commissioner of Finance and Administration. However, the Plan includes the Departments of Finance and Administration (including the Office of Children's Services Administration), Education, Health, Youth Development, Mental Health and Mental Retardation, and Human Services.

The only part of the Children's Plan which is statutory is the budget authorization, which allows for redirection of funds to the Plan budget. However, there is strong gubernatorial and legislative support for the Plan and in June 1994 the governor issued an Executive Order to establish the Plan officially.

Part of the Children's Plan initiative involves the creation of regional Assessment and Care Coordination Teams (ACCTs). These teams assess the needs of all children in state custody as well as at-risk children referred from the juvenile court system and other departments serving children. They further monitor care through case management and are responsible for brokering prevention and reunification services in their regions. For this reason, flexible funds are granted to each ACCT. The first teams were developed in February 1992. In August 1993, the 14th and final team was phased in.

Financing

Strategy

Major funding stems from redirection of state funds (with no increase in funding) and an increased reimbursement of federal funds (federal reimbursements have more than doubled). However, it is believed that the investment in prevention made by the state will provide savings that can then be reinvested in additional prevention and intervention programs.

The funding strategy has been greatly influenced by Tennessee's health care reform initiative, TennCare. As part of this reform, Tennessee has used a federal waiver to capitate Medicaid rates and use funding for managed care.

Methods

The current budget for the Plan is approximately $344 million, $115 million of which flows through TennCare as Medicaid dollars, the rest of which is redirected state funds and Title IV-A and IV-E reimbursements. With the exception of improvement funding and Medicaid match funding growth, there are no new state funds associated with the initiative.

The Children's Plan appears as a separate allotment in the state budget, which is administered through the Department of Finance and Administration.

Evaluation

Historically, the management information systems (MIS) of the state had not been efficient in data collection. Therefore, a baseline survey conducted in 1991 that measured the status of children in custody was the first information gathered of its kind. An updated information system also will be implemented that will combine child files, vendor files, and database files to create a more systematic, effective financial system.

The Commission on Children and Youth, an independent advocacy agency, is responsible for the Children's Plan Outcome Review Team (C-PORT), which conducts on-going evaluations of the initiative at large. The first full set of case reviews for the C-PORT project were completed in December 1994. Evaluations consist of material from interviews of children, parents, ACCT and custodial case workers, foster parents or care givers, and teachers. Individual program evaluations are also conducted by agencies affiliated with the Plan on an on-going basis. The University of Tennessee has received grants from Plan agencies to do some of these evaluations as well as from the federal Department of Health and Human Services to do ACCT evaluations.

Contact

Paul VanDerMeer
Director, Program Division
Children's Services Administration
Department of Finance and Administration
17th Floor, Polk Building
505 Deaderick Street
Nashville, TN 37243
(615) 741-7451
(615) 741-6177 Fax

UNITED NEIGHBORHOOD HOUSES OF NEW YORK

United Neighborhood Houses (UNH) of New York, Inc., founded in 1919, is a non-profit umbrella organization that provides support to 37 settlement houses in New York City. Settlement houses provide comprehensive programs and activities to people of all ages and backgrounds; they focus on the whole family while emphasizing long-term support and prevention and empowerment of individuals and their communities. Programs are designed to meet the changing needs of communities.

New York's settlement houses operate in more than 251 locations, with over 10,000 employees and volunteers running 500 programs and activities that reach approximately 500,000 New Yorkers each year. Programs offered include child and youth development, day care, employment and training, health care, drug abuse prevention, housing, parent training, recreation, seniors' activities, and the arts.

UNH works with member settlement houses to strengthen families and improve neighborhoods throughout the city through social policy advocacy, public education efforts, a clear voice and channel for collective action, management and technical assistance, and expansion of services. Its priorities are to improve the settlements' capacity to provide comprehensive services, to increase the ability of legislators and policy makers to recognize the significance of settlements within their communities, and to secure flexible funding. It also helps to strengthen management skills, train staff, improve fiscal systems and computerization, identify potential funding sources, help with grant writing, support the development of the Board of Directors, and replicate programs.

UNH's Board of Directors, responsible for the development and direction of UNH, is primarily composed of individuals who are employed in the public sector.

Financing

Strategy

Settlement houses were originally supported through charity and private funds. In 1995, 85 percent of their budgets came from federal, state, and local governments, with the City of New York being the primary funder. The other 15 percent of the budget is from private donations, fees, and individual gifts. UNH is supported by numerous corporations and foundations.

