Center for the Study of Social Policy

SYSTEMS CHANGE AT THE NEIGHBORHOOD LEVEL

Creating Better Futures for Children, Youth, and Families

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Center for the Study of Social Policy
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A young mother in Los Angeles is reported to Child Protective Services when her eight-year-old daughter misses many days of school, and arrives one day with strap marks on her legs. An investigation confirms excessive discipline, but instead of receiving numerous visits from a child protection worker, the mother is helped to join a group at a nearby church which has opened a drop-in family resource center. A therapist from a recently opened, minority nonprofit agency in the neighborhood works with the mother, her church, the mother's aunt, and a job training program in the neighborhood to assure good after school care for the daughter and a work-study program for the mother...

A young couple in Cedar Rapids, Iowa, falls far behind in their bills when the husband is laid off work. His drinking increases, and the tension in the family begins affecting their three young children. A friend in their neighborhood association (in which the husband has participated by helping to clean up a nearby vacant lot), observes their difficulties and tells the husband about the help available from the family resource center which the neighborhood association helped to start. The family receives cash to pay bills, debt management counseling, and the husband begins developing a new skill, leading to a new job...

A teenage mother in Louisville, Kentucky, drops out of school after the birth of her second child. She becomes more and more isolated, and copes less well with the needs of her toddler and the new baby. A community police officer stationed at the nearby Neighborhood Place alerts colleagues also stationed there—a nurse and a social worker—and within three months the young mother is reenrolled in school. She has a good child care arrangement provided by a neighbor's day care home and funded through the AFDC/JOBS worker stationed at Neighborhood Place, with whom she regularly visits to chat about her life...

Widely separated by geography, these three families share some similar experiences. One common bond is that they are all being helped by people and places they know well: their relatives, their faith community, a drop-in family center, a neighborhood school. For these parents, this assistance from familiar faces and places in their neighborhoods seems to have happened in the natural course of events.

In fact, some of these resources are not "there" for the families by chance. Los Angeles, Cedar Rapids, and Louisville are among a number of places around the country that are deliberately creating what can be called *neighborhood networks of family support*. Parents and community residents, public sector and private sector entities, service providers, and other community organizations are working together in new ways to make life better for families and children. Originating for different reasons, these networks share a common premise: that conditions will not improve for many families unless they receive the support they need closer to home and in a form that is attuned to the real conditions in which they live.

This paper briefly describes several communities' approaches to developing neighborhood support networks. While the paper focuses primarily on neighborhood-level activities, in all of these communities their neighborhood-based work does not "stand alone." Their neighborhood service delivery is linked to broader changes in community governance, financing, and policy. Without such linkages, the danger is that even the most innovative neighborhood strategies will not be sustained, nor will they have larger-scale impact on the public and private entities and organizations that can make a difference in children's and families' lives.

The development of strong and creative neighborhood-based strategies is particularly important now, for several reasons.

First, there is a growing recognition that the factors which make a difference in children's and families' lives are not the formal services provided by public and private agencies. Day-to-day, children and families benefit far more from the natural sources of supports that are available to them: friends; extended family members; neighbors; churches, mosques, synagogues, and other faith communities; recreation programs; community organizations; and the multitude of nonformal supports that every neighborhood has. *If results are to improve for children and families, these natural networks will be key, and formal public and private services must learn to blend with and reinforce these networks.* These new configurations of nonformal resources and public and private services are best achieved at the neighborhood level.

Second, neighborhood-based strategies are more likely to promote genuine community ownership of, and involvement in, public and private service delivery. Even with the best of intentions, services located far from neighborhoods tend to have little real community direction, oversight, or even involvement from parents and other residents. Because of this, the risk is that services will not be responsive to community conditions or to families' needs. They will tend to be defined by professional priorities and may lose touch with "what makes most sense" in community residents' eyes. By contrast, when communities focus on developing neighborhood-based networks of support, community residents tend to have major roles, as illustrated by the three examples in this paper.

Third, trends in federal and state policy make the development of neighborhood networks an urgent matter, not just a luxury. As federal and state governments "devolve" real authority to the community and neighborhood levels, the question becomes, "Will this devolution just result in 'business as usual' at a different level, or will it lead to more creative, more responsive, and ultimately more effective ways to achieve better results for families and children?" *Unless many communities and state governments develop effective neighborhood-level strategies, new decision-making authority at the local level may not translate into better outcomes.*

Finally, neighborhood-based strategies may be important so that success can be shown sooner rather than later. Many of the "better results" that are sought for children and families on a national level will require decades to complete. *Results can be shown for individual families in a neighborhood in a matter of months, and for a neighborhood as a whole in a matter of years.* Focusing on "what works" at the neighborhood level can thus provide a showcase for successful strategies and can help build support for a broader application of these strategies.

This paper provides a brief overview of neighborhood networks of support It is organized in three parts.

- The first section examines the rationale and core characteristics of neighborhood support networks;
- The second section illustrates this approach with short summaries of three communities' contrasting approaches;

- The third section identifies several supports that must be in place if the development of neighborhood networks is to grow in more communities.

I. WHAT DISTINGUISHES THE NEIGHBORHOOD NETWORK APPROACH?

Neighborhood networks of family support are ***deliberate, structured, and sustained arrangements at the neighborhood level among nonformal and formal supports and public and private sector organizations, for the explicit purpose of responding more immediately and flexibly to families' needs in order to improve the health, safety, educational success and overall well-being of children.***

The essential part of this definition is the strong commitment to "place" that distinguishes these service delivery approaches. Focusing on neighborhoods is a way to ensure that assistance is provided to families *when* they need it, *where* they need it, and *how* they need it.

Efforts to locate services in neighborhoods are not new in the United States. Most of the major social service change initiatives of the past 30 years have given at least rhetorical commitment to this goal. For example, the Great Society programs of the 1960's had an explicit neighborhood focus. The 1970's saw experimentation with "service integration" techniques which often involved attempts to coordinate services in neighborhoods. And more recent efforts such as the federally funded Enterprise Zones and Empowerment Communities are "place-based strategies" that stress community development, housing, and economic development activities. Most past work to develop neighborhood-based human services, however, has suffered from serious weaknesses, in three important ways.

First, past efforts usually focused on individual programs or collections of programs, rather than on bringing multiple sources of support in a neighborhood together as a more effective system. For example, past initiatives stressed locating several agencies in the same place, or on developing multi-service centers that bring many resources together under the same roof. Although there is nothing wrong with these approaches, they are insufficient. Proximity, alone, is not enough. *What* service providers do must change, not just *where* they do it.

Even more important, past neighborhood-based strategies often created innovative programs that existed alongside the major public systems of support, but rarely tried (let alone succeeded) to transform or incorporate those systems. Since most past efforts were short-term and project-oriented, their failure to engage public child welfare, mental health, income support, employment and training, and other systems in more than a token way was understandable. But the willingness to create parallel systems of neighborhood services also doomed these efforts to limited success. The reality is that the major public systems control important resources, have compelling mandates, and affect many families in profound ways. They must be an integral part of any neighborhood system. *This requires transforming these systems to operate in a way which is genuinely useful for neighborhood residents.* This is why, in many communities the development of neighborhood support networks is part of a broader reform agenda at the state and city/county level.

Put another way, a flaw in past neighborhood-based efforts has been, ironically, that they often focused *only* at the neighborhood level. The reality is that what we think of as "neighborhood-level" services are a mix of public and private support with linkages to, and direction from, *outside* the neighborhood. Given the intergovernmental complexity of current funding and delivery systems in the United States, it is not possible for a neighborhood to put together its own effective system of supports without some policy, fiscal, and personnel changes at higher levels of government. This creates a fundamental challenge: many of the key decisions about a neighborhood-based service strategy must be made by policymakers and administrators who have probably never set foot in the neighborhood.

Seen in this context, the development of neighborhood networks of family support becomes a complex task. It must involve higher levels of government. It involves a host of changes in service delivery, from a "sea change" in direct practice to new ways of organizing agency staff and offices. It requires innovation in financing arrangements, so that funds provided to neighborhood-level staff do not inadvertently subvert the goals that the neighborhood has set for itself. And ultimately, this approach requires that accountability and governance systems be redesigned as well [1] *Perhaps most*

[1]In many communities, new local governance entities are being formed in part to help create and sustain the kinds of "neighborhood level changes" described in this paper. Typically, these entities cover a city or a

importantly, developing these networks requires rethinking the ways in which community residents must be involved in and provide leadership for these networks, as well as being able to hold the networks accountable for results. Neighborhood residents must have real authority to shape how these networks operate. Despite rhetoric about community engagement in human services, strong commitment to actually make such engagement "non-negotiable" is often lacking.

Viewed in these terms, the new strategies which some communities are developing could be described as ***"systems change at the neighborhood level"*** because these strategies embody all the components of systems change, and do so within a small, identifiable geographic area

Experience with this "new breed" of neighborhood-based service delivery is still at an early stage—too early to identify absolute "do's" and "don'ts" of this approach. However, from the experience that does exist, it is possible to suggest a number of characteristics that seem to define this approach, and that provide at least a working hypothesis of the key components of a neighborhood network approach.

1. ***Neighborhood-based networks bring services and supports close to families, located in places that are welcoming, accessible, and likely to be used.*** As noted above, "place" is important to these networks, but sheer proximity of services to families is not enough The real estate adage—"location, location, location"—may apply here. Services and supports must be located and administered to families in places that are comfortable for families, not intimidating, and that communicates that these resources are part of the neighborhood.

2. ***Neighborhood networks are built around the community's own organizations, and rely upon and engage natural helping networks as supports for families.*** A major shift in these approaches is that much of the contact with families comes from entities that already exist in the community: schools, churches, neighborhood organizations, and other groups that are trusted by residents. This means that these entities must take on new roles In addition, these strategies rely on explicit engagement of natural helping networks—extended families, friends, neighbors, clergy—as the way to support families in a sustained way.

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county. They can be particularly effective in bringing about changes in the formal service systems at the local level. Since state agencies or statewide interagency structures cannot work directly with hundreds of neighborhoods, community-wide governance entities are an essential intermediary between the neighborhood and the state.

3. ***Neighborhood networks involve dramatic change in the operation of public sector systems.*** This is a critical litmus test of these new arrangements. Do they change the direct practice, staff deployment, and expenditure patterns of traditional public systems, particularly the income support, mental health, child welfare, health, law enforcement, recreation, and employment and training systems? In almost all communities, these systems need to look, "feel," and operate in a different fashion if the major resources they represent are to be available to families in the most productive way possible.

4. ***Neighborhood networks often involve a new set of interactions among workers which could be called "radical teaming."*** A common factor in most of these approaches is a redefinition of staff roles that comes from staff in many systems working together and joining with other neighborhood people in helping roles. This goes far beyond the usual "joint staffings" of public and private agencies, and instead teams workers so closely that workers' roles begin to change. Workers see themselves as team members, and start doing "whatever it takes" for the team to succeed, rather than clinging to a limited definition of their professional role. Professionals partner with community workers in new ways that recognize the need for both professional and experiential expertise. Mutual aid and self-help groups and activities become an integral part of the service system reforms.

5. ***Neighborhood networks promote "community building strategies" in a variety of ways, ranging from strategies to improve community safety to activities aimed at strengthening a neighborhood's economic development.*** As neighborhood networks are developing, they become an "energy cell" for all types of community activities, including community mobilization and advocacy as well as more traditional service activities. Drug marches, anti-violence campaigns, or community cleanup activities may all become the purview of neighborhood networks.

6. ***Neighborhood networks offer residents additional opportunities for personal and professional advancement.*** They create multiple avenues for participation, including employment possibilities within the organizations that make up the network. For example, some networks establish career pathways that enable neighborhood residents to take on successively greater responsibilities and benefits within the network and the larger community. In short, these networks should model, within their own boundaries, what the larger society must do to enable neighborhood residents to succeed.

7. ***Neighborhood networks assume that family support must be universally available, with specialized help for special needs in addition to these supports for all families.*** Some neighborhood networks focus on specific neighborhood needs. Over time, however, most adopt a broad-based mission of support for *all* families, with more intensive or specialized help available for families who need it. The overall orientation is one that emphasizes building on a neighborhood's assets, promoting the resiliency of each child and the capacity of each

family; and that recognizes that all families need support at some point, and that a community should provide that support.

8. ***Financing arrangements for neighborhood networks should (a) promote more flexibility in service planning at the point of actual service delivery, and (b) create incentives for earlier supports and interventions.*** The basic shift is that financing for these networks is not budgeted "service by service," but rather on a capitated basis (i.e., by allocating a fixed amount of dollars per family), or by funding the network as a whole and giving the network discretion about how best to deploy resources. Other networks are being funded "for results;" that is, dollars are provided to the network once the network has a persuasive plan for achieving defined results.

9. ***Neighborhood networks suggest that accountability and governance structures need to (a) be redefined on the basis of geography, rather than on the basis of service domain or agency "turf," and (b) have substantial neighborhood ownership.*** This is an area in which even the existing neighborhood networks are still evolving. However, experience suggests that for these networks to be sustained, their governance and oversight arrangements have to be shifted away from agency-by-agency accountability, and toward community-wide governance structures that remain accountable for the overall well-being of children and families.

In addition to these characteristics, several of the emerging neighborhood networks share other attributes which may eventually turn out to be fundamental components of most of these initiatives. For example, several of the networks give consistent attention to the spiritual dimension of services, recognizing (in a way traditional social services have avoided) that addressing this dimension of an individual's experience can be an important key to changing behavior. This openness to non-traditional approaches is likely to turn out to be an important part of how such networks succeed with families who have not been helped by traditional services. As more experience is gained, it will be easier to identify additional factors that contribute to neighborhood networks' success.

Using the characteristics identified above as a lens, it is interesting to examine briefly different approaches to creating neighborhood networks of family support.

II. HOW DO NEIGHBORHOOD NETWORKS OPERATE?

Los Angeles County, Louisville, KY, and Cedar Rapids, IA, are pursuing different approaches to developing neighborhood networks of family support. Their differences illustrate how flexibly (and creatively) the characteristics identified above can take shape based on neighborhoods' needs.

Los Angeles' networks began when the County Department of Family and Children's Services (DFCS) developed its approach to family preservation in the early 1990's. Viewing family preservation as a range of services and supports rather than a single program, the Department sought to implement these services by working with agencies and organizations that were closer to the families that needed help than were traditional service providers. The Department developed a Neighborhood Family Preservation Plan as a way to start a new type of partnership with organizations already working in target neighborhoods. Now, after three years of implementation, there are more than 20 such networks in Los Angeles, and they are positioned to be a service delivery infrastructure that tackles a range of community issues beyond family preservation.

> *Los Angeles' family preservation networks are based on a contractual arrangement between DFCS and groups of private and public agencies within each of numerous community areas within the county. Priority in developing the networks was given to neighborhoods having the highest incidence of removal of children from their homes because of child abuse and neglect.*
>
> *The basic structure of the networks is as follows. The County Department invites a neighborhood to form a network by identifying dollars that are available for that geographic area for the purpose of working with families to strengthen their capacity to maintain children safely at home. A core list of "required services" is identified by the Department, with the expectation that neighborhoods will add to this list based on their own needs.*
>
> *Public and private agencies, schools, churches, mental health and drug treatment agencies, child care centers, and other organizations within the community then come together to decide how they will form a network to accept the Department's challenge. A lead agency is designated by the community agencies themselves, and the roles and responsibilities of each member are defined. Some agencies serve as case managers; others provide specific services. All are expected to advance the common goal of supporting and strengthening vulnerable families in some way.*

After the network and the Department agree on a contract, with specific performance expectations and agreed upon financing, the network implements its services. The network has almost total flexibility to arrange its service provision, as long as the families referred from the Department are served and core services are available. The prevailing approach is one that "wraps around" services to respond to individual needs, rather than providing any prepackaged service model to a family.

Funding for the network is provided on a capitated basis (that is, a preset dollar amount per family, based on three levels of service intensity), based on the number of families. The lead agency for the network receives the agreed upon funding level as long as it meets basic performance expectations. Within the dollars received, the lead agency for the network can reallocate dollars among its members as needs arise. Funds can be shifted from intensive services to earlier interventions if necessary, or from one provider to another based on actual service utilization.

The Department and the networks are aware of the ongoing need to build community and provider agency capacity. Prior to funding a network, the Department makes available an extended period (often a year or longer) of community organization, so that relationships among agencies (and between agencies and community residents) can be created and potential turf issues resolved. Training is an ongoing process at all stages of network development. And, recognizing the unusual nature of much of this work, the lead agencies of all of the networks meet regularly with the Department to fine-tune this approach, and determine how to structure their joint work most effectively.

Several aspects of Los Angeles' approach are worth noting. First, these networks are accomplishing one of their primary objectives: they are engaging and building on the strengths of many resources which have not traditionally been a part of the publicly funded service system for vulnerable families. Churches and other faith communities, schools, minority owned and administered neighborhood agencies, and community development organizations are all key members of these networks. Thus, the actual support for families tends now to be people who have long lived and/or worked in these neighborhoods, and who have a personal stake in helping these families and neighborhoods succeed.

The operating relationships among network members has created a much greater use of natural helping networks. Professional agencies are more likely to call on the "house of prayer" on the corner than in the past. Support groups and family resource programs abound as part of the networks, with less reliance on traditional therapeutic counseling, and more use of peer support. The network can respond more immediately when a specific problem becomes more severe, using its funds to expand,

for example, a substance abuse program if necessary, rather than having to go through long approval processes for a new use of funds.

Los Angeles' funding arrangements for the network take advantage of the funding incentives created by capitated financing (i.e., a set amount of dollars per family). Because the network members can project how much funding they will receive for a specific group of families, they are free to consider how they can best "squeeze" that amount to finance priority services, particularly more preventive services.

The results of Los Angeles' neighborhood networks have been impressive even in these early years of implementation. Judged by the performance standards set forth in their contracts, the networks have produced results for their neighborhoods which appear to be better than the results for neighborhoods without networks. Rates of foster care placement in the network neighborhoods are significantly lower than in "non-network" neighborhoods, with no discernible loss in child safety.

Equally as impressive, however, the networks are creating a system of family services in these neighborhoods which increasingly share a common set of values and are developing a comprehensive set of linked professional skills. Proponents of this approach in Los Angeles believe that the networks can, as a result, be even more important for these neighborhoods in the future. This same grouping of entities could devote its joint efforts to other neighborhood priorities, ranging from promoting the self-sufficiency of families to improving the educational success of children in their neighborhoods. In this view, the fact that the networks began with a focus on family preservation was just their "entry point." Over time, the networks are expected to address a wider range of issues.

Louisville, KY, (Jefferson County) has used a very different approach in creating networks of neighborhood-based family support. Louisville's strategy, known as Neighborhood Place, involves dramatic decentralization of public sector agency staff serving families and children into neighborhoods, where staff are located together in facilities whose direction is determined by a Neighborhood Council. Staff begin joining with community-based organizations and informal supports in new ways. Countywide leadership for this effort is provided by a management team

made up of the school district, city government, county government, the United Way, and public agencies (such as the departments of social services, health, mental health, and employment and income support). Neighborhood councils made up of neighborhood residents provide leadership for each specific Neighborhood Place.

Louisville developed its Neighborhood Place strategy in part to help community schools have higher rates of success in educating children. The managers of the major public sector systems in Louisville—including public welfare, mental health, health, child welfare, employment and training, and income support, in addition to the school system—recognized that many children cannot succeed in school unless they and their families receive many other types of support.

The first Neighborhood Place was situated at a neighborhood school. Staff from all the other major public agencies were designated to be redeployed to this school, and to provide their services to the neighborhood from that base. Understanding that the goal was to change what agencies did as well as where they did it, these initial staff members were given a year to plan the new ways in which they would use their skills once they were working together. Thus, teachers, nurses, social workers, income maintenance workers, the community police officers, and others who either were already, or were soon to be, working together in the neighborhood designed the policies, procedures, roles, and responsibilities by which they would do so.

Since that first Neighborhood Place opened its doors, the staff there believe that the entire way they work with families has changed. They now see themselves as teamed with each other and with families in an entirely different way. Professional roles are more flexible, with the decision about "who should do what" based on what makes sense, rather than preexisting professional labels. Thus, the nurse may help with the daily decisions that are more traditionally a social work function. And the police officer may provide some of the outreach to a family that would otherwise be done by a public health nurse.

The Neighborhood Place strategy is overseen countywide by a management group made up of directors or senior staff from all the public agencies involved, as well as county and city government and the United Way. Meeting every week, this group has provided "hands on" oversight, planning, and problem-solving for this initiative. With the success of the first Neighborhood Place, this group developed a plan to have one such place as the hub of a neighborhood delivery system throughout Jefferson County. The second Neighborhood Place opened in December 1995, and a schedule for further implementation to the expected 16 neighborhood systems is being developed.

> *Within each neighborhood, a resident council provides direction and oversight to the Neighborhood Place. The council sets priorities, works with staff on how services should be provided, and ensures that the public agencies located in the Neighborhood Place are respectful of, and linked to, the neighborhood's other resources and assets.*

The cornerstone of Louisville's strategy is an assumption that the major public agencies' services will be much improved if staff are redeployed to neighborhood settings, where they are teamed with their public sector colleagues and with neighborhood organizations. The hoped-for result is that public and private agency staff identify increasingly as part of a team and as part of a neighborhood. (Interestingly, staff in the first Neighborhood Place cite as one of their perceived changes that they now identify themselves as staff of the Neighborhood Place, rather than staff of a particular agency.)

The movement of public agency staff into the neighborhoods poses challenges for this strategy. First, it is important that this be done in a way which is perceived by neighborhood organizations and residents as helpful rather than intrusive. Handled poorly, this strategy can appear to be the "strong hand of government" reaching deeper into a neighborhood, rather than as useful resources becoming more accessible. Louisville is ensuring that its Neighborhood Places are "part of" rather than "imposed on" neighborhoods by having strong roles for the neighborhood councils before and after each neighborhood network is developed.

Second, this large scale shift requires a comparable large scale investment in training and professional development. The designers of Louisville's system want the neighborhood networks they are establishing to be empowering of families' own abilities, and to be responsive to families' own needs. While several of the systems involved (for example, Louisville's child welfare agency) have been leaders nationally in developing family-centered approaches, Louisville now is ensuring that all community-based workers share a similar perspective and have the skills required to work with families in their homes, schools, and neighborhoods.

Finally, the fact that Louisville's strategy is built so firmly on public sector agencies requires great care to ensure that the network does not continue to be dominated by public sector staff to the exclusion of informal and private sector supports. The balancing of public sector and indigenous

neighborhood interests will be crucial to how neighborhood residents view this approach in the long run.

The approach being taken in **Cedar Rapids, Iowa**, incorporates the core characteristics identified above, but it also reveals the different operational forms these characteristics can take. Cedar Rapids' evolving neighborhood service networks developed in large measure as a result of that community's work in "decategorizing" children's services dollars. Under "decat," which was authorized in state statute in the early 1990's, the State Department of Human Services gives certain counties the ability to "pool" more than 20 federal and state funding sources, which the county can then use in a flexible fashion. Community "decat boards" can shift funds within this pool according to local needs.

Cedar Rapids used funds that it "saved" through this new approach to begin building its neighborhood-based service system:

> *Cedar Rapids' approach to systems change at the neighborhood level unites a citywide approach to developing neighborhood family supports with a new approach to teaming professionals from multiple systems so that they can provide more intensive services. The result combines the efforts of many agencies into a unified delivery system.*
>
> *The more intensive and specialized services are provided through Cedar Rapids' use of the PATCH model of service delivery. Developed initially in Great Britain (hence the term "patch," which is a British term for neighborhood), the PATCH approach brings child protection workers and representatives from other local organizations (from social service organizations to housing inspection to community police) together in a team located in a neighborhood center. Together, team members are responsible for serving families in that neighborhood, and for working out, among them, the most effective use of their combined skills. While each worker maintains his/her core professional role, there is also flexibility in team members' ability to stand-in for one another, to switch roles when that makes sense, and to work with families together. Workers report that they begin thinking of the team as the important resource for the family and the neighborhood, rather than its individual members.*
>
> *While the PATCH approach brought more intensive services close to neighborhood residents, Cedar Rapids' public and private agencies were not satisfied that it created the universal availability of family supports that they knew was necessary in order for many families to succeed. They established a Family Resource Development Association (FRDA) whose goal is to implement family resource centers in all parts of Cedar Rapids. By*

> *combining their resources, and especially using dollars "saved" through the Decat Board's success in reducing expensive out-of-home placements, FRDA's plan calls for strategically located family resource centers in all Cedar Rapids' neighborhoods as well as throughout the county (Linn County). Four have been started to date (three in Cedar Rapids and one in a rural area).*
>
> *These two major service components come together. PATCH teams are being located at the family resource centers, and the family support and more intensive services are seen as one system, blending the public sector agencies and private sector resources.*
>
> *Direction for each neighborhood service system, and for each family resource center, is provided by neighborhood residents. Neighborhood participants are also a significant part of the overall FRDA board.*

Cedar Rapids' approach shares several characteristics with Louisville and Los Angeles. Like Louisville, Cedar Rapids is emphasizing a "place" in each neighborhood where families can come for help. Cedar Rapids' versions of neighborhood centers are more explicitly drop-in centers that are "family friendly" (although Louisville expects to head in that direction) Also, like Louisville, Cedar Rapids believes that teaming professionals in neighborhoods increases their effectiveness. Cedar Rapids' public agencies seem to be moving toward the broad scale commitments to staff decentralization that Louisville is contemplating, and have begun expanding the PATCH approach to additional neighborhoods.

Like Los Angeles, much of Cedar Rapids' progress can be related to the changed fiscal arrangements that began with decategorization. That process created a new freedom of Cedar Rapids' agencies to redesign their system, but also freed up previously committed dollars to help this redesign occur Without these new fiscal incentives, the new service delivery approaches may never have been conceived as anything other than small-scale projects.

These three approaches are all relatively new, and all are still evolving. Los Angeles' strategists are now considering how their neighborhood networks, which so far have been focused primarily on family preservation, can use their structure for much more comprehensive purposes. Louisville's approach is not only being "taken to scale" county wide, but local managers are also considering how to make their Neighborhood Places even more receptive to families—perhaps moving in the direction

of establishing the type of family resource centers that Cedar Rapids is developing. In turn, Cedar Rapids is considering whether to decentralize systematically the staff of its public agencies—as Louisville has done.

Thus, each of these approaches should be viewed as a "work in progress." A neighborhood service network should probably never reach a static state. Instead, they are arrangements that should always continue to grow, evolve, and change in response to changing neighborhood needs and "better ideas" about how to achieve the neighborhood's goals.

IV. WHAT WILL IT TAKE FOR THESE APPROACHES TO THRIVE?

Systems change at the neighborhood level cannot happen alone. These three cities' experiences indicate how both the impetus and resources for change have to come from inside and outside the neighborhood. The policy and fiscal environments at the state, county, and city levels must not just support these changes, but must help to lead them.

Within the dozens of ways that state and local policymakers can support this direction, several seem particularly important, based on these three cities' work to date.

1. ***Public agency managers' commitment to neighborhood-based service delivery is a decisive factor. Neighborhood leaders' commitment is even more important.***

   None of these three examples would have been possible without the commitment of a small group of public sector leaders. They have the power to shift the funding and/or the staff that create the "critical mass" of service delivery in the neighborhood.

   Neighborhood leadership is even more important. In all of these communities, ideas and leadership from neighborhood residents are actually making these approaches work once they get started. Real acceptance of these strategies and the ongoing credibility which is key to their success can only come from neighborhood leaders.

   The decisions of both neighborhood leaders and public officials to move in this direction are not without risk. Absent hard evidence that these approaches work, public officials now are

motivated by their belief that these new connections to neighborhoods *must* be better. External support for neighborhood leaders' and public sector leaders' innovations—from state legislatures, from other elected officials, or occasionally from foundations—is important in these early stages.

2. ***New funding arrangements which allow local and even frontline flexibility can promote the growth of these approaches.***

Two of the three examples above (Los Angeles and Cedar Rapids) would not have occurred without financing innovations and incentives. Policy makers who want to move systems in this direction should first consider how to "shift the dollars," service delivery shifts will follow.

3. ***New approaches to professional development and parent involvement are necessary if neighborhood networks are to maintain their fresh approach and obtain results***

Current models for training professionals and community workers within separate categorical disciplines must be modified or discarded. Training must instead be done "across-professions," i.e., training people together in a common core of perspectives and skills. Training must also focus on issues such as working in teams with colleagues, working in partnership with families and with informal supports, and so forth. Louisville, for example, is making cross-systems professional development a major component in building its Neighborhood Place strategy.

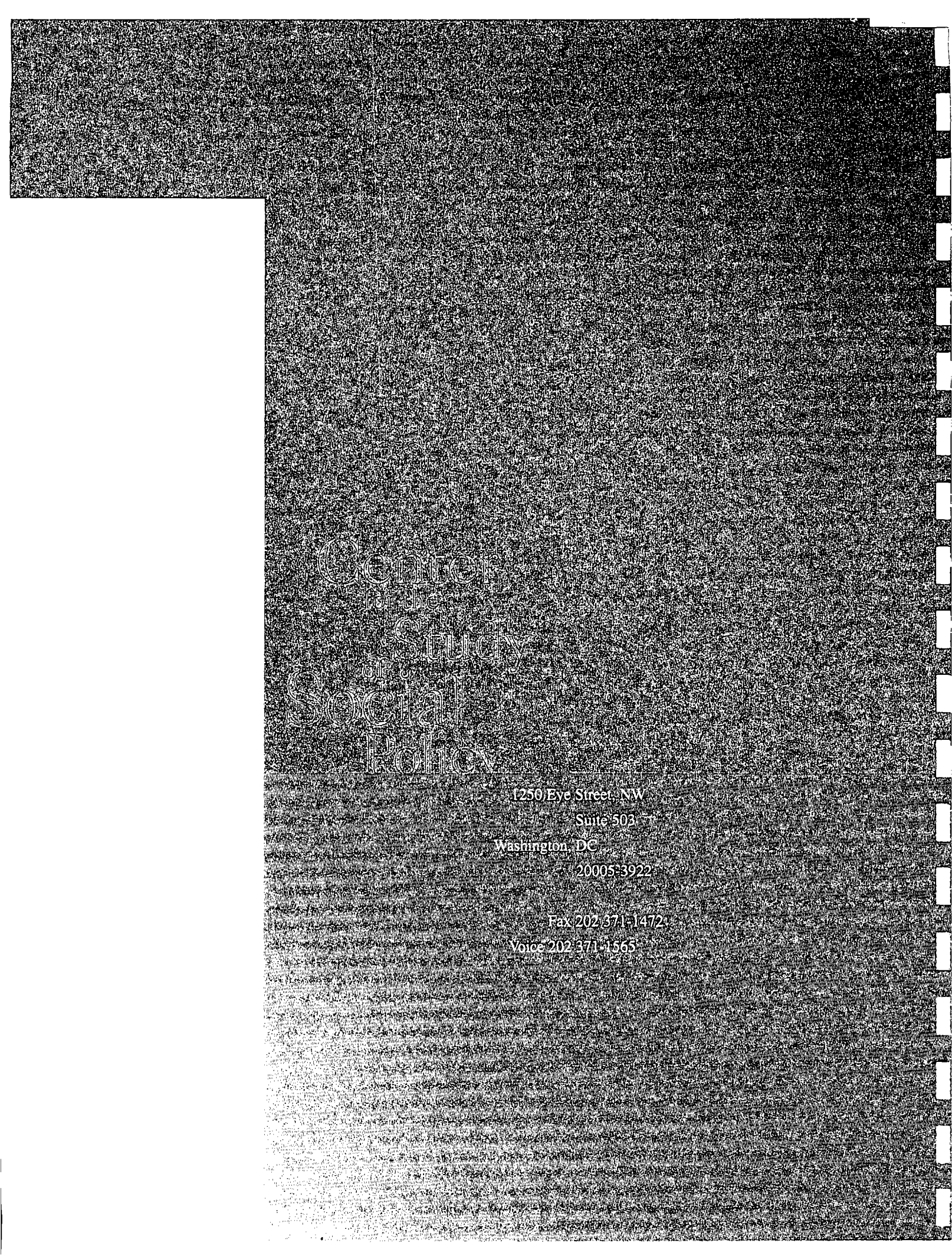
Equal attention must be given to learning from (and building on) the experiential expertise of community workers, parents, and other residents who will play multiple roles within the networks. Professionals will learn from and grow by working with colleagues from the neighborhood.

4. ***To sustain these approaches, new methods of neighborhood-based governance must be developed, reflecting principles of inclusiveness and participation.***

The three initiatives described in this paper are still struggling with how best to govern these networks over the long run. Managing service delivery is one type of accomplishment, but these three communities are even prouder of their methods for ensuring that neighborhood residents have real authority over how these systems are administered and how they are held accountable.

CONCLUSION

Neighborhood networks are just one part of what must be a broader strategy to address the problems facing many American families and children. Neighborhood networks, on their own, cannot reduce the poverty, isolation, and violence experienced by many urban families in American cities—although such networks may help more families succeed despite these factors. However, as officials at all levels of government strive to reinvent the ways in which help is made available to families, these fledgling networks suggest productive approaches with many implications for policy and practice.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BUILDING COMMUNITY PARTNERSHIPS FOR CHILD PROTECTION

Getting from Here to There

REVISED DRAFT

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BUILDING COMMUNITY PARTNERSHIPS FOR CHILD PROTECTION

Getting from Here to There

ACKNOWLEDGEMENTS

This paper represents the thoughts and activities of many people. It is meant to capture essential thoughts of the Harvard Executive Session on New Paradigms for Child Protective Services and all participants in that forum contributed ideas and insights.

The paper tries to synthesize concepts and action steps, many of which were first formulated as part of the Edna McConnell Clark Foundation's initiative, "Community Partnerships for Protecting Children." In particular, the paper draws upon (and is meant to celebrate the accomplishments of) the many people in St. Louis, Missouri; Louisville, Kentucky; Cedar Rapids, Iowa; and Jacksonville, Florida, who are creating new ways of protecting children. Through that initiative, all of us are learning.

Finally, this paper is virtually a joint effort with Pat Schene, Susan Notkin, Tom Joe, Lee Schorr, Jean McIntosh, Mike Weber, and the faculty and staff of the Harvard Executive Session. Thanks are due to Stewart Wakeling, who helped shape the final version.

INTRODUCTION

There is growing consensus about the need to change how states and communities protect children. Alarmed by steady increases in child abuse and neglect reports, and a child protective services (CPS) system that is only intermittently successful in safeguarding children, professionals and politicians alike are calling for a new approach.

The outlines of this approach are taking shape. To promote children's safety, a child protection system should broaden the responsibility for child protection beyond the public child welfare agency. Architects of the new system must enlist parents, neighbors, schools, health providers, child care facilities, law enforcement agencies, substance abuse treatment providers, businesses, and many other community stakeholders as partners, and must make available an array of in-home and out-of-home interventions. Such a system is able to safeguard children in many ways: to prevent maltreatment before it occurs; to identify and respond to the diverse causes of child abuse and neglect; to respond to the risk of maltreatment flexibly and comprehensively; and to effectively prosecute child maltreatment.*

As this vision emerges, states and communities face the challenge of "getting from here to there" (i.e., translating these general principles into effective practices at the state and local levels). Current child protection approaches are mandated in federal and state law and deeply ingrained in policy and practice. Tens of thousands of caseworkers have been trained in this approach. Millions of dollars are spent annually to support CPS. All of this suggests that change will be difficult.

Most importantly, the political stakes associated with changing child protective services are high. The public, media, and politicians all find it easier to talk tough about child abusers than to join together in the hard work of implementing genuinely new approaches to child protection. "Getting

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* Some or all of these attributes are contained in the recent recommendations of the U.S. Advisory Board on Child Abuse and Neglect, as well as in vision statements put forward as part of child protection reform efforts in Florida, Missouri, and Hawaii.

from here to there" will thus require not only sound programmatic knowledge, but sure-handed political skills as well.

Despite these challenges, the vision we present here is not utopian. Several states and communities are already moving in this direction. Local areas as diverse as Cedar Rapids, Iowa; Louisville, Kentucky; and Los Angeles County, California are creating neighborhood networks of child safety and family support that engage new community resources in the mission of child safety. States such as Missouri, Michigan, Florida, and Iowa are changing child protection laws, practice, and policies in ways that make new approaches more possible. The separate ingredients necessary for a more effective system to emerge—from better frontline practices to new statutes—are being developed and demonstrated around the country.

This paper suggests how these ingredients can be brought together and sustained in a new approach. It is organized as follows:

- Section I briefly describes how the serious shortcomings of the current approach to child protection point toward a new vision for protecting children.
- Section II suggests how states and communities can begin moving toward this new vision. This section outlines steps that could lead states and communities "from here to there." Recognizing the considerable change involved in this approach, we describe activities that can help states and communities get started.
- Section III describes what a new system of child protection might look like after states and communities have moved through the steps in Section II.
- The conclusion reflects on the feasibility of this approach, given the changing landscape of human services.

The paper is able only to touch on a number of topics critical to the implementation of successful community partnerships: alliances with key partners such as substance abuse service providers, implications for frontline practice, issues surrounding authoritative interventions, and financing of

communities' new partnerships. We are, however, developing a series of "supporting papers" that will explore these topics in detail.

I. TOWARDS A NEW VISION FOR PROTECTING CHILDREN

Child protective services now embodies a "one size fits all" approach that is ill-suited to the widely varying needs of families coming to CPS, and bears little relationship to the needs of neighborhoods and communities where families live.

Until recently, CPS procedures have followed a remarkably uniform outline. In all states, child protective services involves mandated reporting of suspected incidents of child abuse or child neglect to the designated CPS agency** (usually via a centralized "hotline"); screening of these reports to determine whether they meet statutory definitions of abuse and neglect; investigation of those reports by protective services staff or police (or both) initiated within a 24-48 hour time period; a "finding" of whether abuse/neglect has, or has not, occurred; follow-up action if child maltreatment has occurred, with the nature of the follow-up based, in theory, on the severity of maltreatment; dismissal or referral elsewhere of cases in which maltreatment has not occurred or is not considered serious enough for intervention; placement of children in out-of-home care when safety can not be assured in their homes; and prosecution of abusers on criminal charges in very few cases (presumably the most severe).

This predictable approach to child protective services has had several consequences. Its standardization allowed CPS programs to grow rapidly as child maltreatment reports escalated in the 1980s. Thousands of workers, even those with little professional background, were trained in

** Throughout this paper, the term "CPS agency" is used to mean the public child welfare agency that has responsibility for accepting reports of abuse and neglect, and ensuring that a plan of care is developed and implemented as appropriate (including in-home services and out-of-home care and adoption as necessary).

the basics of CPS quickly. CPS has become the largest component of child welfare services (in terms of staff) with an estimated 30,000 workers nationwide by 1990.

This rapid expansion came at a price. To maintain some semblance of quality control, CPS became highly centralized. Hotline switchboards were often hundreds of miles from mandated reporters themselves. CPS caseworkers were grouped together as specialty units within central offices, only rarely teamed with other child welfare staff, much less deployed to community outstations. Paperwork increased exponentially: the need to document every action and every decision meant that the paper flow among child welfare workers, supervisors, police, courts, and attorneys accounted for an increasing part of everyone's time.

As CPS practice became more standardized and legalistic, other changes occurred to complicate the child protection mission. The cases coming to CPS increased dramatically. States expanded their statutory definitions of child abuse and neglect, and conditions such as educational neglect, medical neglect, and emotional neglect soon were being reported more frequently than serious physical abuse. CPS referrals grew even further as communities' general social services were cut back. With the CPS "doorway" as one of the few remaining avenues for help, mandated reporters and the public increasingly referred families to CPS when they did not know what else to do: a CPS referral was at least "doing something" to draw attention to a family in trouble.

This expansion was followed by a dramatic increase in cases that were both more severe and more complicated. The spread of drugs (especially crack/cocaine), the increase in family poverty, and the deterioration of inner-city neighborhoods meant that large urban CPS programs were inundated with types of child maltreatment not previously encountered. The safety issues associated with drug abuse were not well understood (and still aren't). Failure to take appropriate action in these cases put both children *and* CPS agencies at risk; just one child fatality in which the agency had misjudged or ignored the unpredictability and danger associated with substance abuse could jeopardize support for the entire CPS program. Furthermore, this rise in very serious cases overwhelmed CPS agencies

in many urban areas, forcing them to contract their focus. Increasingly, less serious cases of abuse and neglect went unnoticed or unserved.

As these factors converged, the paradox of today's CPS system emerged. A standardized, centralized system is struggling to respond to an incredibly diverse range of children's and families' needs. It is overwhelmed with reports of a wide array of child and family problems—and as a result does not do justice to any single part of its mission. While families' problems changed and deepened, CPS agencies' response changed little. Among the problems most frequently cited with the current system are:

- The current system is inefficient; it is required to investigate many cases (more than half) that are determined not to warrant further CPS agency response and for which few communities have alternative forms of service.

- Often, children at serious risk of harm are not attended to, because CPS agencies and staff are so overwhelmed that they overlook some dangers to children, *and some endangered children entirely*.

- Most CPS agencies are so overwhelmed that families who are served are rarely helped in a way that meets their needs. Responses are rarely flexible, intensive, or comprehensive, and serious needs (particularly mental health and chemical dependence needs) are not addressed. Too many families return to the system because the problems and stresses leading to child maltreatment are not resolved.

- CPS workers find their jobs frustrating, harrowing, and ultimately impossible to perform. Staff turnover is high and the skill levels of new workers are rudimentary.

In summary, the highly centralized, bureaucratic model of child protection that evolved over the past several decades is not responsive to the needs of children and families today. It is a system that is both overwhelmed and under attack. It reacts to events after they occur and, despite good intentions, is often ineffective at protecting children.

In this paper, we suggest broad pathways that public agencies and local communities can follow to address these problems. We describe the elements of a new system for more effectively protecting children, advancing several arguments.

We propose that the heart of an improved system must be a *community partnership for child protection.* This is the confederation of parents and public and private agencies that over time assumes a far-reaching role in the design and implementation of a service delivery system that protects children. Rather than one agency—the public child protective services (CPS) agency—bearing sole responsibility for protecting children from maltreatment, a broader array of public and private agencies, organizations, and individuals should join together to carry out this fundamental public responsibility. Multiple partners—mobilized within a specific geographic area, acting together, and sharing responsibilities in new ways—are better able to assure that the four core functions of a child protection system—case finding and system entry, assessment, service provision, and substitute care and adoption—are well performed. The concept of "community partnership" explored in this paper is both a new way of *ensuring effective service delivery* to families in which maltreatment has occurred, as well as a way of *extending public responsibility for child safety.*

Creating community partnerships for child protection requires a different role for the public CPS agency. Over time, the CPS agency must shift from viewing itself as the provider of all child protective services, and instead begin to *catalyze, organize, and in a variety of ways provide leadership to the development of community partnerships for child protection and neighborhood-based systems of service delivery that achieve the result of child safety.* Under this approach, the CPS agency provides leadership to assure that the core functions of a child protection system are

carried out in a community, but actual implementation of these functions may be done by other partners. The CPS agency develops and maintains standards for community partners; serves as a "safety consultant" to community partners who are less familiar with the dynamics of child abuse and neglect; contracts with neighborhood networks of supportive services; and provides initial assessments, protective supervision, foster care, and/or adoption services in cases where families cannot or will not assure a child's safety.

The paper assumes that *simply creating community partnerships for child protection is not enough to reduce the incidence of child abuse and neglect in the long run.* Child maltreatment is closely associated with forces that erode parental capacity, and particularly with poverty, substance abuse, domestic violence, parental isolation, and a general lack of family and community supports. If communities are to reduce child maltreatment, their efforts must be part of a more comprehensive commitment to improving child and family well-being. This paper cannot explore in depth how this broader commitment can be mobilized. However, we assert that communities will greatly increase their chances of success if child protection improvements are linked to comprehensive efforts to improve child health, increase children's success in school, and assure that parents are employed and economically self-sufficient.

Figure I summarizes the most important differences between this vision of child protection and the current approach.

FIGURE I

CHARACTERISTICS OF THE CURRENT AND PROPOSED APPROACHES TO CHILD PROTECTION

	Current Approaches	Community Partnership Approach
CHILD PROTECTION		
1. Case entry/case finding	• Referrals mix cases that are appropriate and inappropriate for CPS agency attention (roughly 50% of cases coming to CPS now are unsubstantiated)	• Referrals to the CPS agency are more appropriate because community alternatives exist to divert some families
	• Offers no preventive assistance	• Targeted interventions for families likely to become CPS referrals are available before families are referred
2. Assessment/investigation	• "One size fits all" investigation approach	• Families receive a differential response, based on needs and the severity of reported abuse/neglect
	• Absence of comprehensive family assessment	• Comprehensive family assessment for all cases, after initial screening
	• Law enforcement haphazardly involved, with little likelihood of eventual prosecution of even serious offenders	• Law enforcement systematically involved in all investigations of serious physical and sexual abuse; more frequent prosecution for serious offenders
3. Service provision	• Few services available, even when the investigation is complete, and little capacity to customize services to a family's individualized needs	• The community partnership ensures families have access to a customized array of services, supports, and opportunities. Health care providers, child care resources, and schools are sentinels to detect risk.
	• Substance abuse treatment is scarce	• Substance abuse treatment for mothers with children is expanded
	• Little involvement of natural helping networks	• Strong involvement of community supports and natural helping networks, including family and extended family
	• Highly centralized agency control of services	• The community partnership promotes and implements neighborhood-based service delivery

	Current Approaches	Community Partnership Approach
4. Substitute parental care	• Often the first choice for meeting emergency needs, rather than the last	• Triggered only after intensive in-home services have been tried or considered
	• Children often linger in substitute care while family's appropriateness for providing on-going parenting is determined	• Timely and fair decisions about reunification and movement toward adoption or other permanent placement
RESPONSIBILITY AND ACCOUNTABILITY	• The public CPS agency is the only agency responsible and accountable for child protection	• The community partnership promotes and cultivates deeper community commitment to child protection; the CPS agency retains legal responsibility for protective interventions for specific children
	• No defined community governance for monitoring accountability	• The community partnership reports on child protection outcomes to the community, and links with other community governance entities to ensure overall accountability
HEALTHY DEVELOPMENT OF ALL CHILDREN	• No clear community goal to promote children's and families' well-being	• Clear community commitment and mandate to improve outcomes for children
	• Many communities have too few services; inequitable distribution of services across communities	• Comprehensive array of community supports, particularly early family supports
	• Jobs/employment strategies are fragmented and sporadic	• Employment and economic development strategies are a top priority in neighborhoods
	• Categorical financing interferes with service provision	• Financing is more flexibly available to meet individualized needs, and is tied to achieving outcomes

We believe *that implementing this approach will be evolutionary. It requires years of work as communities determine for themselves how to engage more citizens in child safety and organize their resources more effectively.* Community partnerships for child protection cannot be created overnight. They will emerge gradually, as partners come to understand, accept, and act on their new roles. State legislatures can encourage partnerships and state agencies can promote them, but

ultimately stakeholders in each community must decide that this is their most effective strategy to keep their children safe. This pace will frustrate anyone who wants easy answers or quick fixes. The reward for communities that persevere, however, will be the capacity to move promptly and aggressively when children's safety is threatened and, in the long run, to reduce the likelihood that children will be maltreated at all.