Methods

The total annual UNH budget is $2.6 million. The total combined budget for all the settlement houses is $200 million, with individual settlement house budgets ranging from $300,000 to $26 million, and each house having multiple funding sources.

Evaluation

The Ford Foundation has provided funding for program assessment and systematic change. This is a multi-year initiative that is divided into six phases: assess settlement realities, set the

stage for change, integrate and improve service delivery, transfer models, build new models, and expand capacity for reform.

Initial results indicate that settlement houses are efficiently administered and are "uniquely positioned" to address the needs of inner-city children and their families by providing neighborhood-based comprehensive and integrated human services. However, the first phase also revealed that categorical funding streams are creating artificial barriers among programs.

Contact

Emily Menlo Marks
Executive Director
United Neighborhood Houses of New York, Inc.
475 Park Avenue South, 6th Floor
New York, NY 10016
(212) 481-5570
(212) 481-5582 Fax

UPLIFT

UPLIFT, Inc., was formed in February 1991 out of the merging of Project Uplift and Early Childhood Initiative. Its mission is to promote the health and well-being of children, families, and communities by forging partnerships that build on the strengths of all segments of the community. UPLIFT, Inc., a North Carolina project, is composed of four initiatives: Project Uplift, the Comprehensive Child Development Program (CCDP), a training and technical assistance division, and the North Carolina Clearinghouse for Family Support and Empowerment.

Project Uplift began as a demonstration project in 1987 to work with families in Ray Warren Homes, a public housing community in Greensboro, North Carolina. Operated through Project Uplift are the Child Development Center, a full-day child development program for four-year-old children, which follows the High-Scope curriculum and offers health screenings and referrals for enrolled children; and the Family Resource Center, which offers adult education and job training, transportation, child care, parenting education, nutrition services, health care, and social and emotional development programs. Project Uplift offers programs such as MOTHEREAD, a North Carolina-based literacy program that helps develop the reading skills of mothers by encouraging them to read to their children.

CCDP is one of 35 federally funded research initiatives that provides child care development and family support assistance to low-income families.

The North Carolina Clearinghouse for Family Support and Empowerment and UPLIFT's training and technical assistance seek to share the lesson that UPLIFT and other organizations have learned in their work with families and young children.

Financing

Strategy

Project Uplift is funded through a Homeless Family Support Center Grant from the U.S. Department of Health and Human Services. The North Carolina Clearinghouse for Family Empowerment and UPLIFT's training and technical assistance division are funded by a grant form the North Carolina General Assembly.

Methods

The 1995 annual budget is $3,169,000.

Evaluation

Dr. David Kurtz, of the University of Georgia, on behalf of The Z. Smith Reynolds Foundation, completed a qualitative analysis of the organization. It was determined that UPLIFT is well grounded and genuine.

Contact

Randy Johnston
Director
UPLIFT, Inc.
P.O. Box 222
Greensboro, NC 27402
(910) 333-2222
(910) 333-2229 Fax

REFERENCES

James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss, eds. *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts.* New York: Roundtable on Comprehensive Community Initiatives for Children and Families of the Aspen Institute, 1995.

Ira M. Cutler. *The Role of Finance Reform in Comprehensive Service Initiatives.* Washington, DC: The Finance Project, 1994.

Frank Farrow and Charles Bruner. *Getting to the Bottom Line: State and Community Financing Strategies for Financing Comprehensive Community Service Systems.* Falls Church, VA: National Center for Service Integration, 1993.

General Accounting Office. *Community Development: Comprehensive Approaches Address Multiple Needs but Are Challenging to Implement.* Washington, DC: GAO, 1995.

Richard Hoefer. "A Good Story, Well Told: Rules for Evaluating Human Services Programs," *Social Work* 39 (1994): 233-236.

Sharon L. Kagan with Peter R. Neville. *Integrating Human Services: Understanding the Past to Shape the Future.* New Haven, CT: Yale University Press, 1993.

H.M. Levin. "The Building Blocks of a Cost-Effectiveness Analysis of Integrated Services for At-risk Children and Youth." Prepared for Project on the Study of Integrated Services for Children and Youth At-risk sponsored by the Center for Educational Research and Innovation of the Organization for Economic Cooperation and Development, October 4, 1994.

Carolyn Marzke, Deborah Both, and James Focht. *Information Systems to Support Comprehensive Human Services Delivery: Emerging Approaches, Issues, and Opportunities.* Falls Church, VA: National Center for Service Integration, 1994.

Linda McCart. *Changing Systems for Children and Families.* Washington DC: National Governors' Association, 1993.