Neither the time and effort required to develop comprehensive community partnerships, nor the long-term need to invest more fully in the well-being of children and families, should discourage states and communities from embarking on the paths we outline. This course of action need not be completed all at once. The many community examples in the paper show that communities can tackle parts of this work and improve child safety. Their successes may then encourage them to proceed further.

II. GETTING FROM HERE TO THERE

Implementing an improved *system* of child protection is a complex task. States and communities choosing to move in this direction will do so in stages, allowing community capacity to develop and CPS agency practice to change. For the full approach described here to emerge, statutes must be revised, community expectations altered, and a host of new skills acquired by people in the public and private sectors.

In addition, states and communities will have different "starting points." For example, several states have started on this course through legislative action, due to legislators' acute dissatisfaction with current practice. Florida's child protection reforms began in 1993 with legislation authorizing a "family service response" to replace traditional CPS investigations. Missouri's and Iowa's child protection reforms also started with legislation (not coincidentally, since these states' legislation grew in part from knowledge of Florida's actions).

For other states and localities, change in child protection starts at the local level and focuses on service delivery rather than statute. For example, leaders in Louisville, Kentucky, decided to create a community partnership for child protection after they had already embarked on an overall human service redesign known as Neighborhood Place—a major decentralization of school support services and human services to neighborhoods. Louisville's strategy created more preventive and flexible services at the grassroots level first; now, local leaders are working with state officials to decide how to embody the new approach in policy and legislation.

The point is, each state (and communities within states) must develop its strategy in a different way, taking advantage of unique opportunities and resources. *Starting points, emphases, and the degree of change will all vary across states and communities.*

Recognizing this—that within this broad approach each state and community must chart its own course—are there generic pathways through which states and communities are likely to progress as they move toward the vision we have introduced?

We suggest a process of change at the local/community level that *begins with the CPS agency and new partners joining together in the mission of child safety*, and agreeing on a vision of child protection as a community responsibility. *Once this partnership is established, states and communities create neighborhood-based service systems that can share service delivery responsibilities* so that plans for the safety of individual children and families are no longer just the CPS agency's responsibility. Many entities (formal and informal) become part of the way in which a community provides for child safety. Over time, as elected officials, child welfare administrators, and the public become comfortable that the majority of children's safety needs can be met outside of the CPS agency, *some of the formal responsibility for child protection is shifted to community entities*. The result of these efforts is a well-organized partnership that productively engages parents, public and private agencies, and informal community resources and natural helping networks in promoting child safety. As a partner in this effort, the role of the *CPS agency is narrowed in the*

service of a community-wide child protection system whose ability to reach and assist children-at-risk is greatly increased.

Because some of the tasks we describe necessarily precede others, we often refer to them as stages. Note, however, that the work involved in many of these stages often (and for substantial periods) overlaps with others throughout the change process. This section outlines one possible sequence in the process of change, but many variations are possible. To explore these, and provide greater detail about how this transformation might work, seven developmental stages are described below. The hope is that this broad-brush description can at least sketch the general terrain over which change must advance.

The seven stages are as follows:

1. ***Creating consensus on the direction of change***
2. ***Enrolling new partners***
3. ***Creating differential responses to the varied needs of families for child protection***
4. ***Developing comprehensive neighborhood-based supports and services that***
   - ***provide services to current caseloads,***
   - ***intervene earlier with targeted families,***
   - ***make initial contact with some families reported to CPS, and***
   - ***provide broad-based family support.***
5. ***Transforming public child protection agency services***
6. ***Shifting intake and follow-on services for lower risk cases to a community-based system***
7. ***Instituting community governance and accountability for protecting children***

1. Creating consensus on the direction for change

Strategically, the first step toward a new system for child protection is generating momentum for change that recognizes that the CPS agency alone cannot successfully protect children. This is more

complicated than it at first sounds. While many people agree that the current system is not working, they hold varying views about how to fix it.

For some, the focus of change is on "getting government out of families' lives." In this view, the important changes in child protection are to eliminate registries of child abusers, constrain CPS agencies' ability to investigate families, and narrow the definitions of abuse and neglect. For other people, the needed changes are to intervene earlier and more frequently to assure safety, e.g., spotting risks to children before they become severe and making help available to families. For still others, the focus is on agency change, e.g., improving CPS agency operations so that when child abuse occurs, actions to protect children are prompt, appropriate, and effective.

The challenge is to reconcile these motivations for change into a coherent, consistent direction. This balancing act is best accomplished through a debate about how the goal of child safety can best be met. Several states have had this debate through their legislatures, as summarized in Figure II, and have emerged with sufficient agreement to allow a new approach to be tested.

FIGURE II: LEGISLATIVE DIRECTIONS FOR CHANGE

*The **Missouri**, **Iowa**, and **Hawaii** legislatures have all crafted new approaches to child protection after extensive public debate about the flaws in the current system and the options for change.*

***Missouri** adopted "dual track" legislation after close collaboration between the state CPS agency and key legislators. The State Department of Social Services initially advanced a plan for change, based upon study of its own system and a review of alternatives, particularly the then-recent Florida statute. This plan attracted support from a key Democratic legislator, who introduced a bill based on the plan. Extensive negotiation occurred among child advocates, the department, and key legislators before a bill finally emerged at the end of that session, authorizing a series of pilot projects to test the new approach.*

***Iowa's** legislation emerged from a more visible legislative debate. A legislative task force reviewed the child protection system for a six-month period prior to introducing legislation. The eventual legislation had bipartisan support and was carefully negotiated among the CPS agency, private providers and advocates, and legislators with diverse views about child protection. As in Missouri, the fact that the new approach was only being piloted—not introduced statewide—was key to the agreement of all these parties.*

***Hawaii's** approach involved even more extensive debate. In its 1994-95 session, the legislature ordered that a commission be formed to develop "Hawaii's Blueprint" for child protection reform. The commission consisted of legislators, the CPS agency, key private providers, foundations, and citizens. It met for a year, and produced its recommendations in time for action in the 1995-96 session (the legislature is still considering these).*

Support for change must be constantly checked and reaffirmed. At least one state's subsequent experience indicates that initial consensus about new approaches can change. Iowa's legislation authorizing pilot projects in a new "assessment approach" was passed unanimously in 1994-95, but

one year later the legislature divided sharply about whether these pilots should even be continued, let alone expanded statewide. Stakeholders who had earlier supported the new approach—county attorneys, a legal aid organization—began criticizing it sharply, accusing it of endangering children. After protracted debate during the 1995-96 legislative session, the pilots were continued with the understanding that a fact-finding effort to examine their impact would be conducted prior to the next legislative session. A fragile consensus about change was restored, but the lesson for other states and communities is clear: initial consensus must be nurtured and strengthened if it is to be maintained.

Gaining statewide consensus about the need for change is a beginning, not an end. Each community will have to conduct a similar debate at the local level. The more that the public is engaged in setting new directions, the more likely that the new approach will be accepted and sustained.

States' and communities' experiences to date suggest several lessons with regard to building consensus:

- ***Start by analyzing the current CPS system.*** Among the strongest arguments for a new approach to child protection are the facts about the current system. Data on disposition of reports, the repetitive nature of reports for some families (indicating that the system is often unable to intervene effectively), the rising number of reports, the inability to head off abuse before it occurs—this information usually convinces people that change is necessary.

- ***Allow key stakeholders, particularly those who have experienced CPS directly, to tell their stories.*** Parents who have experienced the system, workers who struggle daily within it, mandated reporters who seek greater responsiveness—these people are effective advocates, and their views were among the most compelling in launching Hawaii's, Missouri's, and Florida's initiatives.

- ***Reconcile opposing advocacy viewpoints.*** Even with a common goal—child safety—stakeholders will advocate for different strategies and compromise will be necessary. For example, people favoring preventive family services as "the answer" to child abuse and neglect may have to support stronger punishment for convicted child abusers in order to achieve an approach that includes both approaches. Given the lack of conclusive evidence about any

one "right" approach, all child protection reform is likely to require a political and programmatic balancing act.

- ***Cultivate legislative and judicial constituencies from the beginning.*** Child protection reform involves change in government's fundamental responsibilities to children and families. While social service advocates may think of it as "their" turf, it ultimately is not. Without support and agreement of elected officials and the judiciary, any change effort is vulnerable and tentative. Securing this support should be an ongoing step in the change process.

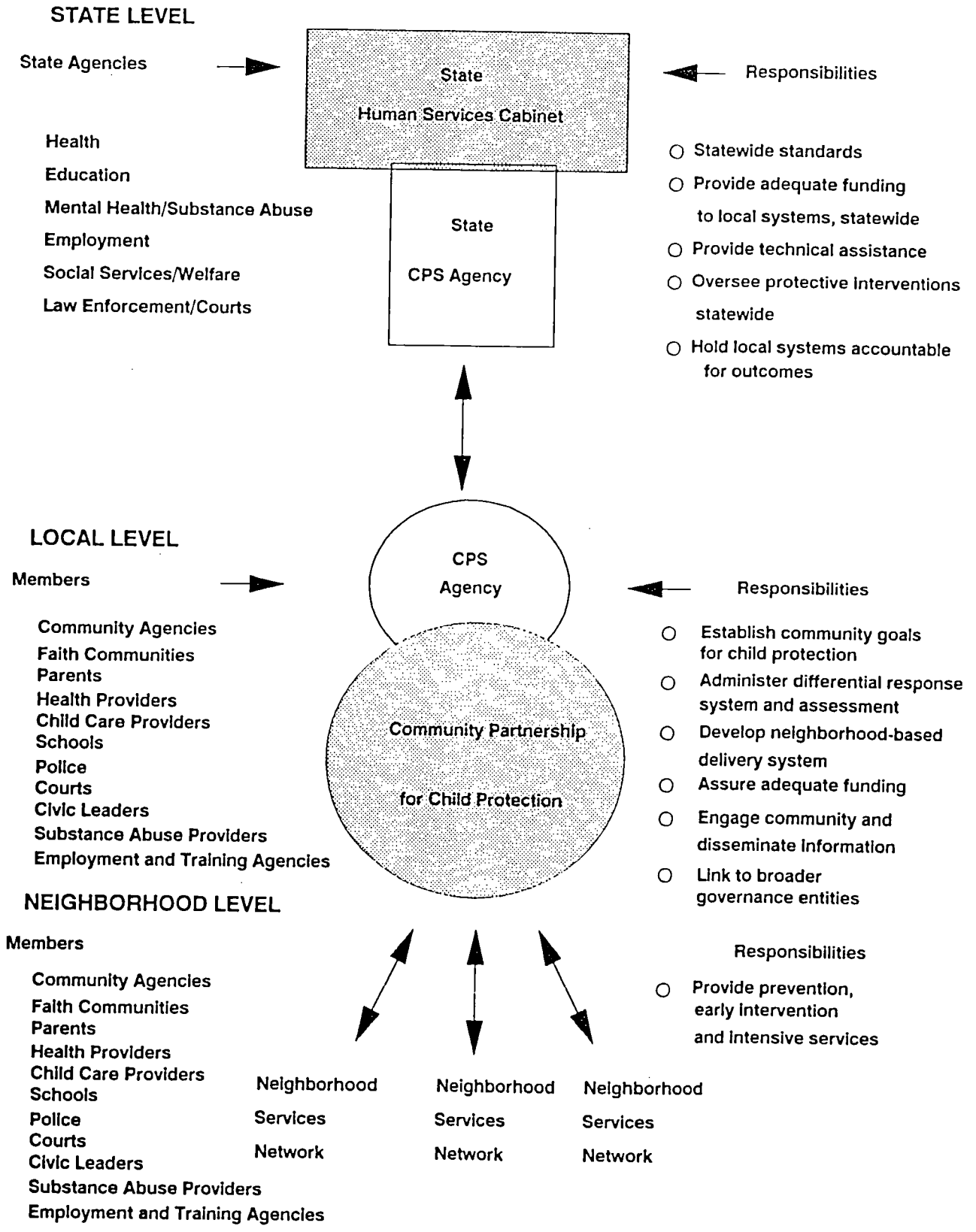
2. Enrolling new partners for child protection

For the approach envisioned here, the necessary new partners in child protection include all the people and organizations in a community that are required to keep children safe. Chief among these are parents themselves, who must be the backbone of any partnership for child safety. Key partners are also the community agencies and institutions that are in a position to spot threats to children's safety early on and respond to children's and families' needs for support: hospitals and health care providers, child care providers, home visiting programs, schools, faith communities, law enforcement agencies, courts, mental health and substance abuse resources, employment and manpower development agencies, and the variety of family resource and youth development agencies in a community. In particular, new partners and sources of support are important: not only communities of faith, but neighborhood organizations, boys and girls clubs, recreation centers, and the many other sources of help in families' day-to-day lives. Parents are a critical partner; for community partnerships to really flourish, some of the parents must resemble the families that are being served by the new system.

Figure III illustrates the roles and responsibilities these partners might assume as a community system emerges. Casual "reaching out" by the CPS agency is not enough to engage these entities in more than a superficial way. *A productive partnership for child protection emerges only as participants make a common commitment to child safety that is maintained by clear definition of the roles and responsibilities of each partner in the emerging "community system" for child protection.*

FIGURE III

Components of A Community System for Child Protection



Enrolling new partners can be promoted by state government, or it can begin at the local level. Figure IV describes how two states started this process by having the new approach established by state agencies, but the process can also be generated locally.

FIGURE IV: ENROLLING PARTNERS FOR CHILD PROTECTION

Florida *recognized from the beginning the need for new partners if its new "family service response" approach was to work. The legislation as well as the Department of Children and Families' (DCF) implementation plan stressed that a wide range of private sector and public sector partners needed to be involved. Each DCF region that adopted the new approach was required to develop its plan in conjunction with a committee that included all of the major public sector agencies as well as private providers. The aim was that these entities would become operational partners in a new approach, not just casual advisors.*

Missouri *also emphasized new partners as it implemented its "dual track" legislation. In establishing the seven pilot projects, the state agency allowed local communities to establish their own interagency committees, but encouraged participation of schools, health, mental health, and law enforcement agencies, as well as judges. Parents were also included in the planning and implementation process.*

However the process begins, the process of enrolling new partners requires time, and typically involves several stages:

-- *Learning together.* Parents, schools, health providers, churches, child care centers, and other stakeholders need time just to explore the contribution they can make to a community system of child protection. They must learn what endangers children in their community; what keeps children safe; what parents' role in safety can be; and how the current public CPS system functions, so that they are in a position to understand how they can work with it to better support families.

-- *Creating a vision.* As knowledge grows, so will participants' ability to establish a common vision for child protection. An important product of these emerging partnerships will be a

jointly developed written plan about how they as a community want their child protection system to function.

-- *Assigning clear roles and taking action.* Within the common vision, partners have many options about how they can help. Everyone can be the "eyes and ears" of the new system, using new knowledge about child safety to be even more vigilant about identifying risks to children. Some agencies can work with families identified as at risk of abuse and neglect to ensure that it does not occur. Other partners can help the CPS agency with initial assessments; still others can ensure that all criminal acts are responded to promptly. *There is not a single participant in the emerging partnership who cannot commit to playing an expanded role in protecting children.*

At this point, what has been a loosely conceived collaboration begins moving toward a purposeful set of activities to which member agencies and other partners commit themselves. Those states and communities whose goal is to build a comprehensive system will want to consider formalizing aspects of the roles and responsibilities described in Figure III. This begins with developing clear commitments from all the parties, including some form of written contract expressing their goals, common vision, and roles and responsibilities; securing recognition and sanction from the appropriate state agencies; and planning for funding. Starting the partnership, even informally, is a labor intensive task and each community's experience will be different. One community's experience—not yet complete—is described in Figure V.

As St. Louis's experience indicates, enrolling new partners in child protection is not a "phase." It is ongoing and must be sustained as more people, agencies, and organizations become engaged.

While all stakeholders in these emerging partnerships are important, three are worth highlighting because of the difference they can make: the role of substance abuse providers, the police, and domestic violence service providers.

FIGURE V: ST. LOUIS'S EMERGING COMMUNITY PARTNERSHIP

St. Louis's effort to change child protective services began as part of Missouri's implementation of "dual track" legislation. The Sigel Elementary School (in the Sigel neighborhood) is building on that starting point to engage parents, child care providers, community agencies, and neighborhood organizations to form a community partnership for child protection (CPCP).

After nine months of work together, the partnership is still growing. A small core group consisting of the CPS agency director, the school principal, and several additional agency directors has expanded month by month, and every meeting of the partnership brings new members. Parents have been present since the second meeting and now play a central role in planning and decision making.

This growth has many implications for the partnership's development. New participants must constantly be brought "up to speed." People accustomed to making decisions by themselves must modify their behavior. Most of all, however, this ever-widening circle means that the partnership's representation and engagement of the community becomes steadily stronger.

Given the prevalence of substance abuse in families where child maltreatment occurs, *ensuring that the partnership has extensive knowledge about the causes and dynamics of substance abuse and has adequate prevention and treatment resources available is critical.* This is a change from the current situation in most communities, where linkages between CPS agencies and substance abuse providers is often tenuous at best, but much closer ties are possible.

The first step is just recognizing how intertwined the issues of child safety and substance abuse really are. The State of Washington has focused on documenting the overlap between these problems as a way of convincing service providers, the state legislature, and other stakeholders that closer connections are necessary. Their findings are dramatic, as shown in Figure VI.

FIGURE VI: DOCUMENTING THE PROBLEM OF SUBSTANCE ABUSE

*The **State of Washington's** Department of Alcohol and Drug Abuse has collected data on the links between alcohol and other drug abuse and child safety and child welfare. Surveys have found that babies born to the small number of pregnant substance-abusing women (2.8 percent of all births) account for a very large share of child protective service referrals and out-of-home placements (41 percent). In addition, 36 percent of the children eligible for group care or foster care and 30 percent of those in group or foster care have a substance abuse problem. The state has also documented that 68 percent of the parents or caretakers of children placed in group foster care have a substance abuse problem.*

In response to this, two state agencies—the Department of Alcohol and Drug Abuse and the Division of Child and Family Services—are focusing on cross-training their respective personnel. In addition, the Department of Alcohol and Drug Abuse provides counselors to group homes funded by the Division of Child and Family Services. Since these homes already provide food and shelter to children at risk (children removed from substance abuse environments), the addition of full-time counselors places professional help where it is most needed, thus reducing duplication of effort.

To be effective, partnerships will have to use the type of information generated by Washington State to assure that knowledge of, and resources for treating, alcohol and other drug abuse pervade their service delivery systems. Experience in Sacramento County, California, illustrates the dramatic difference that can result when a human service system focuses appropriate attention on developing these skills and resources. Figure VII summarizes Sacramento's activities.

FIGURE VII: A NEW APPROACH TO SUBSTANCE ABUSE TRAINING

*In **Sacramento, California**, in 1993, with alcohol and other drug abuse cases flooding social service and public health caseloads, the County Department of Health and Human Services enacted a new initiative to incorporate substance abuse services as an integral part of its service delivery systems. The program received full endorsement from the Sacramento County Board of Supervisors, the Human Services Cabinet, and the Criminal Justice Cabinet. The program has three components: 1) three levels of training to develop the ability of social workers, public health nurses, eligibility workers and neighborhood-based service staff to provide treatment services to substance abusing clients; 2) the expansion of department and community resources, including the development of an automated service requisition and client tracking system; and 3) program evaluation including both short- and long-term outcomes related to family functioning (measured by reduction in Child Protection Services referrals, and successes in completion of either voluntary or court-ordered treatment plans).*

By early 1996, over 500 health and human service staff members had participated in Level I and II training. Forty staff received additional training in the delivery of alcohol and drug treatment group services and 46 participated in training to expand group service capacity (Level III). The net effect for Sacramento County has been an increase in alcohol and drug treatment slots, reducing waiting lists significantly. In fall 1996, a training curriculum for criminal justice personnel will be test-piloted. This plan includes the development of new service protocols for specific target populations. And Sacramento County believes its approach can be replicated; the County is offering to provide its training package as well as technical assistance to other counties in California for $50,000 per county.

Law enforcement's role in the partnership is equally critical, because police identify potential and actual maltreatment and also can be part of the community team that responds to abuse and neglect. Close coordination between law enforcement and CPS agencies occurs now in some jurisdictions but not in others. In the community partnership approach, police are essential partners and can play multiple roles. Particularly in localities where "community policing" is the norm, police officers are

effective observers of the day-in, day-out lives of neighborhoods, and can identify isolated families or families under great stress. As members of "teams" of frontline personnel, police can join with social service staff to respond to reports of abuse and neglect, as indicated by the experience of several Florida communities, summarized in Figure VIII. And these roles should not detract from the essential role of law enforcement: where appropriate, to gather evidence of criminal maltreatment so that prosecution of abusers can be aggressive, thorough, and effective in averting recurrence of abuse.

FIGURE VIII: LAW ENFORCEMENT AS PARTNERS

Florida's *statutes call for law enforcement agencies to assume the lead in conducting criminal investigations of serious cases of child abuse and neglect. Florida's Department of Health and Rehabilitative Services and its Department of Law Enforcement have created several pilot programs that require shared responsibility for receiving, disseminating, and investigating reports of serious abuse and neglect. One such project, in Daytona Beach, houses Children and Family Services' staff and police officers in a local agency as a team to respond to serious cases of abuse and neglect, with CFS staff assuming responsibility for assessments, child safety, and intervention planning, and with law enforcement personnel assuming responsibility for criminal evidence gathering and possible prosecution.*

A third set of key partners are the providers of domestic violence services. In most communities, child protection and domestic violence providers and advocates have had little interaction. They are divided by different histories, and a different focus on service delivery (e.g., protecting the child versus protecting the mother). However, as evidence grows about the high degree of overlap in their target populations, the distance between these two service sectors makes less and less sense. Several studies have indicated that domestic violence is present in over 60 percent of child abuse cases.

As members of a community partnership, domestic violence advocates and providers can play multiple roles. At the least, their presence will raise the awareness of all partners about the phenomena surrounding domestic abuse: how to recognize its symptoms, how to address it with all parties, and how to assure that the mother's needs in such a situation are fully met, as well as the child's. Beyond that, domestic violence staff can be part of staff teams in neighborhood settings, "partnering" on a day-to-day, "block-by-block" basis with CPS staff and others within the team to meet the needs of neighborhood families comprehensively. Close partnering in this way—and the consequent focus on the safety of all family members, not just the safety of children—even raises the possibility that eventually the entire community partnership's focus could be on *family safety* and *the protection of all family members*, not just the protection of children.

While this section has highlighted three partners—substance abuse providers, law enforcement, and the domestic violence community—similar emphasis could be given to schools, the courts, hospitals, and almost every important community institution. *The fact is that all of these can turn their attention more directly and consistently to child safety, and if they do so, children in communities will be safer.*

Localities' and states' experiences to date suggest several lessons:

- ***Include all of the major partners from the beginning.*** The tendency to involve some partners early on and others later always creates problems. It creates a sense of "second class" partnership among the late arrivals. This tactic also risks losing the knowledge and contributions of all partners from the beginning, when these are most needed.

- ***Include parents as informed partners in all aspects of the work.*** Children cannot be kept safe unless parents own this task. Parents and parent interests must be integral to creating the partnership or it will be seen as one more effort being imposed on parents. Agencies' uneasiness with including parents and working with them as equals must not be allowed to block or delay parents' participation. *It is important that the partnership include parents from its inception.* The tendency of most agencies is to want to involve parents "at the next meeting," but this is a serious mistake. Without parents' voices, the partnership is liable to reflect agency views, but not those of residents or consumers.

- ***Stress the mutual benefit of partnerships***. All members of the partnership get something from it. Schools, for example, are willing to stay in these partnerships only when they realize that not only do they contribute to protecting children (e.g., through early identification), but they will achieve *their* goal (student success) more readily when all children are safe.

- ***Defining common outcomes can be the "glue" for new partnerships, and can provide a language that everyone can agree upon.*** Among agency partners, and especially between parents and agencies, there is often a severe language barrier. The bureaucratic and professional jargon of interagency partnerships does not work when parents and neighborhood interests are full partners. One step toward a fully useful language is to keep the focus on the results that *everyone* wants. When people agree on what they mean by "safety," for example, they are on their way to having a vocabulary that everyone understands.

- ***Use the emerging partnership to defend the new approach***. As a change strategy, engaging partners is both a programmatic and a political act: multiple partners working together can help achieve programmatic goals, but they are even more essential to building the political support needed to keep child protection reform on course and obtain the resources children need.

3. Creating differential responses by the CPS agency

With the initial building blocks for a community partnership in place, and at least a first generation of goals for change established, it is time for the first major alteration in CPS agency practice: implementing differential responses to families reported to CPS.[***] This permits CPS agencies to respond differentially to children's need for safety, the degree of risk present, and the family's needs for support or services. Where abuse and neglect are severe, and coercive services and an investigation are essential first steps, cases can be assigned to an "investigative" track. However, those cases in which the child is not at immediate risk and families will benefit from voluntary services may be assigned to a second track that not only establishes the facts about "what happened" but also emphasizes a comprehensive assessment of family strengths and needs.

[***] Legislation authorizing a differential response by the CPS agency can also be the initial step in changing child protection. Missouri and Florida used their dual track legislation to start a process of change from the state level, challenging communities to start creating the comprehensive strategies that could deliver services consistent with the dual track CPS response.

Broadening the initial CPS contact with a family to include a comprehensive assessment will help to produce a "sea change in practice" in the entire child protection system. As comprehensive assessments become the norm, the system becomes oriented to "safety *through* services" rather than to just determining whether a specific incident of maltreatment occurred. *Finally, a comprehensive assessment increases awareness of factors threatening children's safety. Thus, community partnerships and CPS agencies can respond more thoroughly on issues of safety, not less.* And because assessments reveal each family's unique situation, the likelihood of customized service increases.

To date, the major examples of differential response have been the "dual track" designs being tested in Florida and Missouri and the assessment approach being piloted in Iowa. All three expand initial CPS contact beyond investigation to include a comprehensive "assessment" of families' needs, assets, and resources, as well as a broad picture of the risks to children (with variations, as summarized in Figure IX). These states are showing that a majority of cases now coming to CPS can be safely handled through an approach that emphasizes service delivery and voluntary family participation as well as the bare-bone fact-finding of usual CPS investigations. For example, Missouri's seven pilot efforts are handling 80 percent of hotline reports through their assessments track.

FIGURE IX: CREATING DIFFERENTIAL RESPONSE CAPACITY

__Florida__'s system has evolved since its initial implementation as a dual-track system to become what Florida officials call again a "one track" system: in most areas of the state, every family receives a "family service response" as part of the initial response to a report of abuse or neglect. If law enforcement involvement is warranted, police are asked to partner with the CPS agency to conduct a criminal investigation.

__Missouri__'s system was patterned after Florida's in many ways, but Missouri officials believe it is important to retain a clear "two track" approach which, after a first telephone or in-person contact, assigns families to either an investigation track or an assessment track. In practice, this means that about 20 percent of cases are initially identified as having significant safety risks and are targeted for an investigation immediately. The assessment approach is used for all others.

__Iowa__'s procedure is yet a third approach to "differential response". Iowa requires an initial screening of all cases for safety issues, but then uses an assessment approach.

Establishing a differential response plays an important strategic role in building the *community* system. By "proving" that most families can be dealt with safely through an assessment/service response *within* the CPS agency, the precedent is set for eventually using other community partners (not the CPS agency) to provide this same response. Initially, CPS can conduct thorough assessments on behalf of the partners, and connect families immediately to both formal and informal resources within the partnership. Over time, however, other community agencies could conduct this assessment in tandem with CPS or, eventually, could be designated to provide this assessment for some categories of families. (For example, for families of drug-addicted newborns, the first comprehensive assessment might be done by health care personnel.) Meanwhile, the partnership should be keeping detailed records about the pattern of care that families receive, so that they can

later make the case for handling certain categories of cases *without* direct CPS agency involvement at all. but within protocols and procedures established *by the CPS agency and the full partnership.*

As states and communities implement differential response, they should keep in mind the following:

- ***Pilot the differential response first, before expanding it to scale, in order to reassure skeptics that this approach does not endanger children.*** Part of the political calculus of CPS change is testing each step as it unfolds. For those who worry that using a comprehensive family assessment means giving less attention to safety, a closely monitored pilot test can prove that this is not true.

- ***Use the pilot phase to document who is being served, and the interventions that work with each group of families.*** Knowing that a longer range goal is to find ways to serve families and children safely through community agencies, use the pilot-test process to build evidence for this shift. This could involve documenting "what works" with certain subgroups of families—for example, those where overly severe discipline is the issue. By identifying successful strategies for these families, the case is built for continuing those interventions but with less direct involvement of the CPS agency.

- ***Accompany the implementation of differential response with extensive professional development.*** This new assessment approach can be the beginning of major culture change within agencies, helping workers and supervisors to understand the benefits they reap from partnering with community agencies and informal supports, and from partnering with families. *Extensive training about the principles of family assessment and family-centered practice is necessary to promote understanding that this approach can work for all partners.*

4. Developing comprehensive neighborhood-based supports and services

Organizing and strengthening a neighborhood-based delivery system, an essential and major piece of any community partnership, should be undertaken simultaneously with implementing the differential response. It is likely to be the most ambitious of the changes community partnerships will undertake. However, using an assessment approach as the first response to reports of abuse and neglect is of little value unless the community partnership is prepared to offer help to families.

The long-term aim is to have the neighborhood-based delivery system be a viable alternative to direct provision of CPS agency services for many (not all) families. Over several years' time, the neighborhood-based system should assume a progressively greater share of service delivery responsibilities—to a point at which those families not requiring day-to-day protective oversight in order to assure safety can be handled *without* any formal CPS agency involvement.

The key ingredients of a neighborhood-based delivery system are *safety plans, an increased commitment of formal services, the use of natural helping networks and informal supports, and the reorganization of service delivery.* Safety plans are the "cell" from which all other parts of a community system for child protection are built. Each child and each family coming into the community's system for child protection should have a "safety plan" that identifies: (1) how *parents* will be *engaged* in the process of assuring child safety and health development; and (2) how *informal resources* and *formal services* will contribute to this process. If each child at risk of maltreatment is identified and has a plan, children's safety will increase dramatically.

In most communities, providing safety plans reliably for each child will require additional *formal services.* Substance abuse treatment, domestic violence services, mental health, employment assistance and jobs, housing assistance, transportation, and ongoing supports for chronically neglecting families (because of disability of the parent, for example) are the supports most frequently mentioned as scarce or missing in communities.

More formal services alone are not the answer, however. Utilizing *natural helping networks and informal supports* is as important as expanding formal services. Communities that are experimenting with ways to engage these networks are finding them to be a significant resource in meeting families' needs. Simply reducing the isolation of troubled families may be more important than providing "formal" services.

Equally as important as increasing formal and informal services present in neighborhoods and communities is the need to organize *service delivery differently*. Decentralizing services to neighborhoods and creating interagency teams for service provision are just two ways communities are trying to make services more accessible and comprehensive.

The neighborhood-based service system eventually plays several important roles in child protection. Each is quite different, and each reflects a different blend of CPS agency/neighborhood service responsibilities.

a. ***Assisting the CPS agency in the provision of services to current caseloads, especially those regarded as lesser risks (e.g., the families in the assessment track)***. Community resources often make the difference between a successful and unsuccessful plan of action for these families. Service partnerships between the CPS agency and neighborhood agencies also help to build trust, respect, and mutual understanding between these parts of the service system.

b. ***Creating an effective "early warning/early response system" that identifies and responds to families at risk of abuse and neglect before maltreatment actually occurs***. If carefully targeted, these early interventions can meet the needs of families under stress *before* problems are so severe that they trigger reports to the CPS hotline. While the CPS agency would of course be involved in planning these services (as a key partner in the community-wide system), the CPS agency might not directly provide them. Hospitals (for newborns), childcare agencies (for young children), schools (for older children), and family resource centers (all families) could be the neighborhood sentinels to make sure that no cases of incipient child maltreatment go unnoticed. (The difficulty and complexity of identifying risks for abuse and neglect within any population are noted. However, it is also clear that all communities can do more in this direction simply by reaching out to isolated families who have the most common "profile" of severe cases of abuse and neglect: for example, single mothers with three or four children under age six, who had their first child as a young teenager, and who have a severe substance abuse problem in the home.)

c. ***Sharing responsibility with the CPS agency for initial contact with (and assessment of) families***. This involves the CPS agency and a community agency or institution agreeing on detailed protocols under which the community agency has initial contact with a family, with or instead of CPS staff. In St. Louis, the CPS agency is developing this type of arrangement with a day center: for children attending that center and for whom a report of abuse or neglect is received (that does not allege serious physical injury), center staff will make the first home visit to families to assess child safety and to determine the family's needs. CPS agency staff are

available to accompany the day care staff or to pick up the case should it be necessary. (Day care staff need not perform this role if the alleged abuse or neglect report involved the center's care.)

This type of *shared or delegated initial contact* could be envisioned as being done by schools (for educational neglect reports), by health care personnel (for failure-to-thrive infants), and by other community partners when abuse and neglect reports are not about life-threatening situations.

d. ***Building broad-based family supports.*** It is through the neighborhood network that the community partnership can begin creating a system of family supports. Developing a comprehensive neighborhood system that includes economic development, adequate housing opportunities, and a range of other family supports is a long-term venture, but its presence is critical to the full success of the new system. Tremendous improvement can be made in addressing child maltreatment just by assisting children and families already affected by abuse, but long-term prevention requires this more comprehensive support system.

Together, these activities improve a partnership's case-finding ability. The early warning system, for example, enables communities to develop targeted diversion strategies aimed at serving families who might otherwise come to CPS. Such strategies ensure that families who are having crises (but are not yet maltreating their children) are connected promptly to community services. As these diversion strategies take hold, mandated reporters will know enough about reliable community services to which they can report/refer families and know that the family will be offered help—and at that point, referrals to the CPS agency should either decline or increase at a lesser rate.

Developing these capacities is a major undertaking; it involves reconfiguring roles and responsibilities among all the partners described above. *But partnerships that successfully develop these capacities will have made substantial progress toward ensuring that the four core functions of a child protection system—case finding and system entry, assessment, service provision, and substitute care and adoption—are well performed.* While the task is daunting, it is not impossible. Several communities have in fact begun to restructure their service delivery systems at the neighborhood level in ways that simultaneously create new "neighborhood teams" for child protection while also developing more comprehensive family supports.

- ***Cedar Rapids' (IA)*** approach teams CPS agency workers in neighborhoods with other public and private resources, all located at a family resource center. All workers use a common practice model—community social work, adopted from the British PATCH approach. By being a familiar part of a neighborhood-based team, CPS agency workers are viewed as a resource, not an intrusion by local residents. (See Figure X for more detail.)

- ***Louisville's Neighborhood Place*** locates a large number of public sector workers, including CPS workers, in a Neighborhood Place. The facility, usually a school, is designed to serve as a family resource center and "one stop shopping" point for human service delivery. As in Cedar Rapids, the aim is to organize staff in teams so that, together, they have a better chance to meet a neighborhood's needs.

- ***Los Angeles Family Preservation and Family Support*** networks are confederations of formal and nonformal resources that act together (under contract to the CPS agency) to serve high-risk families where abuse or neglect has occurred. Lead agencies accept payment for families on a capitated basis (varied by service needs of the family) and then distribute the funds among the network to support a wide array of needed services, from substance abuse treatment to informal recreation programs.

FIGURE X: A NEIGHBORHOOD SYSTEM FOR CHILD PROTECTION

Cedar Rapids' (IA) approach to child protection at the neighborhood level unites a citywide network of family resource centers with a new approach to teaming CPS agency staff and other professionals so that they can provide more comprehensive and customized services. The result combines the efforts of many agencies into a unified delivery system at the neighborhood level.

The more intensive and specialized services are provided through Cedar Rapids' use of the PATCH model of service delivery. Developed initially in Great Britain (hence the term "patch," which is a British term for neighborhood), the PATCH approach brings child protection workers and representatives from other local organizations (from social service organizations to housing inspection to community police) together in a team located in a neighborhood center. Together, team members are responsible for serving families in that neighborhood and for working out, among them, the most effective use of their combined skills. While each worker maintains his/her core professional role, there is also flexibility in team members' ability to stand in for one another, to switch roles when that makes sense, and to work with families together. Workers report that they begin thinking of the ***team*** *as the important resource for the family and the neighborhood, rather than its individual members. The CPS worker serves families only as part of the PATCH team, not separately.*

While the PATCH approach brings specialized services to neighborhood residents, Cedar Rapids' public and private agencies were not satisfied that it created the universal availability of family supports that they knew was necessary in order for many families to succeed. They established a Family Resource Development Association (FRDA) whose goal is to implement family resource centers in all parts of Cedar Rapids. By combining their resources, and especially using dollars "saved" through the local Decategorization Board's success in reducing expensive out-of-home placements, FRDA's plan calls for strategically located family resource centers in all Cedar Rapids' neighborhoods as well as throughout the county (Linn County). Four have been started to date (three in Cedar Rapids and one in a rural area).

These two major service components come together. PATCH teams (including CPS workers) are located at the family resource centers, and the family support and more intensive services are seen as one system, blending the public sector agencies and private sector resources.

These examples illustrate how different communities can adopt different approaches to neighborhood service delivery. Other considerations for states and communities as they move forward with the task of building neighborhood supports services include the following:

- ***Target populations for whom community resources take greater responsibility must be selected on the basis of real need, not on generalized assumptions about risk.*** As an example, it is important not to assume that because a case first appears as "educational neglect" that it may not be a serious case needing expert attention and intensive resources. Any wholesale decision that certain cases are *always* "less serious" is risky, given that full assessment often identifies previously unknown problems. In other words, while educational neglect cases are *on the whole* likely to pose less severe child protection issues, some such cases will, and the resource plan must adjust for that.

- ***Determining responsibilities between the public CPS agency and neighborhood partners must reflect each community's needs and capacities.*** The pace at which neighborhood-based providers are ready to take on new responsibilities will vary by community. Statewide assumptions that "all communities will shift responsibility for X category of abuse and neglect by Y date" invite failure. The strategy for developing new relationships between the public CPS agency and neighborhood-based providers must allow flexibility, community by community.

- ***"Cross systems" training for participants in the community's partnership can accelerate a common understanding of child safety and a general sense of teamwork.*** An effective way to promote the new delivery system at the frontline is common training for all the frontline staff and supervisors who are involved. Especially if frontline staff help to design the training, it can be a powerful force in building knowledge and motivating change.

5. Transforming public child protection agency services

Building a community partnership for the protection of children requires major changes of public CPS agencies. CPS agencies must transform their internal policies and practices while playing a leadership role in creating and sustaining the broader community system for child protection. Several key changes in CPS agency practice have been described earlier in the paper. *Instituting a differential response system*, for example, is a major policy and practice change, and for many CPS agencies will be their first significant step toward the new system.

Beyond that, however, the approach described here requires a *reorientation of CPS workers' skills in many dimensions*. Skills in more comprehensive assessments, engaging and "partnering" with families, understanding the dynamics of substance abuse and other risks to children, engaging natural networks of support, understanding communities, teaming with colleagues in other systems—these are new dimensions for CPS practice. They must be acquired through training and reinforced by supervision and job performance evaluations that value/reward these skills.

There is growing evidence that CPS workers can not only acquire these skills, but that they find their practice enriched when they do. The CPS agency in Jacksonville, Florida, developed an approach to engaging neighbors, relatives, and friends as part of a family's "safety plan" and workers have found their work with these non-familial resources to be intensely rewarding, as described in Figure XI.

FIGURE XI: DRAWING ON NATURAL HELPING NETWORKS

*Staff of **Jacksonville, Florida's** Department of Health and Rehabilitation Services invented a new way of encouraging families, friends, neighbors, and other nonfamilial community resources to play an active role in keeping individual children safe. As part of a CPS worker's planning with a parent who has been the subject of an abuse or neglect report, the worker offers the parent the option of arranging follow-on contact with a person in the community whom the parent trusts—a minister, a relative, a friend. If this person is willing to become consistently involved in the plan of action, for example, by stopping by the house three times a week to ensure that the parent does not become isolated and over stressed, the CPS worker, the parent, and the third party sign a brief agreement to this effect. Having now entered into dozens of these "Community Support Agreements," workers in Jacksonville find that they extend their resources to help families immensely, but with no new cost.*

Beyond practice changes, conducting CPS agency services in the context of a community partnership will require organizational and administrative changes as well. For example, "out stationing" CPS

workers in schools or teaming them with other community staff (including police officers, mental health workers, and "community moms"), as is now the case in some communities in Florida, Missouri, and Iowa, generates a number of questions about supervision, job responsibilities, and caseloads. These questions are just beginning to be addressed by CPS administrators.

Finally, the CPS agency's ability to protect children involved in repeated and/or severe cases of maltreatment will be critical to the credibility—and thus the viability—of the emerging community system. This internal revitalization requires that CPS agencies review and analyze the factors that cause child fatalities in their community; focus on cases with multiple reports to ensure that they are not overlooking the cumulative effect of multiple incidents of maltreatment (i.e., when no one incident is horrific, but the long-term effect on the child is nonetheless damaging); and ensure that quality assurance procedures are in place to prevent errors and to rectify and learn from mistakes when they occur.

Protocols for accomplishing this internal focus on safety should become a major priority for the CPS agency, at both the state and local levels. Even when the community child protection system grows strong, the CPS agency will continue to be the source of greatest expertise about assuring safety in the most serious cases. To play this role well, the agency must train its staff rigorously, build reliable information systems, and ensure that when abuse and neglect are identified they do not recur.

One of the most promising internal reforms that a number of states and communities are exploring is an automated information system. Instead of relying on paper forms as most agencies have in the past, many agencies are developing automated systems that track the status of cases, activities completed, services provided, and outcomes achieved. This kind of computerized information system is useful not only to CPS workers for their internal purposes, but also to the broader community network which likewise needs to know the current status of individual families. In its full form, such an automated system would include information from a number of public and private agencies as well as the informal service providers in the community.

Building community partnerships also requires that public CPS agencies exert a new leadership role within their community. In many communities, the CPS agency is likely to initiate the creation of the partnership. The agency's legal mandate makes it the logical catalyst for moving from the current system to a new system. Then, as the mature partnership takes shape, the CPS agency will be the "consultant on child safety." Its expertise can help other entities understand the dynamics of child abuse and neglect, the strategies that are effective in addressing these problems, and the resources already devoted to addressing child maltreatment within the community. In addition to leadership, the CPS agency is likely always to provide some forms of direct services, from assessment to family case management. Finally, the CPS agency should remain the partner that provides the coercive interventions of in-home protective supervision and/or child custody/foster care when necessary.

6. Shifting intake and follow-on services for lower-risk cases to a community-based system

States and localities that have progressed to this stage will have made major progress toward developing comprehensive community partnerships for the protection of children (CPCPs). In the course of moving from a loose collaborative of concerned individuals and agencies to an increasingly organized *system*, the partners will have made substantial progress toward the following:

- installed one or more "targeted early intervention" programs that have reduced the number of certain types of families coming to the CPS agency's attention in the first place;
- implemented a differential response capacity so that the CPS agency distinguishes levels of risk among families, and routes reported cases of abuse and neglect to the appropriate type of community resource. Based on states' experiences with this approach, it is likely that 80 percent or more of cases being reported are being routed primarily to a service-oriented assessment approach, and that the majority of direct services is being provided to these families by community resources;
- established a comprehensive system of neighborhood-based supports and services;

- partnered in the day-to-day development of safety plans for all families whose needs are addressed by the community system for child protection;
- organized themselves so that the roles and responsibilities of all participating organizations (formal and informal) are clear; and
- solidified the CPS agency's skills and resources as the lead agency on the most serious cases of maltreatment.

All of this has been done under the banner of child protection, but whereas the banner used to "fly over" the CPS agency alone, the CPS agency and its partners have now established that child protection is the *collective* responsibility of a network of community resources and partners.

At this stage, a critical "tipping point" is reached that some states and communities may want to consider (and some may not). With the creation of a community partnership for child protection, the possibility now exists to shift greater responsibility for intake and triaging from the CPS agency to other community partners.

As one option: a community could establish an information and referral "helpline" specifically to receive all calls related to family stress as well as actual or potential reports of child abuse and neglect. From the community's point of view, this would make sense: rather than having all calls go to a CPS hotline, from which 80 percent are routed into a service-oriented track (with predominantly community providers), why not have calls initially go to a community helpline, and then immediately route (e.g., through electronic transfer) to the CPS agency the 20 percent of calls that require an investigation approach?

As a second option: a community could elect to maintain two reporting and triaging points. The CPS hotline could be retained, with clear definition of the calls that were appropriate. (This might eventually involve a narrowing of the definition of abuse and neglect as well.) In addition, a community "helpline" would be established to accept, triage, and assign for follow-up the calls that

were appropriate for it. Because most community institutions and providers would be part of the community system of child protection, and hopefully even the general public would be more aware of access routes for help, mandated reporters would be knowledgeable about which reporting point they should use in any given instance.

Changing the pattern of entry into the child protection system can *begin* without changing states' definitions of child abuse and neglect. What is critical is that communities have begun developing a sufficient menu of services so that families needing help will not be referred to the CPS agency just because it is the only source of "guaranteed response." Eventually, the availability of earlier and more comprehensive help may even allow states to revise the definition of child maltreatment, clarifying which forms of risk to children must be reported to the CPS agency and which can be addressed through other means.

It is too early in the development of community systems for child protection to know whether these more radical shifts to community provider responsibility are important or not. Arguably, if the community system for child protection is functioning well, with the CPS agency as a partner and leader (but as one entity among many), residents' willingness to call on the system voluntarily will be strong enough so that it doesn't matter *which* agency administers the referral point: it will be perceived as a "helpline" no matter who administers it.

It is important to note that stopping short of this "tipping point" still represents a major revolution in the way that child protection is conducted. There is an advantage, however, in always extending the vision of a community-owned system to its furthest point, if only to expand our consideration of how much responsibility we believe communities can or should assume.

7. Instituting community governance and accountability for protecting children

Initially, the community partnership for child protection is not likely to have a formal governance system. Instead, a collaborative group of many partners will serve as informal decision-makers. Input into budgets, agency roles, and partners' responsibilities might be made by this group, but final decisions would still rest with the appropriate public agencies.