National Commission on Children. *Beyond Rhetoric: A New American Agenda for Children and Families.* Washington, DC: National Commission on Children, 1991.

Ann Rosewater. *Comprehensive Approaches for Children and Families: A Philanthropic Perspective.* Washington, DC: Grantmakers for Children, Youth & Families, 1992.

Lisbeth B. Schorr with Daniel Schorr. *Within Our Reach: Breaking the Cycle of Disadvantage.* New York: Doubleday, 1988.

Rochelle L. Stanfield. "The New Fixation of Federalism," *National Journal,* (27) 4: 260.

Rebecca Stone, "Evaluating Comprehensive Community-building Initiatives: Musings from the May NCBN Meeting in Chicago," *Handsnet* 17 (June-1994).

Carol Hirschon Weiss. "Evaluating Social Programs: What Have We Learned?" *Society* (November/December 1937): 40-45.

Heather B. Weiss and Francine H. Jacobs, eds. *Evaluating Family Programs.* New York: Aldine De Gruyter, 1988.

The White House. *Comprehensive Strategies for Children and Families: The Role of Schools and Community-Based Organizations.* Washington, DC: The White House, 1994.

Joan Wynn, Joan Costello, Robert Halpern, and Harold Richman. *Children, Families, and Communities: A New Approach to Social Services*. Chicago: Chapin Hall Center for Children at the University of Chicago, 1994.

United States Department of Health and Human Services. Region IX Case Study: *Systems Change*. Prepared by the Urban Strategies Council, October 1994.

Wingspread Conference: Going to Scale with a Comprehensive Services Strategy. Falls Church, VA: National Center for Service Integration, 1993.

Nancy Young, Sid Gardner, Soraya Coley, Lisbeth Schorr, and Charles Bruner. *Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms*. Falls Church, VA: National Center for Service Integration, 1994.

APPENDIX I: Methodology

An initial search identified more than 500 comprehensive community-based initiatives across the country. These initiatives vary dramatically in form and content, and are at different stages of development. Because it was not feasible to review all of these initiatives in detail, this compendium contains a representative sampling. It began with a literature review relating to the evolution and current status of comprehensive, community-based initiatives, and informal conversations with a number of policy experts and providers to identify existing initiatives that should be candidates for inclusion.

Initiatives that were selected for inclusion have a minimum of the following:

- Provision or facilitation of integrated (more than two) services (i.e., if initiatives do not provide services directly, they may facilitate the referral process so that clients have easier access to the maze of available programs and supports for which they qualify);
- Innovative financing strategies;
- Techniques or progress in evaluations (they must either have been evaluated or have an evaluation plan in place); and
- Local-level involvement in planning, implementation, or both.

In addition, an attempt was made to select initiatives that represented a range of :

- Funding sources (i.e., the range of combinations of public, private, and other funding sources); and
- Geographical locales (i.e., rural and urban areas, and states and localities from all regions of the country).

Initiatives of significant historical importance also are included because of their longevity, progress, and/or role as models for other initiatives. Although selection was not limited to initiatives serving "disadvantaged" populations, most do, in fact, serve populations that are economically in need or that have some other type of special need.

After the initiatives were selected for inclusion, information was gathered through a number of different sources:

- Descriptive information about the initiative;
- Evaluations conducted by or for the initiatives (where applicable); and
- Phone conversations with individuals associated with the initiatives (e.g., both those listed as contacts and others), and outside evaluators to follow up on the information gathered from print materials.

Profiles of the initiatives were drafted, paying particular attention to strategy and methods of financing and to evaluation methodology and findings concerning costs, effects, and effectiveness. These profiles were reviewed by representatives of the initiatives and revised in response to their comments and corrections.

APPENDIX II: Selected Sources for the Review of the Initiatives

General Information

Kathy Goetz and Shelley Peck, eds. *The Basics of Family Support: A Guide for State Planners (and Others).* Chicago, IL: Family Resource Coalition, 1994.

Learning Readiness: Promising Strategies. Washington, DC: U.S. Department of Health and Human Services, 1993.

Link-Up: A Resource Directory -- Interagency Collaborations to Help Children Achieve. Alexandria, VA: National School Boards Association, 1991.

Atelia I. Melaville, Martin J. Blank, and Gelareh Asayesh. *Together We Can: A Guide for Crafting Profamily System of Education and Human Services.* Washington, DC: U.S. Department of Education, 1993.

"School Linked Services" *The Future of Children* 2 (Spring 1992) 1. Los Altos, CA: The Center for the Future of Children.

The Unfinished Agenda: A New Vision for Child Development and Education. New York: Committee for Economic Development, 1991.

Agenda for Children Tomorrow

ACT brochures and pamphlets.

Progress Report, July 1992-September 1994.

The Atlanta Project

Atlanta Project: Economic Development. Pamphlet.

Atlanta Project: An Evaluation of the Immunization/Children's Health Initiative. By Michael W. Giles. October 1993.

Atlanta Project Summary. December 1993.

The America Project /Atlanta Project. By Shepard Barbash.

The New War on Poverty: Poverty and Power. By James Jennings.

TAP Line. Fall 1994 issue.

Avance

AVANCE Evaluation Experience.

Avance-Rio Grande Valley: Annual Progress Report Addendum Evaluation Findings. August 31, 1994.

Carnegie Quarterly. Volume 39, Spring 1994.

Executive Summary of a Final Report of an Evaluation of the AVANCE Parent Education and Family Support Program.

Final Report: PROJECT CAN PREVENT/ Avance-San Antonio, Inc.

"Focus on Parents," Education Week. October 19, 1994.

Needs Assessment Survey: PROJECT CAN PREVENT/Avance-San Antonio, Inc. June 1983.

California's Assembly Bill 1741

AB 1741 Application materials. State of California Health and Welfare Agency.

Caring Communities Program

An Evaluation of the Caring Communities Program at Walbridge Elementary School. May 1994.

Center for Family Life in Sunset Park

The Center for Family Life and The Sunset Park Community. By Ethel Sheffer.

Center for Family Life in Sunset Park information pamphlet.

Learning Readiness. Center for Family Life In Sunset Park.

A Progress Report: 1993.

Center for Successful Child Development

The Beethoven Project: Executive Summary. May 1993.

The Beethoven Project: Summary and Retrospective Analysis of the First Five Years of the Center for Successful Child Development. The Ounce of Prevention Fund, 1995.

Partners For Change: The Ounce of Prevention Annual Report. 1992-1993.

Chicago Commons

Chicago Commons West Humboldt Employment Training Center information packet.

The Chicago Initiative

Citywide Initiative Summary. The Chicago Initiative.

Working Toward Citywide Collaboration: Frontline Perspectives on The Chicago Initiative and Recommendations for the Future.

Child Welfare Decategorization Project (Scott County)

DHS Staff Decategorization Plan.

FY 1994 Cluster Plan. Scott County.

Scott County Decategorization Project Progress Report: July 1992-June 1993

Scott County Decategorization Project Progress Report: July 1991-June 1992

Scott County Decategorization Project Progress Report: July 1989-June 1990

Task Forces Summary. Scott County.

Children, Youth and Families Initiative

Annual Report May 1994. The Children, Youth and Families Initiative.

Annual Report May 1995. The Children, Youth and Families Initiative.

Children, Families, and Communities: A New Approach to Social Services. Chicago, IL: Chapin Hall Center for Children.

The Children, Youth and Families Initiative. The Chicago Community Trust, 1991.

Enhancing the Lives of Children, Families, and Communities: A Framework and Early Lessons from a Current Initiative. By Joan Wynn, Sheila Merry, and Patricia Berg. November 1994.

Promoting the Development of Children, Families, and Communities: A New Approach to Social Services. By Joan Wynn. October 1993.

A summary of the grants. Children, Youth and Families.

Cities In Schools/Communities In Schools

Cities In Schools Network News. Fall 1994.

Evaluation of the Communities in Schools Houston Drop-out Prevention Program in Three Inner City Elementary Schools.

Learning Readiness: Promising Strategies. The U.S. Department of Health and Human Services.

MIS Manual: 1993-1994. Communities in Schools Houston, Inc.

The News and Observer. October 26, 1993.

1993 Annual Report. Cities In Schools, Inc.

Putting The Pieces Together: Texas Business and Dropout Prevention. By the Texas Research League.

Cleveland Works

Cleveland Works...And How. Cleveland Works 1994 manual.

Cleveland Works informational pamphlets.

Community Building in Partnership -- Sandtown-Winchester, Baltimore

Community Building In Partnership/Sandtown-Winchester, Baltimore Manual.

Community Building in Partnership -- The Enterprise Foundation information letter.

Sandtown-Winchester Information packet.

Community Schools, Intermediate School 218

Building A Community School: A Revolutionary Design In Public Education. The Children's Aid Society.

An Interim Evaluative Report Concerning A Collaboration Between the Children's Aid Society, New York City Board of Education, Community School District 6, and the I.S. 218 -- Salome Urena De Henriquez School. By Esther Robison. March 1993.