As the community system becomes a real partnership, and not just a collection of individuals and agencies, however, its governance should become a more formal and inclusive process. Decisions about the system could be delegated to a community board, with the board's membership made up of some combination of citizens, providers, and community institutions. This "governing board" would have responsibility for the effectiveness of the system as a whole, and for generating and acting on data produced for the purposes of accountability.

What is *essential* is that at each point in the movement toward the community partnership for child protection, an accountability plan is in place. As time goes on, this plan will be progressively *less* the sole product of the CPS agency, and *more* that of the partnership.

What issues should this plan address? To answer this question, it is important to distinguish among three forms of responsibility: (1) the "responsibility" that accompanies a community's commitment to child safety; (2) the formal, legal responsibility for an individual child's safety; and (3) "responsibility" for service delivery. While the accountability plan need not address the first of these responsibilities, it must explicitly address the second and third.

The CPCP approach is designed specifically to *broaden and deepen community commitment to child safety*. In plain language, this is a matter of more people feeling that their role as citizens and residents of a community includes being responsible for protecting *all* the community's children.

This can involve acts as basic as one neighbor looking out for another neighbor's child or helping a parent with child care when stress levels climb. On a broader scale, this type of responsibility means that many citizens take the time to learn whether children in their community are safe, and to do whatever they can about it, whatever their walk of life.

What is unlikely to change is the *formal legal responsibility for the protection of specific children when their own families' caretaking abilities must be legally superseded.* For the foreseeable future, it makes sense for the public CPS agency to retain the legal responsibility of custody and court-ordered protective supervision. The agency has the expertise and the experience to do so, as well as the legal mandate.

Building a community partnership *changes responsibilities related to service delivery.* Currently, the CPS agency is solely responsible for assessing and investigating child abuse and neglect reports and for providing services once a report is investigated. As CPCPs develop, assessments can be handled by other community agencies according to standards developed by the CPCP. Service provision to families under stress (either before or after there has been an actual incident of abuse/neglect) can be done whenever possible by neighborhood agencies. Even court-ordered protective supervision and out-of-home care can be provided in part by community agencies, under CPS agency supervision. For example, systems of community-based foster care enroll neighborhood agencies and foster families to provide these services.

The partners in such an enterprise need the mortar of common information to hold them together. Only if each partner has reliable information about its own role, as well as the performance of the other partners, will the community system be well enough understood to be maintained and improved.

The distance involved in "getting from here to there" with regard to accountability may be the biggest barrier to implementing a community system of child protection. The necessary tools and technology have to be invented almost from scratch. However, the task becomes more manageable when broken into incremental steps. At each stage outlined in this paper, for example, data can be generated to allow the community system to track its progress, provide feedback to all partners, self-evaluate, and make course corrections as necessary. To illustrate:

- As the community implements its targeted early intervention programs, tracking systems should identify which families are served, document the services provided to those families, and track key impacts (at least future abuse and neglect reports, as well as other data such as school progress and presence of juvenile justice activity). The community could also track whether families with the same characteristics as the families served through earlier intervention were a greater or lesser part of the CPS agency caseload over time.

- As the CPS agency implements differential response, it should document the experience of subpopulations using the various "tracks." This allows the community system for child protection to become increasingly skilled at choosing the right type of response for families in different circumstances.

- As an ever-widening circle of community members becomes involved in the community system for child protection, information about the safety of the community's children should be broadly available. The more the general public knows about the safety of children, the more participatory all community members will become. (If nothing else, the heightened public visibility will contribute to a growing "culture of accountability" surrounding child protection.)

Fundamental issues of public responsibility are involved here. The main merit of the current CPS organizational structure is that there is a clearly accountable party for this essential governmental function. *This crystal-clear accountability should not be blurred as states and communities move toward a new system.* Either the CPS agency should retain the ultimate legal accountability (and liability) for the safety of children in specific threatening circumstances, or it should be transferred to a community board.

III. THE NEW VISION: COMMUNITY PARTNERSHIPS FOR CHILD PROTECTION

Having moved through these seven stages, we now describe the "There" that states and communities may have constructed. In this vision, the mission of child protection is shared more broadly, with the local CPS agency and community and neighborhood resources working together to keep children safe and to strengthen families. As part of this vision:

-- A *Community Partnership for Child Protection* (CPCP) is established at the local level, and acts as the vehicle through which the CPS agency, public and private agencies, neighborhood service providers, parents, natural helping networks, and other formal and informal resources work together to prevent families from arriving at the CPS agency's door in the first place and to address child maltreatment when it occurs.

-- Under the direction of the CPCP, neighborhood networks of formal and informal service providers are organized to provide the services and supports needed to assure each child's safety.

-- Within the partnership, a local CPS agency provides leadership in a variety of ways. It directly oversees the initial response to maltreatment reports (even though the CPS agency may not provide that response itself); provides protective supervision for highest risk cases; and supervises foster care and adoption services for families for whom voluntary services are not sufficient, and for whom the oversight and/or custody of the CPS agency is required.

-- Statewide, a state CPS agency (or an interagency human services cabinet) sets standards for the community partnerships; provides incentives and technical assistance for their development; assures adequate funding for the local partnerships; and maintains a system of accountability to assure that these partnerships are accomplishing their goals.

Finally, this system of child protection is "nested" within a broader commitment at the state and community levels to support families as they raise their children so that children are healthy, safe, and successful at school.

While the structure and character of these partnerships will vary from state to state and from locality to locality, certain core responsibilities are likely to be common to all partnerships. These include:

-- *establishing each community's goals for child protection* within parameters set by the state;

-- *designing the neighborhood system of service delivery*, the combination of natural helping networks and formal service providers that will assure children's safety;

-- working with all state and local public and private resources to *assure that the delivery system for child protection has adequate funding*;

-- *engaging the broader community*—parents, the business sector, the media, and others—in the mission of child safety; and

-- *tracking the performance* of the community's delivery system for protecting children, and disseminating information so that the public is aware of the degree to which children are (or are not) safe.

We can now also see that this system provides all of the essential functions of child protection, but they are carried out by the CPS agency and the other partners acting together and sharing responsibilities in new ways. The CPCP assures that the following core functions of a child protection system are well performed:

a. *Case finding/entry into the child protection system.* The community system for child protection envisioned here ensures that troubled families and children, whose needs can be met through less intrusive and less expensive means, have access to help that does not require them to become clients of the public CPS agency. At the same time, for families in which child maltreatment occurs or is highly likely, a reliable system of case-finding and mandated reporting is in place.

   Changing the entry points of the community system for child protection makes a profound difference. By intervening earlier (and probably more appropriately) to assist families and promote safety, the families who become clients of the CPS agency will be those with specific evidence of child maltreatment. This corrects one of the major problems of current CPS. Instead of more than 50 percent of abuse and neglect reports being unsubstantiated—and rarely being connected to another source of help—the flow of families into formal CPS services would be simultaneously reduced and more appropriate.

b. *Assessment.* In a community system for child protection, the triage point provides a comprehensive assessment of family needs and risk of harm to the child, as well as determining what (if any) acts of maltreatment occurred. Based on the assessment, the response to a family

can be customized according to need: it can involve both formal and informal services, a more detailed investigation related to criminal conduct (carried out by law enforcement), or a combination of the two.

Because assessments reveal each family's unique situation, the likelihood of customized service increases. A comprehensive assessment *increases* awareness of factors threatening children's safety; thus partnerships can respond more thoroughly on issues of safety, not less.

c. *Service provision.* Partnerships are now able to draw on a wider array of both formal and informal services that are more accessible and more closely matched to the strengths and needs of children and families than the services centralized public CPS agencies now provide.

Recognizing that not all services in a community system for child protection can be voluntary, CPCPs maintain authoritative, coercive service capacity for those families who refuse to accept services on a voluntary basis and when a child's safety is threatened.

For a few children whose families cannot or will not adequately care for them, substitute parental care remains necessary, including prompt movement toward adoption or finding another type of permanent home when the family's unacceptable care of the child does not change. The CPS agency would continue to have lead responsibility for these services, working with other partners to deliver these on a neighborhood basis whenever possible.

While this part of child welfare is often viewed as separate from child protection, in reality both foster care (substitute care) and adoption are protective interventions. A community system for child protection must guarantee safety and high-quality care while a child is in foster care, and either timely reunification of the child with his/her family or adoption in a reasonable period of time.

Improving the performance of these core functions of a child protection system generates changes in the roles of other community institutions as well. For example, law enforcement's role changes. As the CPS agency and its community partners merge a safety orientation with a service orientation, law enforcement should be able to focus more aggressively on investigating and prosecuting criminal acts of child maltreatment.

The child protection system we describe here is only part of the total picture of "what's necessary" to protect children. The CPCP must be embedded within, and supported by, a more comprehensive community commitment to helping families raise healthy, secure, and successful children. Child abuse and neglect will not decline if family poverty remains high, adolescent pregnancy rates continue to increase, family stability continues to decline, and communities cannot guarantee safe, healthy environments for raising children.

Calling for enriched community supports for children and families may seem unrealistic in a time of shrinking public budgets. However, the facts about child maltreatment cannot be ignored. If a growing number of families are seeing their incomes shrink, are having trouble obtaining the basics of food, clothing, and shelter, and are plagued by substance abuse, rates of child maltreatment will go up, not down. The reason a community's overall family support system is critical to effective child protection is that it creates the possibility of stemming the flow of vulnerable, at-risk families.

Recognizing this fact, neighborhoods, school districts, and cities and towns are starting innovative supports for families and children. They recognize that family stress is greater than ever before, and that mainstream community institutions—schools and businesses—cannot succeed without assuring that children come to school ready to learn and leave school ready to enter the productive work force. State governments are also investing time, money, and political energy in reconfiguring their community-based supports for children and families. Michigan, Missouri, Vermont, Georgia, Washington, Oregon, Nebraska, and other states are developing community family support systems and investing in community economic development, with strong backing from governors and/or state legislatures.

Community strategies to support families as they raise their children take many forms. Some are universal (as in states' and communities' extension of health care coverage to all children.) Other strategies are targeted either to families facing high stress, or to geographic areas and neighborhoods where families are disproportionately poor, unsafe, and/or vulnerable to other problems. These

target areas are likely to be the most frequent source of current referrals to the CPS agency as well. Most initiatives stress forms of service that specifically support parents in their parenting roles. For example, Kentucky has developed Family Resources and Youth Service Centers (over 300 to date) as a way of promoting school-linked family supports. Maryland targets its family support centers to neighborhoods with high rates of teen pregnancy. California's Healthy Start initiative targets neighborhoods with multiple indicators of high risk.

The most far-sighted community family support efforts do not focus just on services. Instead, communities and state governments agree on a series of core outcomes sought for families and children, and then reconfigure many activities—economic development, for example, as well as services—to achieve these outcomes. Such efforts are as concerned with mobilizing local commitment and increasing local accountability for children's well-being as they are about improved service delivery. In their fundamental goals, these efforts parallel the changes sought for the child protection system. Missouri's Caring Communities initiative is one such effort: it includes new services, but has an equal focus on the goal of "parents working" and on fundamental shifts in community governance.

Taken as a whole, this approach to child protection is a substantial change from the current system. If successful, the changes will mobilize the supports that families need while assuring a consistent focus on child safety. New partners will be engaged, while the necessary functions of the public CPS agency are retained and strengthened. Parents' role in child protection will be placed front and center, as is appropriate, but parents will have access to the neighborhood and community supports that can help them meet the challenges of parenting in today's complex society.

IV. CONCLUSION

The approach to child protection outlined in this paper is ambitious, requiring dramatic change and significant new capacities from all of its participants. Given all of the other changes affecting public human services, including massive budget cuts and radical changes in federal, state, and local responsibility, is this the time also to be reinventing child protection?

The answer is, emphatically, *yes*, for several reasons. The general movement toward greater state and local responsibility supports these changes. Pervasive in the suggested approach is greater flexibility, decision-making, and responsibility at the local level. As long as state governments and local communities are being forced to consider how authority will be newly distributed in most other human services arenas, it seems appropriate to reexamine responsibilities for child protection at the same time.

Similarly, the general direction of reform in human services and education supports this approach to child protection. Trends toward in-home care, neighborhood-based services, outcomes-oriented approaches, and stronger accountability all reinforce the directions suggested here. Since communities will be designing the infrastructure to make these characteristics a reality (they are largely rhetorical at present), it is opportune to consider a new system of child protection that also is based on these operating principles.

Finally, the cold reality is that, if states and communities do not reexamine their systems for child protection proactively, they will find themselves forced to do so in reaction to other changes. The impending federal changes in welfare and other supports for low-income families will inevitably affect child protection (and all other parts of the child welfare system). Even the most cautious forecasts predict some impact on child welfare caseloads, and some experts fear a massive influx of newly stressed families (and/or their children) to public child welfare systems. Thus, states and communities are likely to be far better prepared to use their scarce public resources well if they seize

the opportunity to design the type of system that meets their community's needs, rather than allow events to overtake them and have the system "designed by crisis" as has occurred too often in the past.

For all of these reasons, the likelihood is that more and more states and communities soon will be trying to create improved systems of child protection. The suggestions and observations in this paper cannot provide more than general, introductory recommendations about how to approach this task. The real wisdom about this challenge will emerge, as it has so far, from the field itself, as people take action. We look forward to the learning that will emerge as that process goes forward.

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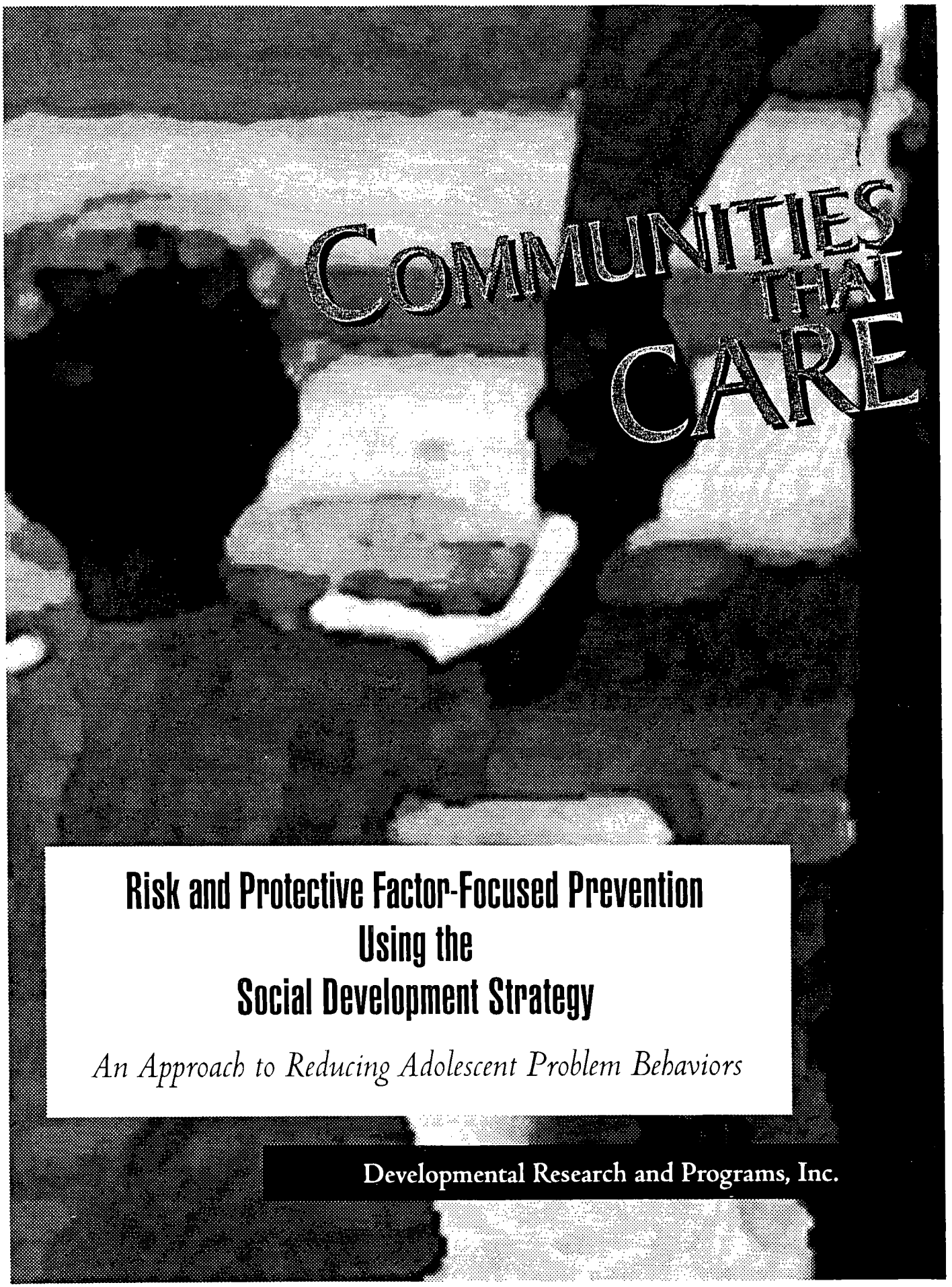

Risk and Protective Factor-Focused Prevention Using the Social Development Strategy

An Approach to Reducing Adolescent Problem Behaviors

Developmental Research and Programs, Inc.

COMMUNITIES THAT CARE

What is Communities That Care?

◆

Your personal information packet to help you share information about the Communities That Care Approach

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COMMUNITIES THAT CARE

What is Communities That Care?

Communities That Care is an approach to preventing adolescent problem behaviors that is based on the work of Drs. J. David Hawkins and Richard F. Catalano, who are internationally known for their work in the field of risk and protective factor-focused prevention.

Drs. Hawkins and Catalano founded Developmental Research and Programs with the mission of translating research into practical applications that can help communities, families and schools be more effective in working with young people.

That is the distinguishing feature of the Communities That Care approach-it is based on the very best research about what puts young people at risk for adolescent health and behavior problems, what can help protect them from risk and promote healthy development, and how communities should organize and operate in order to effectively prevent youth problems.

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Communities That Care: An Overview

There are three major phases of mobilizing a community to ensure the health and safety of its young people and institutionalize prevention.

Phase One—Introduce and Involve

- **Define the community**–What are the geographic boundaries and who are the people who live in your community? The answers to these questions are the first step in educating and involving your community. Your community may be defined as a neighborhood or a school catchment area.

- **Involve key leaders**–These are the influential individuals in your community's neighborhoods, schools, government, law enforcement, social services, juvenile justice system, medical and mental health, child and family services, religious organizations and cultural groups, and businesses. Their involvement is essential in providing credibility, accessing resources, removing barriers and supporting community prevention. Some of the key leaders may serve on the community prevention board or team. Others will appoint staff people to represent them.

- **Create a community-wide positive youth development board**–This group will be made up of concerned community members representing all the significant areas affecting young people's lives: parents, educators, government officials, neighborhood residents, law enforcement officers, religious leaders, juvenile justice personnel, social service providers, health and mental health care providers, cultural leaders, business people, and young people themselves. A diverse group that is reflective of your community is critical to your success. This will be the working group for implementing positive developments to preventing health and safety problems of young people in your community.

- **Assess community readiness**–Is your community ready to use the existing research evidence to promote healthy development and prevention of problem behaviors? Are there groups who deny the existence of adolescent problem behaviors? Have they had any experience working collaboratively with other agencies and organizations? These obstacles must be identified and overcome before you proceed with your prevention efforts.

Introducing risk and protective factor-focused prevention means educating the community about 1) what research has shown puts young people at risk for adolescent health and behavior problems including delinquency and violence, 2) the protective factors and protective processes that research has shown buffers the effects

of risk exposure, promote resilience in children, and prevent health and behavior problems, and 3)tested strategies that reduce risk and enhance the protective factors of bonding and clear standards for behavior. The process of building community support is as important to your success as the programs you implement. Establishing broad-based community support weaves prevention into the very fabric of the community.

Phase Two—Conduct Community Assessments and Identify Gaps

- **Conduct community assessments**–In this phase you will be collecting archival and survey data on specific risk factors in your community, using the *Communities That Care* Data Workbook and other community resources. The data you collect will be analyzed and compared to state, county or national trends.

  You will assess protective factors through the use of the *Communities That Care Youth Survey.* You will also assess existing community activities, programs, and services in order to identify resources that are already addressing risks and increasing protection for young people.

- **Identify community priorities and gaps to be addressed**–To build an effective strategy, you need need both an accurate picture of your community's specific risk profile and information on resources and assets already in place. Collecting data can help reduce turf battles by demonstrating which risks are a priority to address. It will also provide baseline data to help you evaluate the effects of your efforts.

Phase Three—Plan and Implement Promising Responses

- **Learn about research-based strategies that address risk factors and increase protection**–A number of effective strategies involving families, schools, communities and individual/peers have been identified through will controlled research studies.

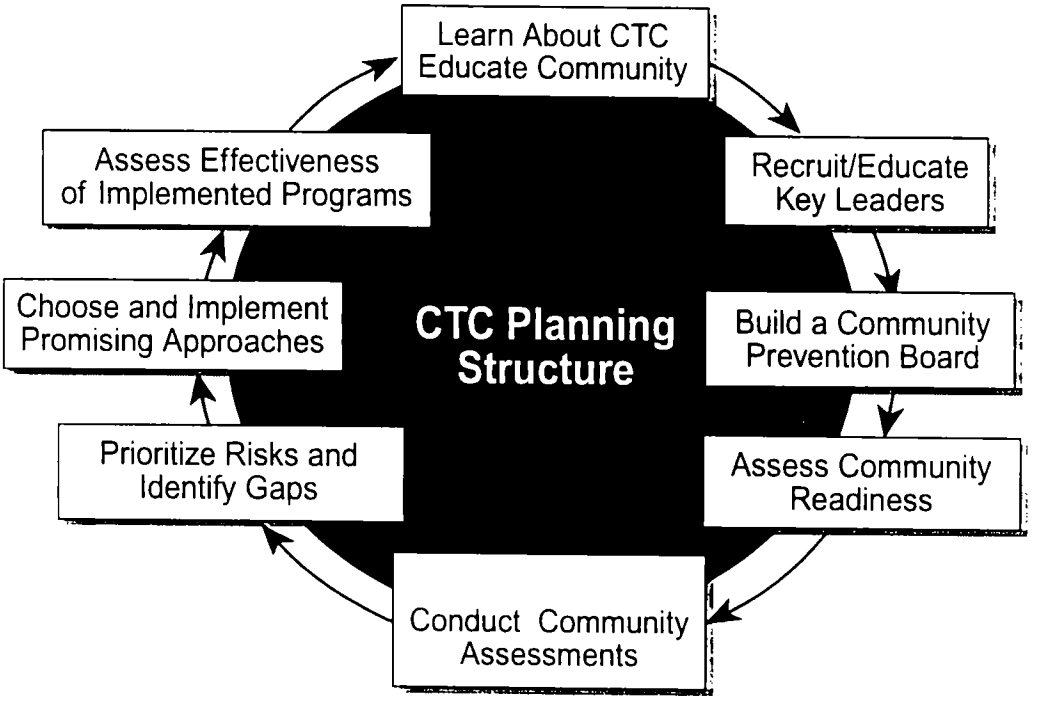
- **Develop a plan to address priority risks and existing gaps with promising approaches**–The next step is to develop and implement a plan of action to respond to the risks you prioritized as being critical for your community to address, and the gaps in effective resources that you found as a result of your community assessment.

- **Implement the strategy**–Subcommittees or task forces should be formed to oversee each approach you decide to implement. Task forces will continue to work with the entire board, as well as the key leaders, as new efforts are implemented.