1994 Annual Report. The Children's Aid Society.

A Unique Partnership: The Story of a Community School. By Edgar Koerner.

"Working in Harmony: A Community School Supports the Whole Family," Education Week. March 23, 1994.

Comprehensive Child Development Program

Comprehensive Child Development Program: Interim Report to Congress/ Executive Summary. May 6, 1994.

Comprehensive Community Revitalization Program

CCRP: A Demonstration In The South Bronx.

CCRP Two Year Report: 1992 and 1993.

First Annual Report: CCRP. March 1994.

Comprehensive Services Act

Comprehensive Services Act for At Risk Youth and Families: Implementation Manual. May 17, 1993.

Comprehensive Services Act for At Risk Youth and Families: A Report to the Governor and General Assembly. December 1992.

Delaware State Service Centers

Division of State Service Centers: Facilities and Services Overview. Delaware Health and Social Services. 1994.

Executive Summary: Client Satisfaction Survey Results. Division of State Service Centers. May 1990.

Executive Summary: Client Satisfaction Survey Results. Division of State Service Centers. September 1994.

Family Services Partnership informational handout.

Early Childhood Development & Parent Education Program

For Parents' Sake: A Survival Kit for Parents and Kids, Volume I -- Knowing What To Expect.

For Parents' Sake: A Survival Kit for Parents and Kids, Volume II -- Tips for Parents.

1993 Annual Report. Oklahoma State Department of Health Child Guidance Service.

Parent Education: Its Effectiveness in Child Abuse Prevention. By David Strawn and Gerald Doeksen.

Early Childhood Family Education

Changing Times, Changing Families: Parent Outcome Interview Study Summary. Minnesota Department of Education. March 1992.

Fact Sheet: Current Legislation Related to Early Childhood Family Education. July 1993.

Fact Sheet: Types of Direct Service Offered in Early Childhood Family Education Programs.

"History of Minnesota Early Childhood Family Education Program Development," Community Education Journal, Volume XV, No. 2. January 1988.

Home Visiting 1993 Fact Sheet. Early Childhood Family Education.

Home Visiting 1994 Fact Sheet. Early Childhood Family Education.

Summary of 1994 Legislation Related to Early Childhood Family Education and/ or Learning Readiness.

El Puente

"A Bridge from Hope to Social Action," *New York Times*, May 23, 1995, p. A1. By David Gonzalez.

El Puente Academy for Peace and Justice: A Case Study of Building Social Capital. Prepared for The Kettering Foundation. By Sharon Ramirez and Tom Dewar. Rainbow Research: Minneapolis, MN. January 20, 1995.

Family Development Program

Families and Services: A New Connection. By William K. Medlin.

Family Development Program at the University of New Mexico: La Escuela Alegre -- The Story of a Community Preschool.

Summary Report: Evaluation of the Early Childhood and Family Education Program. Early Childhood and Family Education Program. January 1991.

Family Focus

"Celebrating the Diversity of Families/Spring Gala." *Family Focus Magazine.*

Family Focus: Annual Report 1992-1993.

Family Focus informational brochures.

Family Focus Information Fact Sheet.

Living and Testing the Collaborative Process: A Case Study of Community-Based Services Integration -- Promoting Success in Zero to Three Services Project. By Virginia A. View and Kim J. Amos.

Parents Talk. Family Focus Magazine.

Philosophy and Mission Statement. Family Focus.

Family Investment Trust

Family Investment Trust Fact Sheet.

The Family Investment Trust Working Paper.

Outcomes-Based System Redesign. A memo from Betsy Martin to Phyllis Rozansky, Executive Director of the Family Investment Trust.

Family Resource Schools

Fact Sheet. Family Resource Schools.

Family Resource Schools: Second Year Evaluation. University of Colorado at Denver.

Florida Full Service Schools

Florida Full Service Schools Evaluative Report 1991-1992. Florida Department of Education.

Florida Full Service Schools Evaluative Report 1992-1993: A Collection of Formal Interagency Agreements. Florida Department of Education.

Florida Full Service Schools Concept Paper. April 1994.

Medicaid Services Provided in Florida Schools. Agency for Health Care Administration/Medicaid Program Office. July 1994.

The 1992-1993 Evaluative Report and the Future. The Evaluation of Florida's Full Service Schools.

Governor's Cabinet on Children and Families

Annual Report to the Legislature. Governor's Cabinet on Children and Families. March 1993.

Legislative Findings and Statement of Purpose. Governor's Cabinet on Children and Families.

Hawaii's Healthy Start Family Support Systems

"Healthy Growth for Hawaii's " Healthy Start": Toward A Systematic Statewide Approach to the Prevention of Child Abuse and Neglect," *Zero to Three.* April 1991.

Healthy Start Report to the Sixteenth Legislature. State of Hawaii. 1992.

Outcomes for the Hawaii Healthy Start Program. 1992.

Rating Scale for Family Stress Checklist. Healthy Start.

Report to the Chairman. Subcommittee on Oversight of Government Management, Committee on Government Affairs, U.S. Senate. August 1992.

Healthy Start

California Partnership for Comprehensive, Integrated School-linked Services. Pamphlet.

California Senate Bill No. 620, Chapter 759.

California's Initiative for Comprehensive School-linked Services. Briefing Paper.

Collaborative Planning for School-linked Services: An Evaluation of California's Healthy Start Planning Grants. SRI International, February 1994.

A Healthy Start for California's Children and Families: Early Findings from a Statewide Evaluation of School-linked Services. SRI International, June 1994.

Implementing School-linked Services: A Process Evaluation of the First Year of California's Healthy Start Initiative. SRI International, February 1994.

SB 620 -- Healthy Start. Department of Education: Comprehensive School-linked Services Partnership information packet.

Home Instruction for Preschool Youngsters

Arkansas HIPPY informational brochure.

HIPPY informational brochure.

Fall 1994 Newsletter. HIPPY USA.

Launching A HIPPY Program: A Guide to Fund-Raising.

Woman's Day. September 22, 1992.

Kentucky Education Reform

Family Resource and Youth Services Centers Fact Sheet.

"Interagency Task Force on Family Resource and Youth Service Centers," The Journey. Winter 1993.

Implementation Evaluation of the Family Resource and Youth Service Centers: A Qualitative Analysis. By John Kalafat and Robert J. Illback. August 1993.

Implementation Evaluation of the Kentucky Family Resource and Youth Services Center Program: Qualitative Analyses – Year Two, 1994-95 School Year.

Kentucky Family Resource and Youth Services Centers: Solicitation of Proposals and Application Packet for New Grants. November 1993.

Plain Facts About Kentucky' s Education Dollars. Kentucky Department of Education. March 1994.

Refinancing in Kentucky: Expanding the Base for Family Resource and Youth Service Centers. The Center for the Study of Social Policy. January 1991.

Senate Bill Number 53. General Assembly, Commonwealth of Kentucky, Regular Session. 1994.

State Implementation Plan Handbook. Interagency Task Force, Kentucky Family Resource and Youth Services Centers.

Summary of Interim Evaluative Data. Family Resource and Youth Services Centers. December 1993.

Lafayette Courts Family Development Center

Putting It Together on Poverty: An Evaluation of the Implementation of the Lafayette Courts Family Development Center. The Institute for Policy Studies.

Steps Toward Independence: The Early Effects of The Lafayette Courts Family Development Center. Institute for Policy Studies.

Lincoln Intermediate Unit No. 12, Migrant Child Development Program

LIU No. 12 Day Care/Preschool/Kindergarten. Pamphlet.

Local Investment Commission

For Kids. Kansas City School Health Organization informational pamphlet.

Maryland's Tomorrow

Maryland's Tomorrow Evaluation - Year Two Final Report. February 1991.

Maryland's Tomorrow Evaluation - Year Three. January 1992.

Maryland's Tomorrow Evaluation - Year Four. February 1993.

Maryland's Tomorrow Evaluation - Year Five. October 1993.

Maryland's Tomorrow: Making A Difference. By Laura H. Salganik, Karen E. Banks, and Lori A. Burner. Institute for Policy Studies.

A Report To The Maryland General Assembly on the Maryland's Tomorrow High School Program. June 1994.

Maternal Infant Health Outreach Worker Project

Against the Odds: Parenting In Disadvantaged Communities. A Report to the Bernard Van Leer Foundation. November 1990.

Clear Start for Children. MIHOWP.

Final Technical Report. Maternal Infant Health Outreach Worker Project. 1983 - 1988.

Program Operations: Time Allocations and Cost Analysis. By Oscar Harkaway and James T. Bond.

Minnesota Milestones

Integrated Children's Budget. 1994-95 General Fund.

Kids Can't Wait -- Action for Minnesota's Children. A Report to the Governor and People of Minnesota from the Action for Children Commission. February 1992.

1993 Progress Report. Minnesota Milestones.

Prevention and Intervention Funding for Minnesota's Communities.

Public Review Draft. Minnesota Milestones. June 1992.