- **Evaluate the effectiveness of the strategy**–To assure ongoing success, you will continue to collect information about risk and protective factors, resources and the effectiveness of the prevention strategies you implement.

COMMUNITIES THAT CARE

Institutionalizing prevention is a long-term process for communities. Evaluation and the resulting strategy enhancements and developments will continue indefinitely. Remember that you are not alone in this process. Many other members of your community are concerned about the healthy development of young people. Your task is to harness the energy and commitment of all those who care about young people and channel that commitment into a risk and protective factor-focused prevention approach. By doing so, you can move toward achieving the vision of your community as a healthy, nurturing, safe place for all children to live.



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Risk Factors	Adolescent Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	✔				
Availability of Firearms		✔			✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Media Portrayals of Violence					✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Disorganization	✔	✔			✔
Extreme Economic Deprivation	✔	✔	✔	✔	✔
Family					
Family History of the Problem Behavior	✔	✔	✔	✔	
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Favorable Parental Attitudes and Involvement in the Problem Behavior	✔	✔			✔
School					
Early and Persistent Antisocial Behavior	✔	✔	✔	✔	✔
Academic Failure Beginning in Late Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	
Individual/Peer					
Alienation and Rebelliousness	✔	✔		✔	
Friends Who Engage in the Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔
Constitutional Factors	✔	✔			✔

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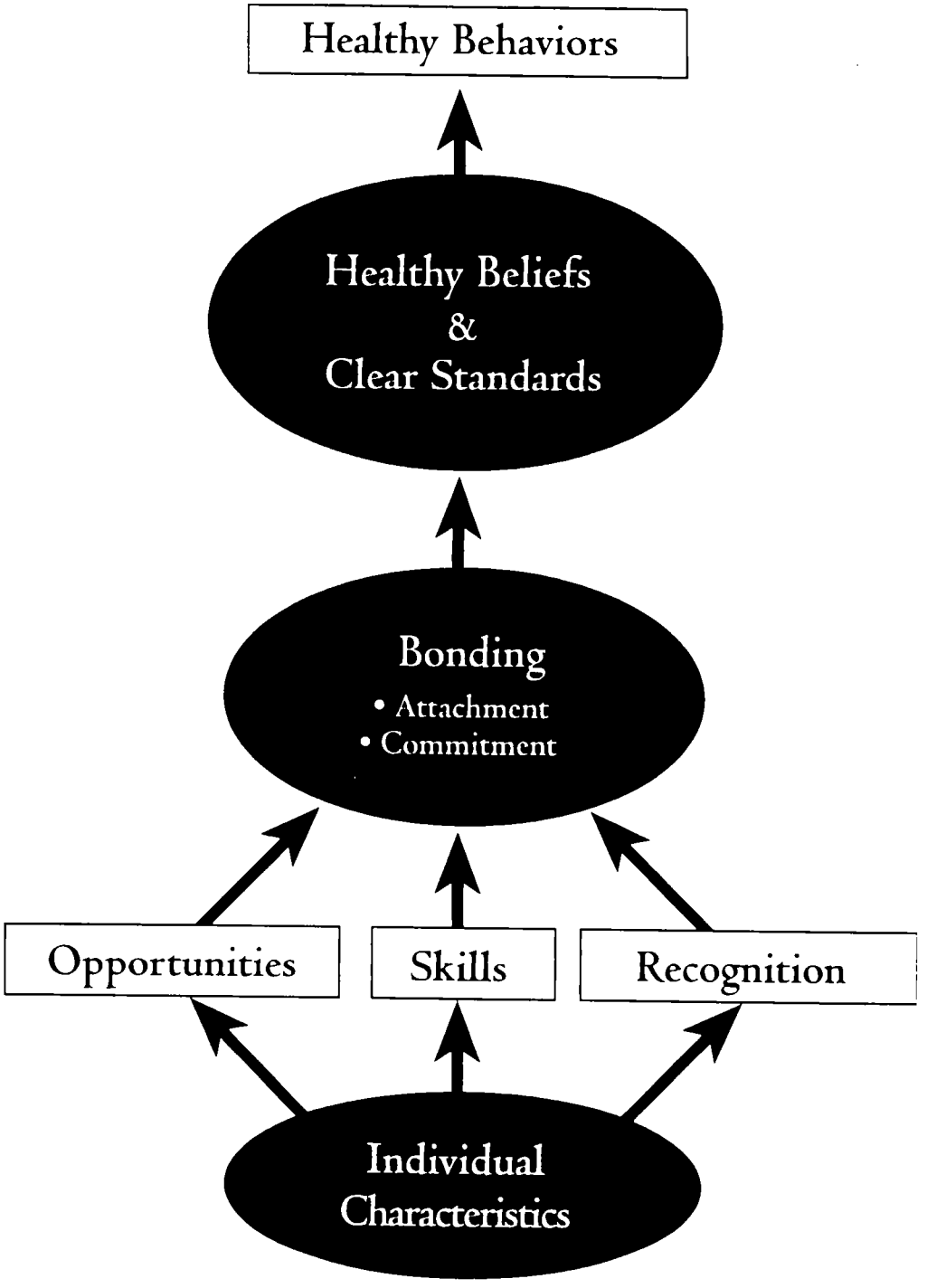
The Social Development Strategy



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Using Promising Approaches

Promising Approaches are prevention strategies that have been shown in high quality research tests to be effective in reducing known risk factors and enhancing protective factors for adolescent health and behavior problems.

All of the programs described as *Communities That Care* Promising Approaches:

- Address research-based risk factors for substance abuse, delinquency, teen pregnancy, school drop-out or violence.
- Increase protective factors by strengthening healthy beliefs and clear standards, and building bonding to family, community, school and/or positive peers.
- Intervene at a developmentally appropriate age.
- Have shown effects in high quality tests.

The charts on the following pages will serve as a handy reference for identifying strategies to incorporate into your comprehensive prevention plans. The *Risk and Protective Factor Cross-Reference Chart* organizes the strategies by risk factor addressed within each domain. It can be used to identify all the program strategies that address a particular risk factor, and to determine which protective factors are strengthened by each program strategy.

Risk and Protective Factor Cross-Reference Chart

Community Domain

Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Availability of Drugs	Community/School Policies	✔	✔	✔	✔	✔	all
Availability of Firearms	Community/School Policies	✔					all
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	Classroom Curricula for Social Competence	✔		✔			6-14
	Community Mobilization	✔	✔	✔	✔	✔	all
	Community/School Policies	✔	✔	✔	✔	✔	all
	Policing Strategies	✔					all
Media Portrayals of Violence							
Transitions and Mobility	Organizational Change in Schools	✔	✔	✔	✔	✔	6-18
Low Neighborhood Attachment and Community Disorganization	Community Mobilization	✔	✔	✔	✔	✔	all
	Policing Strategies	✔					all
	Organizational Change in Schools	✔	✔	✔	✔	✔	all
	Classroom Curricula for Social Competence	✔		✔	✔		11-14
Extreme Economic Deprivation	Prenatal and Infancy Programs	✔	✔	✔	✔	✔	prenatal–3
	Youth Employment with Education	✔	✔	✔	✔	✔	all

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Risk and Protective Factor Cross-Reference Chart

Family Domain

Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Family History of the Problem Behavior	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
Family Management Problems	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
	Early Childhood Education	✔	✔	✔	✔	✔	3-5
	Parent Training	✔	✔	✔	✔	✔	prenatal-14
	Family Therapy	✔	✔	✔	✔	✔	6-14
Family Conflict	Marital Therapy	✔	✔	✔	✔	✔	prenatal
	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
	Parent Training	✔	✔	✔	✔	✔	prenatal-14
	Family Therapy	✔	✔	✔	✔	✔	6-14
Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
	Parent Training	✔	✔	✔	✔	✔	prenatal-14
	Community/School Policies	✔	✔	✔	✔	✔	all

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Risk and Protective Factor Cross-Reference Chart

School Domain

Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Early and Persistent Antisocial Behavior	Early Childhood Education	✔	✔	✔	✔	✔	3-5
	Parent Training	✔	✔	✔	✔	✔	prenatal-10
	Family Therapy	✔	✔	✔	✔	✔	6-18
	Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18
	Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14
	School Behavior Management Strategies	✔		✔		✔	6-14
	Afterschool Recreation Programs	✔	✔	✔	✔	✔	6-10
	Mentoring with Contingent Reinforcement	✔		✔		✔	11-18
Academic Failure Beginning in Late Elementary School	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2
	Early Childhood Education	✔	✔	✔	✔	✔	3-5
	Parent Training	✔	✔	✔	✔	✔	prenatal-10
	Organizational Change in Schools	✔	✔	✔	✔	✔	6-18

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Risk and Protective Factor Cross-Reference Chart

	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
School Domain	**Academic Failure** (continued)	Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18
		Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14
		School Behavior Management Strategies	✔		✔		✔	6-14
		Youth Employment with Education	✔	✔	✔	✔	✔	15-21
	Lack of Commitment to School	Early Childhood Education	✔	✔	✔	✔	✔	3-5
		Organizational Change in Schools	✔	✔	✔	✔	✔	6-18
		Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18
		School Behavior Management Strategies	✔		✔		✔	6-14
		Mentoring with Contingent Reinforcement	✔		✔		✔	11-18
		Youth Employment with Education	✔	✔	✔	✔	✔	15-21

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Risk and Protective Factor Cross-Reference Chart

Individual/Peer Domain

Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Rebelliousness	Family Therapy	✔	✔	✔	✔	✔	6-14
	Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14
	School Behavior Management Strategies	✔		✔		✔	6-14
	Afterschool Recreation	✔	✔	✔	✔	✔	6-10
	Mentoring with Contingent Reinforcement	✔		✔		✔	11-18
	Youth Employment with Education	✔	✔	✔	✔	✔	15-18
Friends Who Engage in the Problem Behavior	Parent Training	✔	✔	✔	✔	✔	6-14
	Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14
	Afterschool Recreation	✔	✔	✔	✔	✔	6-14
	Mentoring with Contingent Reinforcement	✔		✔		✔	11-18
Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14
	Community/School Policies						
Early Initiation of the Problem Behavior	Parent Training	✔	✔	✔	✔	✔	6-14
	Classroom Organization Management and Instructional Strategy	✔	✔	✔	✔	✔	6-10
	Classroom Curricula for Social Competence	✔	✔	✔	✔	✔	6-14
	Community/School Policies	✔					all
Constitutional Factors	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	prenatal-2

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COMMUNITIES THAT CARE

J. DAVID HAWKINS
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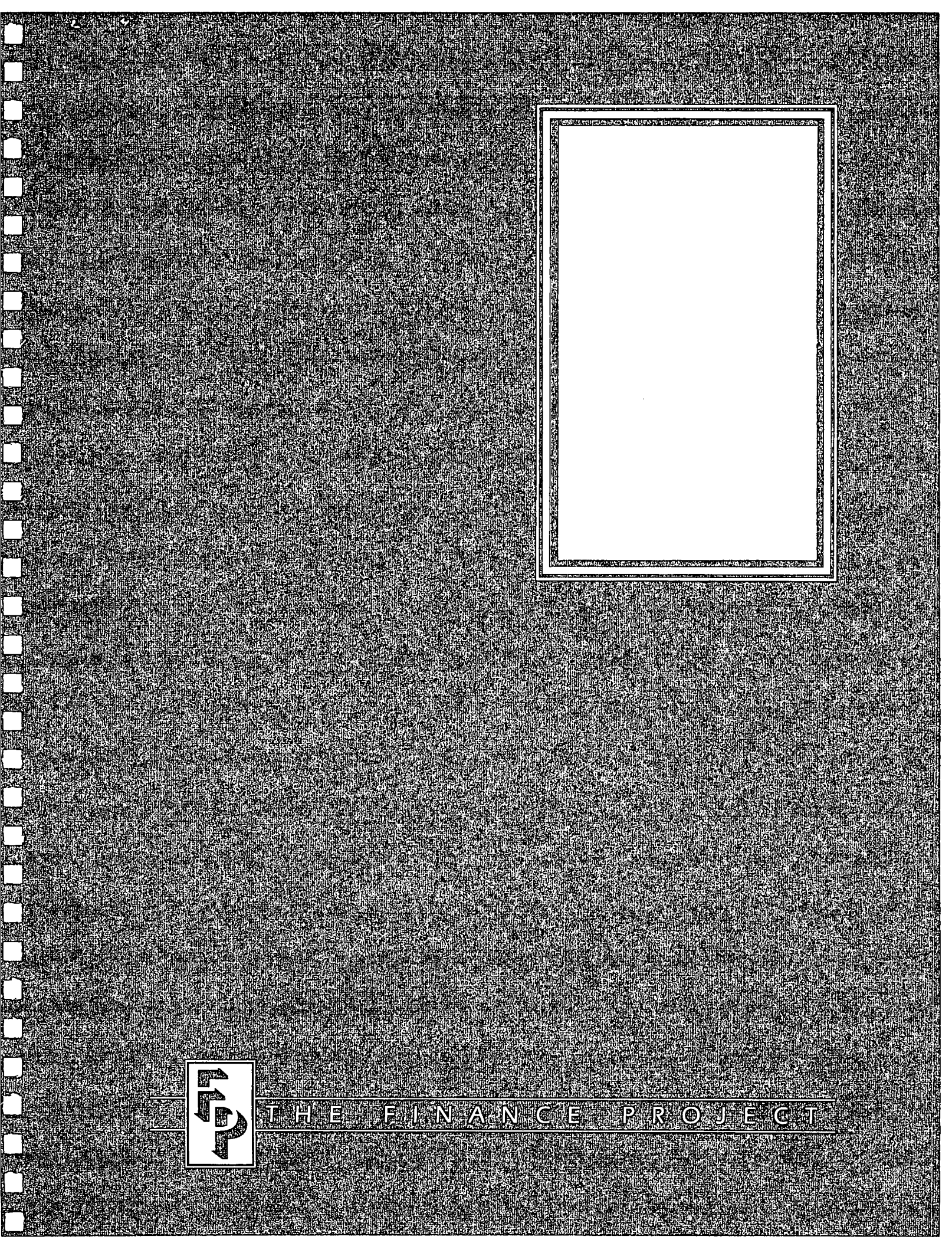
THE FINANCE PROJECT

CONCEPTUALIZING THE COSTS OF COMPREHENSIVE, COMMUNITY-BASED SUPPORT SYSTEMS FOR CHILDREN

November 1995

By Jennifer King Rice

Prepared for
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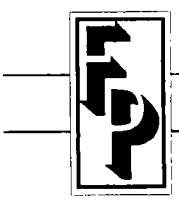

THE FINANCE PROJECT

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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 their communities. Voters spoke clearly in November 1994. They want more for their money. They want more and better services, but they also want 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. On Capitol Hill on Washington, DC and in statehouses nationwide, policymakers are scrambling to respond.

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 is the way 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. It determines how they are provided and who benefits from them. Financing 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 are in business to 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 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 beneficial outcomes 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. They have been enhanced by the work of people outside of government, including foundation executives, business and labor leaders, community organizers, and academic scholars. 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 more directly involve citizens 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 policymaker 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 a 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 the 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 they present and use them to advance their own efforts to improve public financing strategies.

This paper, *Conceptualizing the Costs of Comprehensive, Community-based Support Systems for Children* was prepared by Jennifer King Rice. It presents the rationale for developing new approaches to conceptualizing the costs associated with the implementation and operation of models supporting comprehensive, community-based reform. In addition, it explores issues associated with assessing the costs of creating and operating community-based supports, and provides a preliminary template to guide local policymakers and practitioners through a systematic consideration of the total and marginal costs of resources required to operate such initiatives. This paper was prepared as a part of the work of The Finance Project's Working Group on Financing Comprehensive, Community-based Support Systems.

Cheryl D. Hayes
Executive Director

INTRODUCTION

A variety of services are targeted to children at various stages during their development. These include immunization provisions, well child care, nutritional interventions, early child care and education programs, recreational programs, and the formal schooling process. While these services have typically been provided through a broad set of public and private organizations at the federal, state, and local levels, a more recent movement to integrate services for children has gained momentum across the nation (First, Curcio, and Young 1994). Alder (1994, p. 2) argues that this organizational reform is "based on the assumption that one cannot isolate a child's biological, psychological, and social needs and assign different organizations to meet each category of need." Despite increasing efforts to better integrate children's services, few delivery systems encompass a wide array of programs reflecting a comprehensive approach. Researchers, policymakers, community leaders, and professionals in the business of providing services to children continue to encourage more holistic approaches that recognize the natural links among the multiple types of children's services, particularly for children from at-risk or disadvantaged environments (Comer 1980, 1985, 1988; Garvin and Young 1994).

Comprehensive community-based support systems reflect an effort to expand current levels of service integration. These initiatives are broad-based approaches with a mission to coordinate a wide array of services and programs in the community to support children and promote community development and system change. It is important to recognize that there is no single model or specification of comprehensive community-based systemic reform; the configuration of the model is dependent upon the needs, values, and perspectives of the community in which it is developed and implemented. The boundaries or scope of the initiative are determined by the comprehensiveness of the model. Of most interest are fully comprehensive models that envelop the community's education, health, recreation, safety, and other domains.[1] Some of the provisions included in the model may already exist in the community (e.g., public schools, recreational programs, and police force) and are simply linked with the comprehensive support system. Others may be newly developed programs or interventions that are introduced through the model (e.g., after-school programs, summer camps, and community safety programs). In addition, activities supporting community development and system change (e.g., community mobilization activities, joint planning sessions, community forums, and informal interactions) constitute non-service components of fully comprehensive community-based support systems.

Proponents of this approach argue that it has the potential to be both more effective and more efficient than the relatively fragmented structure that has traditionally dominated the delivery of children's services. Its potential effectiveness stems from a recognition of the natural overlap among education, health, child care, recreation, and other children's services, and a consequent emphasis on the development of the whole person. Further, the focus on

[1] To the degree that the support system is a fully comprehensive initiative, any analysis of the model is necessarily a community-level analysis.

community involvement and community development has the potential to result in sustained effects at the individual level as well as long-term impacts at the community level (Garvin and Young 1994). The dual emphases on comprehensiveness and community also have the potential to contribute to the efficiency of the approach. Comprehensive approaches can be designed to minimize duplication of effort and expenditures in providing services (Garvin and Young 1994). Efficiency presumably can also be increased by providing services under fewer separate administrative units.[2] Further, the principles of decentralization and micro-management suggest that community-based initiatives have the potential to result in less waste, because programs are specially designed to meet the specific needs of a particular community (Ramirez, Webb, and Guthrie 1991).

As this approach has progressively taken shape, so has the literature base describing it. Some work has been conducted to document the characteristics of comprehensive community-based support systems (see Alder and Gardner 1994; Kagan et al. 1995) and a compendium of selected initiatives that approximate the approach has been developed (Hayes, Lipoff, and Danegger 1995). However, little attention thus far has been given to estimating the potential costs associated with these types of models. Several explanations may account for the absence of cost information. First, the lack of a single model representing the approach makes it difficult to assess its costs. Second, numerous resources devoted to models of comprehensive community-based support systems are difficult to value (e.g., volunteer time), which limits the applicability of conventional cost analysis tools. Third, identifying the most appropriate unit of analysis can be problematic because of the often unclear boundaries of the models, particularly more comprehensive models that not only provide new services but also coordinate a variety of existing community organizations (e.g., schools, health clinics, police force, and recreational centers). Finally, community diversity in the value and availability of the resources required for the model can limit the generalizability of what analyses are conducted. Despite these difficulties, it is clear that gaining a better sense of the costs associated with the approach is an important step in adopting and implementing new policies to support the delivery of children's services.

The multiple applications of cost analysis provide different types of valuable information to policymakers.[3] A cost-feasibility analysis provides information about the resources necessary for implementation and continued operation of a particular model in a particular community.[4] The relevant question addressed in a cost-feasibility analysis is, "Can we afford to implement and operate this program?" Estimating community-based cost to determine the cost-feasibility of a program is an essential step in deciding whether the initiative is a reasonable alternative to consider given the resource base of the community. In

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[2] On the other hand, a competing argument could be made that efficiency favors the existing system, due to economies of scale associated with larger (less community-based) organizations and bureaucracies.

[3] See Levin (1983) for a more detailed discussion of the various applications of cost analysis. Other useful descriptions of the methodology include Jamison, Klees and Wells (1978); Popham (1988); and Rothenberg (1975).

[4] Examples of cost feasibility analyses include King (1994) and Levin and Woo (1981).

addition, information on program cost is the first step in further analyses that integrate data on outcomes. Two methods that weigh the costs and outcomes of various alternative programs are cost-effectiveness[5] and cost-benefit analyses.[6] These approaches shift from feasibility issues to answer the question: "Should we support one program rather than another?" They have the potential to help policymakers determine whether comprehensive community-based support systems are, in fact, more effective and efficient than other alternative approaches.

Recognizing the importance of cost considerations, The Finance Project has commissioned this paper; it begins to conceptualize the costs associated with the implementation and operation of models supporting comprehensive community-based systemic reform. More specifically, this paper explores issues associated with assessing the costs of comprehensive community-based support systems and provides a template to guide local policymakers through a systematic consideration of the total and marginal costs of the resources necessary to operate such models in their own communities.[7] The template is intended to be a useful tool for policymakers in early planning stages--as well as those interested in monitoring the costs of initiatives already in operation--to gain a better sense of the types, amounts, and distribution of costs associated with various models of comprehensive community-based support systems. The template also can alert policymakers of opportunities to realize more efficient use of community resources.

I begin by reviewing basic components of cost analysis and discussing how the method must be sensitive to variability across different specifications of the model and a variety of community circumstances. Next, I describe the components of the cost template developed to guide local policymakers as they consider the costs of resources necessary to support the model. Then I apply the template to a hypothetical model of comprehensive community-based support systems, and I conclude by discussing topics that require further attention.

CONDUCTING A FLEXIBLE COMMUNITY-BASED COST ANALYSIS

No single model fully represents comprehensive community-based systemic reform; the specification of the model is dependent upon the needs, values, and perspectives of the community in which it is developed and implemented. Further, the cost of a particular specification of the model is dependent on the value and availability of productive resources in the community. These two sources of variability require a method for analyzing cost that is sensitive to site-based circumstances. After describing several concepts central to cost

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[5] Examples of cost-effectiveness analyses include Levin, Glass, and Meister (1984); Mayo, McAnany and Klees (1975); and Quinn, VanMondfrans, and Worthen (1984).

[6] Examples of cost-benefit analyses include Barnett (1985) and Stern, Dayton, Paik, and Weisberg (1989).

[7] The cost template developed in this paper is designed to estimate annual operating costs of comprehensive, community-based support systems once they are in place in a community. Future work will focus on estimating the costs of initiating, developing, and converting to these support systems.

analysis, I discuss the ways that the analysis presented here is particularly flexible to accommodate these sources of variability.

Defining the Terms of Cost Analysis

Many of the terms associated with cost analysis are widely used, but rarely discussed. Consequently, a useful first step in this study is to review several concepts central to cost analysis, such as opportunity cost, societal cost, marginal cost, and conversion/operating cost.

Opportunity Cost

Every program or initiative engages resources that could have been used in other ways. Cost analysis assesses the opportunity costs of all the resources devoted to the implementation and operation of a program. The opportunity cost of a particular resource (e.g., money, time, or space) is the value of the next best use of that resource, or the benefit forgone by using a resource in a particular way.