A Report for the Future. Minnesota Milestones. December 1992.

Neighborhood Based Alliance

Evaluation of the New York State Neighborhood-Based Initiative. First Year Report. 1993.

The Neighborhood-Based Alliance Draft Progress Report. January 1995.

New York-Based Alliance Strategic Neighborhood Action Plan Guidelines. March 1994.

New Beginnings

The Evaluation of New Beginnings: First Report. February 1994.

A Feasibility Study of Integrated Services for Children and Families. New Beginnings. Final Report. July 1990.

New Beginnings: Appendices to Final Report. July 1990.

New Futures -- Chatham County, Savannah

Annual Report 1992-1993. Chatham-Savannah Youth Futures Authority.

The 1993 Children's Profile. Chatham-Savannah Youth Futures Authority.

Savannah New Futures: Year Four Evaluation. October 1992.

New York City Beacons School-Based Community Centers

The Beacon Quarterly. December 1994.

Beacon pamphlets.

The City Beacon. Volume I, Issue 3, Fall 1994.

Mix Teen Magazine. Volume I, June 15,1994.

Oregon Benchmarks

Choices for Oregon's Future. 1995-97 Budget and Legislative Proposal Instructions.

Human Investment Partnership: Achieving Benchmarks for Exceptional People. Oregon Progress Board. November 1991.

"Making Progress Oregon Style," *The Oregonian.* April 11, 1994.

Oregon Benchmark Assessment Project: Summary of Recommendations by External Reviewers.

Oregon Benchmarks: Setting Measurable Standards for Progress. Report to 1991 Legislature.

Oregon Benchmarks: Setting Measurable Standards for Progress -- Public Review Draft. May 1990.

Oregon Literacy Survey: Measuring Adults' Functional Skills. Oregon Progress Board. May 1991.

The Oregon Option: A Proposed Model for Result-Driven Intergovernmental Service Delivery. July 1994.

Oregon Shines: An Economic Strategy for the Pacific Century. May 1989.

Oregon Values and Beliefs. Oregon Business Council Summary. May 1993.

Portland-Multnomah County Benchmarks: Standards for Measuring Community Progress and Government Performance. January 1994.

Standards for Measuring Statewide Progress and Government Performance. Report to the 1993 Legislature. Oregon Benchmarks.

Parent Services Project

An Analysis of the Potential Savings of State Funds Associated with the Parent Services Project. Submitted to the Zellerbach Family Fund. May 1985.

The Basics of Family Support: A Guide for State Planners (and Others). Kathy Goetz and Shelley Peck, eds.

Parent Services Project Evaluation: Final Report of Findings. December 1988.

Success of Parent Services. Findings of three-year Study of Parent Services Project.

Pennsylvania Family Centers

Family Centers: A New Way of Doing Business.

Family Centers Request for Application 1994-95. The Children's Cabinet, Commonwealth of Pennsylvania.

School Based Youth Services Program

Coming of Age in New Jersey: Today's Adolescents Face New and Complex Problems. New Jersey Department of Human Services.

An Evaluation of the Plainfield Teen Parenting Program/New Jersey Chapter. National Committee for Prevention of Child Abuse. May 1994.

Plainfield Teen Parenting. 1992 Annual Report. School Based Youth Services Program.

Program Evaluation of the New Brunswick and Bridgeton School-Based Youth Services Programs: Executive Report. August 1993.

School Based Youth Services Program - New Brunswick School District: End of Year Report for School Year 1992-1993.

Success By 6 ®

Evaluation Plan for Success By 6 Model Program. Vanderbilt Institute for Public Policy Studies. January 1993.

Facts Sheet. Northeast Nashville Family Resource Center.

Final Recommendations. Success by 6. September 1988.

1992 Evaluation Report -- Executive Summary. Success by 6.

Success by 6: The Early Days. By Charles Mundale.

Tennessee Children's Plan

Program Description: Tennessee Children's Plan.

United Neighborhood Houses of New York

108 Years and Looking Forward. UNH Settlement House Initiative. February 1995.

UNH Settlement House Initiative: A Public/Private Partnership to Create Integrated, Comprehensive, Neighborhood-Based Services for Children and Families. April 1993.

UPLIFT

Comprehensive Development Program. Fact sheet. UPLIFT.

Greensboro News & Record. November 13, 1991.

Project UPLIFT History. Fact sheet. 1987-92.

UPLIFT Newsletter: The First Five Years. April 1994.

UPLIFT UPDATE Newsletter. December 1991.

UPLIFT UPDATE Newsletter. March 1993.