In many cases, the opportunity cost of a resource can be represented by its market value. The market value of a resource is based on the price of a good or service in an environment of buyers and sellers. If available, the market value is the best estimate of the opportunity cost of a resource. As Levin (1983, p. 64) describes, "The market price is a measure of what must be sacrificed in terms of the value of other commodities to provide the ingredient for the intervention." For example, the opportunity cost of a social worker is equal to the salary and benefits typically associated with the education and qualifications of that individual.

In other cases, however, there may be no explicit market value for a resource, so estimating opportunity cost is less straightforward. For instance, while a market value can be assigned to the time of social workers, it is more difficult to place a value on volunteer time. Most illustrative is the case of children, for whom the most valuable foregone opportunity may be learning rather than earnings.[*] Even if a market price is reasonable to estimate (e.g., volunteer or parent time), communities can be expected to vary in terms of the value of this time. A parent's time can be associated with high or low opportunity costs, depending on the individual (e.g., education level) or the community (e.g., employment opportunities). If we can reasonably assume that parents with high and low opportunity costs are evenly distributed across communities, then we need not be concerned with variation in opportunity costs. However, this assumption is far from representative of reality.

Many resources required to support social interventions can be difficult to value, but should be included in a thorough cost analysis (Monk and King 1993). The notion of

[*] While children and their parents are often the primary beneficiaries of comprehensive, community-based support systems, their participation is not without cost. The cost of their time spent engaged in these activities is equal to the value of the next best use of their time. Presumably, the benefits of participation outweigh the benefits forgone, but the cost must be considered as such.

opportunity cost provides a way for the analysis to extend beyond a study of expenditures to assess the total societal cost of a program or intervention.

Societal Cost

Opportunity costs are associated with all resources devoted to a program, and the sum of these opportunity costs constitutes the total societal cost of the program. A societal cost analysis recognizes that the program being studied involves costs not only to the public treasury,[9] but also to other actors in the community (e.g., time of volunteers and parents). Consequently, estimating the total societal cost of a program requires that the analyst go beyond tallying expenditures to consider the value of the multiple types of resources needed to support the program. The opportunity costs of a comprehensive community-based support system for children can be expected to range from the value of fiscal resources required to pay the salaries of health care professionals, to the value of the time spent by volunteers to serve as mentors to youth in the community.

A societal cost analysis of a program provides information on the full value of the resources devoted to the program and the ways in which the cost burden is distributed among various individuals and organizations. Without accurate and comprehensive data on societal cost, policymakers in the early planning stages of program implementation could be ill-equipped to judge whether or not the community has the appropriate levels of various types of resources to support the program. For instance, consider a program that is heavily dependent on the donated time of volunteers. A community lacking these resources may be well advised to consider other alternative programs with resource requirements that better match the resources available in the community.

In cases where the resources necessary to support the model are either unavailable or unproductive, substitutions may be feasible. For instance, if volunteers are required of the model but are not available in the community, individuals may need to be hired to fulfill the necessary duties. However, as will be discussed later, the process of substituting resources may have significant implications for the cost estimates constructed. Delineating the distribution of cost (i.e., who pays?) equips policymakers with a full slate of information needed to anticipate such community-based limitations.

Marginal Cost

Every community provides certain programs and services to its members. The "standard provision of services" often provided to children and families includes immunization programs, early child care, health services, recreational programs, housing assistance, and formal public education. Comprehensive community-based support systems are likely to include a number of these services that may already be provided in the community through other delivery systems. While the resources associated with these services are included in

[9] The term "public treasury" is used throughout this paper to represent the fiscal resources pooled from various public sources (e.g., tax revenues, public grants, federal allotments) to support the program.

estimates of the total cost of the model, a marginal cost analysis considers only those opportunity costs associated with resources that are incremental or in addition to the standard provision of services. In other words, a marginal cost analysis does not re-count the costs associated with resources already provided under the existing system of service delivery. Rather, the focus is on the net difference in cost between the "old" and "new" uses of a particular resource. Consequently, the relation between old and new services has implications for the marginal cost of the model.[10] Consider several possibilities.

First, it may be the case that the new services included in the model of comprehensive community-based support systems are provided alongside whatever is offered through the standard provision of services. Since these new services are add-ons to the standard provision of services, the marginal cost of the resources supporting these components of the model is simply equal to the sum of their opportunity costs. To the degree that similar services are provided in both support systems, this case may introduce inefficiencies resulting from the duplication of services.

A second case occurs when an existing service or program in the community is linked with the new comprehensive initiative. For instance, consider a comprehensive community-based support system that requires some type of youth recreational program. Suppose further that a particular community implementing this model has an active youth soccer program. Program designers and community leaders might determine that the existing soccer program can simply be linked to the overall initiative as the youth recreational component of the model. In this case, the marginal cost of the recreational program is equal to zero, so long as no additional resources are required to support the soccer program.[11]

Finally, a third possibility exists when programs included in the standard provision of services are discontinued and replaced by new service components in the comprehensive community-based support system. In this case, resources from the old program can be reallocated to support the new support system component. The marginal opportunity costs of these resources are equal to the difference in cost between the old and new programs. Consider Figure 1, where X is a program offered in a community's standard provision of services. The total societal cost of the resources supporting program X is $50,000. Suppose a comprehensive community-based support system is designed to replace program X with a new program, Y. The marginal cost of program Y is equal to the difference in the cost of program X and that of program Y.

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[10] Benefits are forgone when resources are reallocated from one program to support another. These forgone benefits must be included on either the cost or the benefit side of a full economic analysis of the programs. If included on the cost side, forgone benefits represent the cost to society of taking resources away from one program to support another. On the other hand, forgone benefits can be captured in an analysis of the marginal benefits of the program. In this analysis, I do not include forgone benefits resulting from reallocation of resources in the total societal cost estimate. These must be included in subsequent analyses of marginal benefits.

[11] There may, however, be costs associated with coordinating the existing programs with the overall initiative.

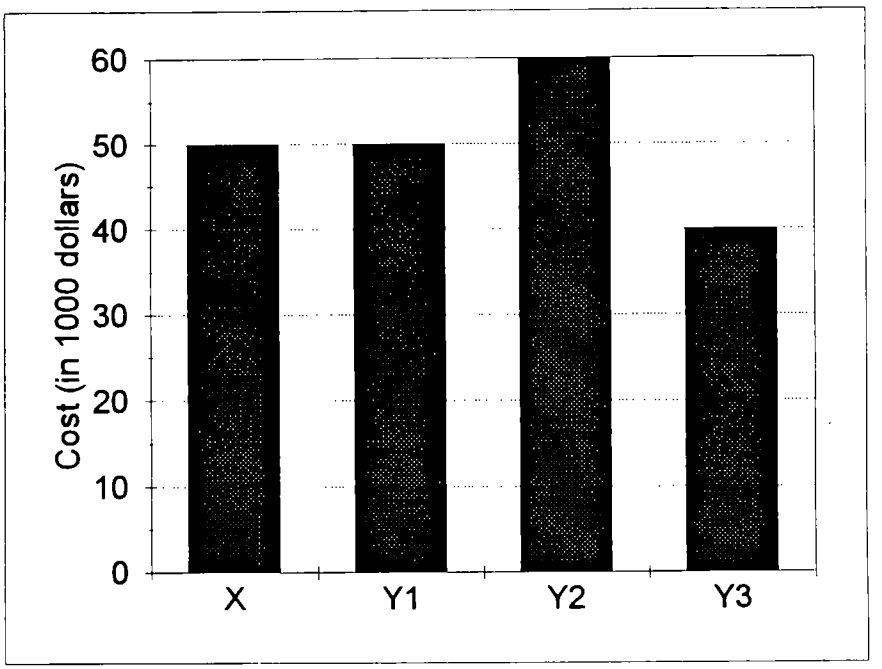

FIGURE 1
THREE SCENARIOS OF REALLOCATING RESOURCES FROM ONE PROGRAM TO ANOTHER: ASSESSING THE MARGINAL COSTS

The three variations of program Y depicted in Figure 1 result in different marginal costs. For instance, in the case of Y1, where all resources previously devoted to program X can be reallocated to cover the costs of program Y1, the marginal cost associated with Y1 is zero. In the case of Y2, where the cost of the new program exceeds that of the previous program, the marginal cost is equal to $10,000. Finally, the cost of the resources supporting program Y3 is less than that previously devoted to program X, resulting in a marginal cost of -$10,000. Consequently, when a pre-existing program is replaced by a new service component in a comprehensive support system, the degree to which existing resources can be reallocated to support new services has implications for the marginal societal cost of the model.[12]

Conversion Costs and Operating Costs

The cost of an initiative can be expected to change over time. For instance, the conversion costs associated with early stages of program implementation can be expected to be quite high relative to the continued annual operating costs of a fully implemented program. Conversion costs include the resources required for program development, system change, and employee training. In addition, it may take some time for new programs and services to replace old ones. For instance, there may be a period of time during which programs X and Y in Figure 1 must coexist before X phases out. Finally, the cost of the model can be expected to change as the emphasis of the initiative shifts from treatment to prevention. A new service system may involve high costs, that decrease at only a slow rate, during the early stages as the program treats and prevents at the same time. While this study recognizes that both conversion costs and operating costs are important to consider, the template developed in the paper focuses primarily on recurring annual operating costs of fully implemented models. Future work will focus on the estimation of the costs associated with converting to comprehensive community-based support systems.

Overview

In general, a marginal societal cost analysis first assesses the opportunity costs associated with all resources needed to support the program that are not currently required in the standard provision of services. The marginal costs from all sources are converted to a standard metric (usually dollars) and are summed to represent the total marginal societal cost associated with the intervention. Generalizability of the results of a cost analysis conducted at a particular site to secondary audiences is appropriate only to the extent that the assumptions and conditions applied in the original analysis hold across other communities utilizing the analysis (see Levin 1983).

The goal of this paper is to construct a framework that can be used by local policymakers across a variety of community settings to estimate the total and marginal societal cost of resources required to support various models of comprehensive community-

[12] The examples presented here assume that the forgone benefits associated with reallocating existing resources are reflected on the benefit side of the analysis in terms of marginal benefits.

based support systems. This requires an analysis that is sensitive to the diversity across the various specifications of the support system and communities of implementation. Below, I explain the two sources of variability and their implications for this cost analysis: (1) variability in the specification of the model, and (2) variability in community resources.

Variability in the Specification of the Model

Because comprehensive community-based support systems are motivated, designed, formulated, and implemented at the local level, there is considerable diversity across communities in the specification of the model. The design of the model presumably reflects the needs, values, and perspective of each community. Figure 2 illustrates how various service components can be combined or configured to form a model of integrated services for children and their families (Kagan et al. 1995, p.19). Six different service domains are included in the figure: (1) early childhood care and education, (2) health, (3) welfare, (4) elementary and secondary education, (5) justice, and (6) employment. Each of these domains is composed of a number of individual service components, although only for the early care and education service domain are shown in the figure. These components are typically offered individually in the traditional service delivery system, and they operate as the building blocks of an integrated approach. The components are configured in complex ways to form the various service domains, and together these domains constitute the integrated program.

Comprehensive community-based support systems have the potential to involve costs that extend beyond those associated with an integrated service model. The total cost of the support system includes costs associated with community development, system change, and services existing in the community that are linked with the initiative, as well as new services provided through the model. For now, however, the integrated service system presented in Figure 2 is sufficient to illustrate the potential for variability in the specification of comprehensive community-based support systems.

Two lessons follow from Figure 2. First, the numerous service components imply that a wide variety of specifications of comprehensive community-based support systems is possible. Based on the needs and preferences of the community, any set of service (and non-service) components can be integrated to form the initiative; these decisions have direct implications for the cost of the approach.

Second, the integration of components across and within service domains can result in a complex configuration of services that is quite different from a system in which similar services are delivered individually. This fundamental difference in approach can have direct implications for cost analysis. The left side of Figure 3 depicts the conventional process of utilizing cost-benefit data to select among various alternatives in a non-configured environment of service delivery. A particular community identifies a set of service domains and several alternatives within each. In this example the service domains are education and health, and three alternative programs are identified for each: E1, E2, and E3 for education, and H1, H2, and H3 for health. To decide on the most preferable alternative, a separate cost-benefit analysis is conducted within each service domain. For this example, assume that the

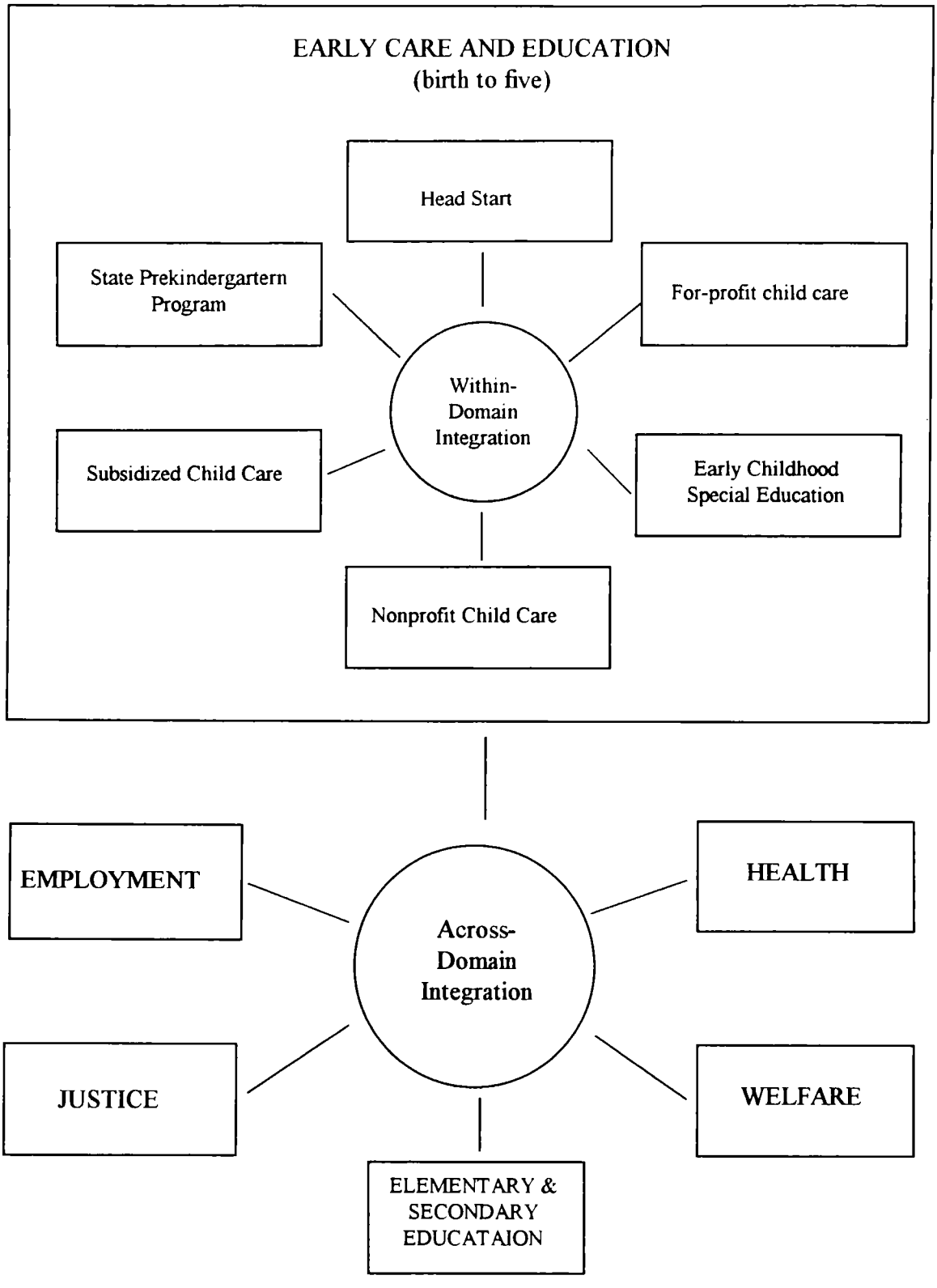

FIGURE 2
HUMAN SERVICE DOMAINS

Source: Kagan, et al., 1995

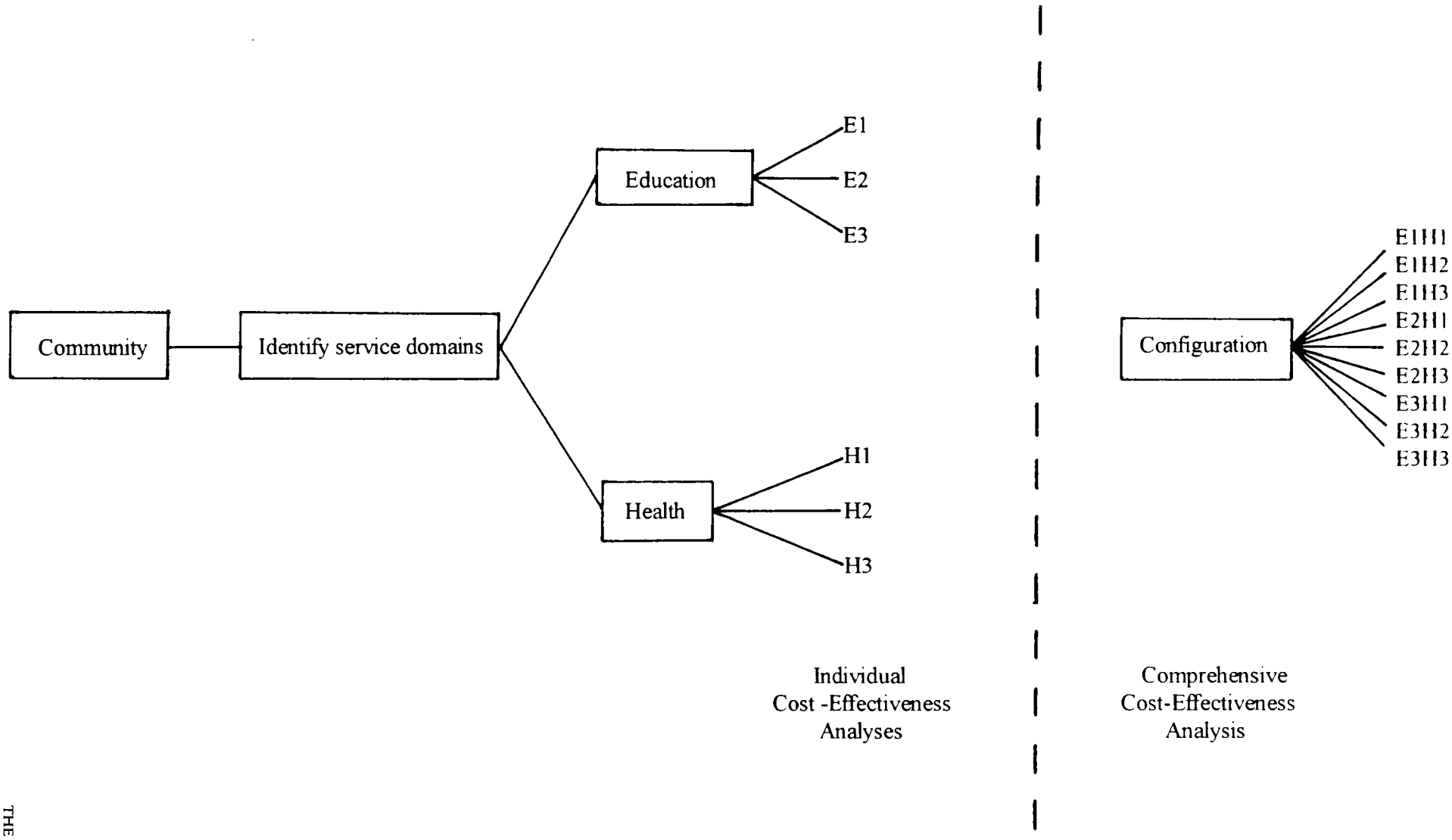

FIGURE 3
NEED FOR COMPREHENSIVE COST ANALYSIS OF COMPREHENSIVE PROGRAMS

most preferable alternatives in terms of cost-benefit ratios are E1 and H1 for education and health, respectively.

Next, consider a more comprehensive service delivery environment (right side of Figure 3). It does not follow from the individual cost analyses described above that simply combining E1 and H1 will result in the most cost-beneficial option. Rather, the complex interactions that are likely to occur among components in comprehensive support system may lead to very different results. For instance, H1 may cost little when combined with E2, but may be extremely costly if combined with E1. Consequently, the analysis must consider the various configurations of services rather than the individual service components.

One potential outcome resulting from complex configurations of services in a comprehensive community-based support system is increased efficiency. The integration of services can provide an environment in which the costs of various resources can be absorbed into the overall cost of the model. Figure 4 depicts the potential for comprehensive community-based support systems to absorb costs. Programs A, B, and C are three programs offered in a community's standard provision of services. The total annual societal cost of program A is equal to $50,000; the corresponding figures for programs B and C are $150,000 and $100,000, respectively. The fourth bar in the Figure simply stacks these three programs to illustrate that their total cost when offered individually is equal to $300,000. The next bar reflects the potential for absorption of cost when these programs are offered in a more comprehensive configuration (indicated by some function, *). For instance, a comprehensive community-based support system may involve legal advocacy services and housing assistance. Suppose both require full-time clerical assistance, but neither consumes all of the secretary's time at work. Presumably this secretary could cover both services at little or no additional marginal cost. The absorption of this resource (plus others) is illustrated in the reduced size of the final bar in Figure 4.[13] In other words, the cost of the configuration of model components is not the same as the sum of the cost of each individual component. The efficiencies that can be realized as service components are configured in complex support systems require new, more comprehensive approaches to cost analysis.

Variability in Community Resources[14]

Even in cases where identically configured support systems are implemented across several communities, the costs of the systems can be expected to vary according to the value and availability of productive community resources. In what follows, I describe how this analysis

[13] While comprehensive, community-based support systems create conditions for resource sharing across program components, the degree to which communities realize these efficiencies is not clear. Further, when absorption does occur, the resulting efficiencies are not necessarily realized immediately--particularly given the resources that may be required to train individuals who will be responsible for tasks across multiple components of the support system.

[14] Much of this section is drawn from a recent paper by the author that expands on the methodology of "unpacking cost" (Rice 1995).

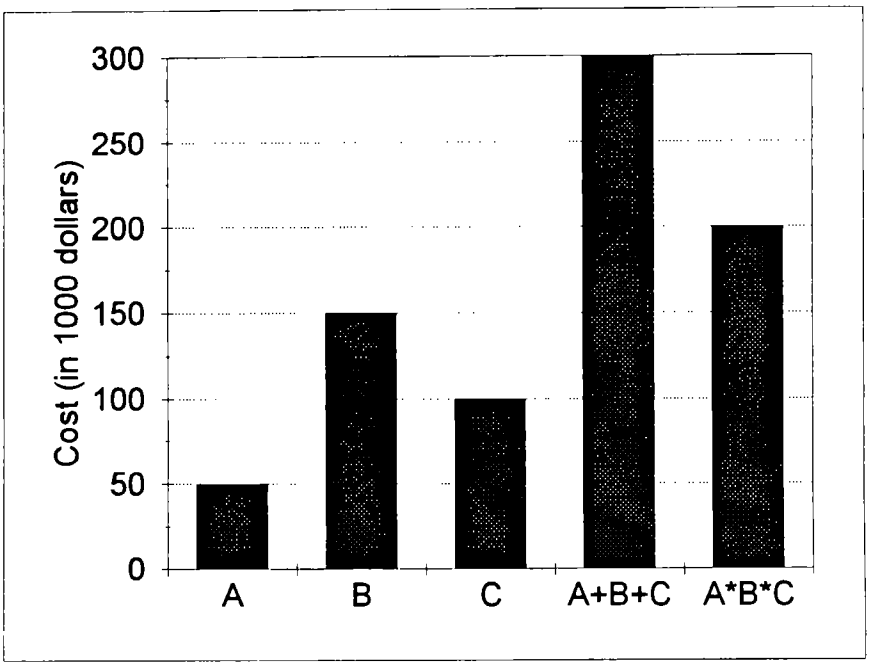

FIGURE 4
POTENTIAL FOR ABSORPTION OF COST

is sensitive to site-level circumstances and thereby has the potential to inform policy decisions across implementation sites.