UPLIFT UPDATE Newsletter. June 1993.

THE FINANCE PROJECT

The Finance Project is a national initiative to improve the effectiveness, efficiency, and equity of public financing for education and other children's services. With leadership and support from a consortium of private foundations, The Finance Project was established as an independent nonprofit organization, located in Washington, DC. Over a three-year period that began in January 1994, the project is undertaking an ambitious array of policy research and development activities, as well as policymaker forums and public education activities.

Specific activities are aimed at increasing knowledge and strengthening the nation's capability to implement promising strategies for generating public resources and improving public investments in children and their families, including:

- examining the ways in which governments at all levels finance public education and other supports and services for children (age 0-18) and their families;
- identifying and highlighting structural and regulatory barriers that impede the effectiveness of programs, institutions, and services, as well as other public investments, aimed at creating and sustaining the conditions and opportunities for children's successful growth and development;
- outlining the nature and characteristics of financing strategies and related structural and administrative arrangements that are important to support improvements in education and other children's services;
- identifying promising approaches for implementing these financing strategies at the federal, state and local levels and assessing their costs, benefits, and feasibility;
- highlighting the necessary steps and cost requirements of converting to new financing strategies; and
- strengthening intellectual, technical, and political capability to initiate major long-term reform and restructuring of public financing systems, as well as interim steps to overcome inefficiencies and inequities within current systems.

The Finance Project is expected to extend the work of many other organizations and blue-ribbon groups that have presented bold agendas for improving supports and services for children and families. It is creating the vision for a more rational approach to generating and investing public resources in education and other children's services. It is also developing policy options and tools to actively foster positive change through broad-based systemic reform, as well as more incremental steps to improve current financing systems.

RESOURCES FROM THE FINANCE PROJECT

Working Papers:

Compendium of Comprehensive, Community-Based Initiatives: A Look at Costs, Benefits, and Financing Strategies by Cheryl D. Hayes, Elise Lipoff and Anna E. Danegger (July 1995)

Rethinking Block Grants: Toward Improved Intergovernmental Financing for Education and Other Children's Services by Cheryl D. Hayes, with assistance from Anna E. Danegger (April 1995)

Securing Equal Educational Opportunities: Past Efforts and the Challenges Ahead by Alexandra Tan and Martin Orland (February 1995)

Reform Options for the Intergovernmental Funding System: Decategorization Policy Issues by Sid Gardner (December 1994)

School Finance Litigation: A Review of Key Cases by Dore Van Slyke, Alexandra Tan and Martin Orland, with assistance from Anna E. Danegger (December 1994)

Spending and Revenue for Children's Programs by Steven D. Gold and Deborah Ellwood (December 1994)

The Role of Finance Reform in Comprehensive Service Initiatives by Ira M. Cutler (December 1994)

Forthcoming Working Papers:

Federal Funding for Children and Families: An Analysis of Trends and Patterns by Cheryl D. Hayes, Anna E. Danegger, and Elise Lipoff (August 1995)

Financing Comprehensive Services: Cases Studies of State Innovations by Ira M. Cutler, Alexandra Tan, and Laura Downs (August 1995)

The Budget Enforcement Act: Implications for Children and Families by Karen Baehler (August 1995)

Issues and Challenges in State and Local Finance by Therese McGuire (August 1995)

Fiscal Capacity and Investments in Education and Other Programs for Children and Families: 50 State-by-State Trends and Projections by Steven D. Gold and Deborah Ellwood (Summer 1995)

Financing Early Care and Education: Meeting the Challenges Ahead by Cheryl D. Hayes and Sharon L. Kagan (Summer 1995)

Beyond Decategorization: Defining Barriers and Potential Solutions to Financing Comprehensive, Community-Based Support Systems by Ellen Foley (September 1995)

Conceptualizing the Costs of Comprehensive, Community-Based Support Systems by Jennifer Rice (September 1995)

Case Studies of the Financing of Children's Services in Six Communities by Bill B. Benton (Fall 1995)

An Analysis of the Impact of State Tax Commissions by Therese McGuire (Fall 1995)

The Macroeconomic Context for Revenue Raising by Sally Wallace (Fall 1995)

Legal Issues and Constraints in Revenue Raising by Thomas Triplett (Fall 1995)

The Significance of Market Forces in Determining State and Local Governments' Fiscal Behavior by Claire Cohen (Fall 1995)

Creating More Comprehensive, Community-Based Children Services and Support Systems: The Critical Role of Finance by Martin Orland, and Anna E. Danegger (Winter 1995)