First, since numerous difficult-to-value resources are required by models of comprehensive community-based support systems, the method used here relies on standard units of measurement to quantify the types of cost being estimated. Cost analyses often convert all costs (and sometimes effects as well, in the case of cost-benefit analysis) to a dollar metric. By allowing the use of standard units to quantify the amount of resources needed to support the model, the method used here leaves much flexibility for local decisionmakers to assign more accurate site-based estimates of the values of the various resources.

Second, the analysis facilitates a broad understanding of the distribution of the cost burden across various individuals and organizations in the community. Comprehensive community-based support systems involve costs not only to the public treasury, but also to a variety of players in the educational, medical, and other program areas, including parents, community volunteers, and local businesses and universities. The analysis emphasizes these categorical distinctions, recognizing that communities are likely to vary in terms of the availability and productivities of different types of resources.

Finally, since communities are likely to vary in terms of what productive resources are available to support the components of the new comprehensive support system, the method used here requires the listing of all of the resources devoted to the model and leaves flexibility to the local decisionmaker to determine what counts as marginal. The total marginal cost of the model is likely to decrease to the extent that the existing resources in the community can be reallocated to support the resource requirements of the model.

Rather than deriving a single bottom-line cost estimate, this method unpacks costs to provide local policymakers with a full array of estimates on the amount, value, sources, and distribution of the resources supporting the model. Local policymakers are granted the latitude to include the resources needed to support the specific configuration of the model being implemented, identify which costs are marginal, and assign values to these resources under the circumstances of their own communities.

CONSTRUCTION OF THE COST TEMPLATE

In this section, I develop a cost template to serve as a framework for assessing the support system cost at the local level. The template is designed to guide local policymakers as they assess the total societal and marginal costs of comprehensive community-based support systems in their own communities. The information generated in the template is site-specific and is not necessarily transferable across communities.[15] The topics described below

[15] While the approach is focused on community-based analysis, it also has the potential to inform policy at more aggregate levels. For instance, the first several columns of the template identify the components and resources of the model. To the degree that several communities share a similar specification of the model, this information can be generalized across sites. Further, the template is designed to provide information on the extent to which efficiencies are realized through absorption and reallocation of existing community resources. Insight into these issues has the potential to inform the initiative at aggregate levels.

represent the various columns of information included in the template, and are motivated by a series of questions intended to guide local policymakers to unpack the costs of the resources required to support the model. The issues included in the template are designed to be sensitive to variability in the model specification and community circumstances, as discussed above. An empty shell of the template is presented in Figure 5 and is referenced throughout this section.

I begin by describing the first two columns that identify the resources needed to support the model. Next, I review the set of columns that guide the analyst through the calculation of the total societal cost of these resources. The next several columns estimate the marginal cost of the resources, by adjusting for the reallocation of existing resources in the community. The following set of columns explores the distribution of the cost burden across various individuals and organizations. The final column focuses on how cost changes over time.

Identifying the Resources Needed to Support the Model

What Components and Services are Included in the Specification of the Model?

The first column of the template, "Components and Services," lists a set of categories to organize the various components of and services provided in the model. The first three categories are expected to apply to every model of comprehensive community-based support systems. These include "Infrastructure," "Space and Materials," and "Leadership." The next set of categories describe various service domains that may be represented in the model. These include "Counseling," "Housing Assistance," "Emergency Services," "Employment Programs," "School Programs," "Youth Programs," "Social Services," and "Other." The final two categories represent the non-service components of the model, including "Community Development" and "System Change." The specific support system components should be listed within these service categories.

Not all support systems will include components in all of the listed categories, and some categories may be missing from the template. However, this set of categories is intended to guide analysts through the process of constructing an organized list of the services and components in the model. The remainder of the analysis is highly dependent on the specification of the model as presented in this column.

What Resources are Needed to Support the Model?

The second column, "Ingredients," requests a list of the resources to be devoted to the implementation and operation of the model. The ingredients method (Levin 1983) requires the specification of all the support system inputs that are intended to contribute to the desired outcomes. This includes donated and volunteered resources, along with those that will translate into expenditures. It includes all types of personnel as well as non-personnel resources, such as facilities, equipment, and materials. The list of ingredients is highly dependent on the specification of the model, and guides the remainder of the template entries.

Figure 5: Cost Template for Comprehensive Community-Based Support Systems

COMPONENTS & SERVICES	INGREDIENTS	TOTAL SOCIETAL COST					MARGINAL COST		DISTRIBUTION OF COST						TIME
		amt.	unit value	period	absorb	total cost	reallocate*	marg cost	treasury	volunteers	business	parents	youth	Sub	
INFRASTRUCTURE															
SPACE/MATERIALS															
LEADERSHIP															
COUNSELING															
HOUSING															
EMERGENCY															
EMPLOYMENT															
SCHOOL PGMS															
YOUTH PGMS															
SOCIAL SERVICES															
OTHER SERVICES															
COMMUNITY DVMT															
SYSTEM CHANGE															

NOTES
Absorb = resources that are specified for several components of the model, but can be shared
Reallocate = resources from other programs that can be shifted to support the costs of the new model
Given the difficulties associated with valuing the time of youth, this column in the "Distribution of Cost" section is simply a placeholder.
SUB = Substitution; this column will be developed to estimate the feasibility/cost of substituting one resrouce for another
TIME = Time curve of the cost (implementation, operating, how cost changes over time)

* Benefits forgone resulting from the reallocation of existing community resources must be included on the benefit side of the analysis. Otherwise, an additional column should be added to this template reflecting forgone benefits.

It should be noted that in specifying ingredients, the most time and effort should be spent identifying those resources that constitute the majority of the support system cost. More specifically, personnel tends to account for at least two-thirds of the budget in typical education or social service interventions, so a great deal of attention should be devoted to careful specification of the requirements for this category of inputs. In contrast, supplies generally comprise no more than 5 percent of the total budget. A 20 percent error in the cost of a category that constitutes only 5 percent of the total cost translates in only a 1 percent distortion (Levin 1983). Consequently, little time should be spent quantifying the number of pencils and pens required for the initiative.

Valuing the Resources

The next task is to quantify the amount and value of each ingredient that is required for the model. This can be tricky, especially when there are no explicit market values associated with the ingredients listed. The next five columns guide the analyst through the process of calculating an annual societal cost of the resources supporting the model.

How Much of Each Resource is Required?

The first column in this section, "Amount," requests specification of the amount of each ingredient listed in the previous column. The resource amounts entered in this column should be left in their most natural units. For instance, personnel resources should be recorded in terms of the number of positions needed, while the time required of part-time volunteers might best be recorded in terms of hours per year. Likewise, required amounts of space, materials, and equipment should be identified in the most descriptive terms possible. The only restrictions are that the resources are specified on at annual basis (e.g., hours per year instead of hours per week) and that consistency be maintained within the various units. For instance, time may be best measured in hours per year, but whatever the measure, it should be used consistently for time.

What is the Unit Value of Each Ingredient?

The next column, "Unit Value," requests a dollar value for the ingredients listed. The figure entered should represent the value of the next best use of the resource required. The market value of the resources should be entered, if available. In the case of personnel, this should include annual salary as well as fringe benefits, bonuses, and other add-ons. If a market value is not available, an approximation or "shadow price" for the market value can be entered. The figure entered in this column must correspond with the units specified in the "Amount" column. For instance, if hours per year is the unit used in the "Amount" column, then the appropriate hourly wage should be entered in the "Unit Value" column. Likewise, if the number of positions is entered in the "Amount" column, then the annual salary for that type of position should be entered in the "Unit Value" column.

Recall that the value of these resources can be expected to vary across communities. Consequently, this column is the outlet for community-specific data on resource cost. For instance, in one community the annual salary and benefits of a social worker may total

$32,000, while in another the corresponding figure may be $50,000. In order to reach an accurate cost estimate, the figure entered in this column must be based on the circumstances of the particular community.

What is the Expected Life Span of Each Resource?

The next column, "Period," requests information on the recurrence of the cost. Some resources are required year after year, such as salaries and benefits for personnel. Other resources such as equipment may be used for a number of years and should not simply be added into the annual cost estimate each year. This column specifies the number of years over which the resource can be used. The number of years representing the expected life of the resource should be entered, with recurring annual costs designated as "1."

To What Degree Can the Resource be Absorbed Among Service Components?

The column titled "Absorb" requests information on the degree to which the same ingredient (e.g., a staff member) can be used across multiple service components. An adjustment must be made in cases when a single ingredient is specified in several service domains of the model, but in reality is shared across domains (e.g., clerical support, building facilities). Such resource sharing reflects efficiencies resulting from absorption in comprehensive community-based support systems, and should not be figured into the marginal cost of the model.

One method to adjust for absorption is to prorate the resource (e.g., time of the staff member) according to how much is spent on each component. This involves entering in the cell the amount not necessary due to absorption. However, when such detailed information is not available, an alternative option is to simply count the resource a single time. For instance, if a single secretary is shared across three service components, a "1" should be entered in the absorption cell for two of those components, so that this position is counted in the model only once. Again, the units used in this column must correspond with those used in the "Amount" column.

What is the Total Annual Societal Cost of the Resources?

The final column in this section, "Total Cost," presents a dollar figure representing the total annual societal cost of each ingredient. This information should be calculated using the entries in the previous four columns. In most cases, the appropriate formula is:[lm]

Total Cost = [(Amount - Absorb) * (Unit Value)] / Period.

The figures in this column can then be summed to derive a total annual societal cost of the resources required to support the model. However, this bottom-line estimate is not as straightforward as it might appear and, in fact, is likely to be artificially inflated in terms of marginal cost. Many of the resources included in this estimate may not translate into marginal costs. Thus far in the analysis, no attention has been given to the potential for reallocating resources already existing in the community to support the resource

[lm] This is an approximation of the annual cost because, for example, it does not consider depreciation of equipment.

requirements of the comprehensive support system. Further, many of the costs could be shouldered by volunteers or sources other than the public treasury, and may not translate into expenditures. Consequently, while the estimation of the total societal cost is a useful first step, proceeding with the analysis to reach a more comprehensive array of information about the cost of the model is potentially more instructive to local policymakers.

Adjusting for Marginal Cost

To What Degree Can Resources in the Community be Reallocated to Support the Model?
The first column in this section, "Reallocate," recognizes that some resources necessary in the model may already exist in the community, and could be reallocated to fit the requirements of the model. To the degree that resources used in the existing service delivery structure can be reallocated to support the cost requirements of the new initiative, the marginal cost of the model may decrease. For instance, consider a community in which a local organization has for many years secured a state grant to provide a summer sports camp for youth in the community. Suppose that a comprehensive community-based support system that includes a summer camp promoting the arts has recently been developed and implemented in the community. A reallocation of resources occurs if leaders of the comprehensive support system apply for and win the grant that previously supported the sports camp to provide the new summer camp for the arts.

The "Reallocate" column of the template presents the quantity of the required resource that can be reallocated from another source to support the comprehensive community-based support system. This figure can be entered either in fiscal units or in standard units of measurement (consistent with the units used in the "Amount" and "Absorb" columns).

What is the Total Societal Marginal Cost of Resources Devoted to the Model?[17]
The column marked "Marg Cost" presents the total marginal cost of the resources supporting the model. If the data entered in the marginal cost columns are presented in "natural units," this figure is:

Marg Cost = [(Amount- Absorb - Reallocate) * Unit Value] / Period.

If the information in the marginal cost columns is in fiscal units, the formula is:

Marg Cost = [Total Cost - Reallocate].

[17] As noted earlier in the paper, the total marginal cost does not include the forgone benefits resulting from the reallocation of resources from one program to support another. While these forgone benefits could be factored into the total marginal societal cost of the model, this analysis assumes that they will be considered in the analysis of the net marginal benefits associated with the model.

Distribution of Cost

How is the Cost Burden Distributed Across Different Constituencies?

Given the emphasis of the approach on community involvement, the burden of the various costs is often distributed across different individuals and organizations. For instance, the cost burden of a model may be shared by parents, community volunteers, regional businesses, local universities, or community colleges, in addition to the contribution of the public treasury. Further, parents and youth who participate in the services provided by a particular model also forgo some opportunity that is associated with a cost. The costs to the various supporters of and participants in the model are the focus of this set of columns of the template. The different categories listed in the template include: treasury, other agencies (government, private), volunteers, business, parents, and youth.[18] Others can be added.

The most optimal use of these columns is to specify the exact amount of a particular resource that the various constituencies are expected to shoulder. Specified in fiscal units, the entries across a row in this section should sum to equal the figure in the "Marg Cost" column of that same row. It is arguably of more use, however, to specify these amounts in the most natural (rather than only monetary) units. This type of descriptive information can provide local policymakers with insight into what type of support for the initiative is required of different actors in the community. Two options exist in cases when that support is not available: (1) substitution of another source for that which is not available in the community, or (2) omission of that particular component of the model. This is the focus of the next column in the template.

What is the Cost of Substituting Resources into the Model?

The column titled "Sub" recognizes diversity across communities in the availability of different types of resources necessary for the model. The focus is on issues related to the cost and feasibility of substituting one type of resource for another in the model. For instance, consider two initiatives that require parent inputs. The first requires that parents assist in the day care center lunchroom once each month to help defray the costs of hired personnel. The second requires that parents attend a monthly instructional session that helps them develop effective parenting skills. Suppose that parents are not available for the activities required of either model. In the first model, a variety of substitutes could presumably be arranged, either through other volunteers or expenditure from the treasury to hire the necessary help, with little impact on the model design. The second case, however, has the potential to present a more serious problem. It is unlikely that a substitute could fulfill the role of the parent in the required classes. The remaining issue concerns what it would cost the public treasury to gain parent attendance. If the cost is prohibitively high, the model (or at least this particular aspect of it) may be in jeopardy, because no other substitutes are feasible.

[18] The "youth" column is intended to recognize the time of youth as a component of the total societal cost of the support system. However, the numerous difficulties associated with valuing the time of youth should not limit the use of the template.

The operation of this portion of the analysis remains to be fully conceptualized. Two central questions guide its development: (1) Is resource substitution a feasible alternative, given the goals and emphases of the model? and (2) What is the cost of substituting one resource for another?

Cost Curve Over Time

In some cases it is important to consider how the costs of an initiative change over time. Policymakers in the early planning stages may be interested in the degree to which the costs of a long-term initiative may decrease as the program takes root in the community. Further, those with programs under way may be wise to monitor the costs of the intervention over time to help guide decisions about the future development of the support system.

The costs of an initiative can be expected to change over time. For instance, programs are often associated with disproportionately high costs during the early stages of program implementation. This is especially the case for models of comprehensive community-based support systems, given the breadth and depth of the transformation required. Kadel and Routh (1994, p. 121) explain, "Implementing a new program in an organization is often a difficult matter. Changing the 'way we do things around here' is even more unsettling. Perhaps one of the most challenging changes of all, however, is implementing collaborative social service provisions, because it requires changes in the way a variety of organizations do things and involves simultaneous and complementary reform across systems." In addition to the profound (and costly) changes that must occur to fully implement comprehensive community-based models, high implementation costs may result from the duplication of services during the transition from one delivery system to another. As the new support system gradually begins to replace the old way of providing services, the marginal cost can be expected to decrease because of a decrease in the duplication of services (i.e., absorption of cost).

Once the major obstacles of implementing the initiative are overcome, costs can settle at a steady level to reflect the recurring operating costs of the support system. However, it is reasonable to expect peaks and valleys in the cost curve over time, due to the development of new service components or personnel issues. Consider the case of a new exciting initiative that receives much support and enthusiasm as it gets off the ground. Volunteers are eager to be part of this high-profile community support system. However, as time marches on, the enthusiasm of the volunteers wanes and the costs of staffing the initiative grow. These issues are the focus of the column on costs over time, which is included in the template but could benefit from additional development.

Discussion

The cost template presented in this section guides local policymakers to unpack the costs associated with resources needed to support various specifications of comprehensive community-based support systems. Several different types of information are provided in the template. Most noteworthy, the sum of the figures in the "Marg Cost" column yields an estimate of the total annual marginal societal cost of the resources required for the model in a

particular community (based on resource values entered by a local policymaker). This estimate represents the cost of additional resources needed to implement and operate the support system, relative to the community's standard provision of services. The analysis also provides information on the total societal cost (not adjusting for reallocation of existing resources), and the distribution of the cost burden across various individuals and organizations in the community. All of these estimates are dependent on site-based circumstances, and all can help guide local policymakers who are considering the annual operating cost of the support system models, as well as those who are monitoring support system costs over time.

The template provides information not only on the cost of the model, but also on how the initiative is operating in a particular community. For instance, while comprehensive community-based support systems presumably create conditions for a community to realize increased efficiency through absorption, the degree to which this actually occurs remains unclear. The template has the potential to highlight opportunities for absorption and resource-sharing across service components of the model. Further, information in the template can guide policymakers to redirect community resources to realize greater efficiency. If the total cost is approximately equal to the total marginal cost, it is likely that the model is not supported by the reallocation of existing resources. To the degree that similar services are provided in both the new and old support systems, this could be an indication of inefficiency resulting from the duplication of services. Aggregating these lessons across communities can provide information on more macro-level trends in terms of efficiency realization through comprehensive community-based support systems.

Finally, completion of the template can be viewed as a prerequisite for further analysis of models of comprehensive community-based support systems. Assessing the costs is a first step in subsequent studies that weigh the costs and outcomes of alternative models. Even when gaps in information prevent the completion of the template, the tool is useful in its power to prompt policymakers and community members to consider the amount and distribution of resources required for various components of the support system. Data gaps also indicate the types of information that must be collected to facilitate a better understanding of cost issues associated with comprehensive community-based support systems.

APPLICATION OF TEMPLATE TO ONE MODEL OF COMPREHENSIVE COMMUNITY-BASED SYSTEMIC REFORM

In this section I analyze the costs of a hypothetical model of comprehensive community-based support systems. This example is based heavily on information from an operating comprehensive community-based support system. However, the information presented here is based solely on a literature review and is at best an approximation of the true model.[19]

[19] Further plans of The Finance Project include site visits to collect the wide array of data necessary to fully apply the template.

Thus, I have chosen to present this as a hypothetical model to illustrate the application of the cost template.

It is important to recall that because there is no single model of comprehensive community-based support systems, the cost estimates generated by this example cannot be generalized. Rather, support system costs will vary depending on the specification of the model and on site-based conditions, such as the value and availability of resources in the community. Embedded in this analysis are many assumptions about the implementation community: the value of the resources devoted to the model, the efficiency of community leaders to realize potential efficiencies through absorption across components of the model, and the availability of existing resources for reallocation. Changing the conditions of the community would also change the cost estimates generated by the analysis.

Model X, the hypothetical comprehensive community-based support system used throughout this section, is a private nonprofit agency that provides a variety of services to families in a low-income multi-ethnic urban neighborhood. While primary emphasis is on counseling, the services provided by Model X have been developed in response to the needs in the community. This community-based support system was founded and is currently run by two individuals who are trained as clinical social workers and live on the premises. Much administrative assistance is provided by a local child care agency serving as a "parent" organization. Though autonomous in decisions about staffing, budgeting, and program development, Model X operates as a satellite of this larger organization in terms of administrative functions. Figure 6 presents the application of the cost template to Model X.

Services and Ingredients of Model X

The first step of the analysis involves identifying the components of and services included in the support system, and the ingredients required for those components and services. I begin with a description of the infrastructure, space, and leadership inputs, and then progress through the various services that the support system offers. The infrastructure for Model X is, by and large, supported by a local child care agency that serves as the parent organization for the support system. This includes activities such as administration, billing, and disbursement of funds.

Model X occupies a building in the community for general services, a storefront for emergency services, and a separate office of employment services. Also included in this section are the equipment and materials required to operate the support system.

The next category identified in the "Components and Services" column is leadership. Three key leaders--two from Model X and a third from the parent organization -- play central roles in the continuous development and implementation of the support system and its various service components. They are listed individually in the ingredients column, because without these particular individuals it is not clear that Model X would exist. In addition, Model X has an advisory board comprised of community members and agency leaders that provides advice and help with policy directions and access to funding sources.

The remainder of the categories listed in the "Components and Services" column are the various programs offered by Model X. First and foremost are counseling services. These

Figure 6: Application of the Cost Template to a Hypothetical Model

COMPONENTS	INGREDIENTS	TOTAL SOCIETAL COST					MARGINAL COST		DISTRIBUTION OF COST						TIME
& SERVICES		amt.	unit value	period	absorb	total cost	reallocate	marg cost	treasury	volunteers	business	parents	youth	Sub	
INFRASTRUCTURE															
Parent organization		12%	312000	1	0	312000	0	312000	X						
Administration															
Billing															
Disbursement															
Auditing															
Purchasing															
Accounting															
SPACE & MAT.															
Main services	main building	1	28000	1	0	28000	0	28000	X						
Emergency services	storefront	1	12000	1	0	12000	0	12000			X				
Employment office	office	1	12000	1	0	12000	0	12000			X				
Equipment	office machines		20000	10	0	2000	0	2000	X						
Materials	office supplies		1000	1	0	1000	0	1000	X						
LEADERSHIP															
Central leaders	Leader 1	1	40000	1	0	40000	0	40000	X	X					
	Leader 2	1	40000	1	0	40000	0	40000	X	X					
	Leader 3	1	20000	1	0	20000	1	0							
Advisory board	community	1040	10/hr	1	0	10400	0	10400		X		X			
	agency heads	312	20/hr	1	0	6240	0	6240		X	X				
COUNSELING															
Workshops	full time staff	43	40000	1	0	1720000	0	1720000	X						
Group activities	part time staff	49	20000	1	0	980000	0	980000	X						
Therapy sessions	volunteers	4160	10/hr	1	0	41600	0	41600		X	X	X			
Parents															
Infants															
Toddlers															
Adolescents															
Support groups															
HOUSING															
Short-term loans	revolving fund	1	20000	1	0	interest									
Networking	personnel	1	20000	1	1	0	0	0							
EMERGENCY															
Thrift shop	personnel	1	20000	1	1	0	0	0							
Food program	merchandise									X	X				
Advocacy clinic	food									X	X				
	lawyers	2	50000	1	0	100000	0	100000			X				

Figure 6: Application of the Cost Template to a Hypothetical Model

COMPONENTS	INGREDIENTS	TOTAL SOCIETAL COST					MARGINAL COST		DISTRIBUTION OF COST						TIME
& SERVICES		amt.	unit value	period	absorb	total cost	reallocate	marg cost	treasury	volunteers	business	parents	youth	Sub	
EMPLOYMENT															
PIC programs	director	1	40000	1	0	40000	1	0							
	case workers	5	20000	1	5	0	0	0							
	counselors	2	40000	1	2	0	0	0							
	clerical	1	20000	1	0	20000	1	0							
	liaison	1	20000	1	0	20000	0	20000	X	X					
SCHOOL PGMS															
Tutoring services	rdg. specialist	3	40000	1	0	120000	2	40000	X						
Recreational pgms	peer tutors	2	20000	1	0	40000	0	40000	X	X			X		
Evening programs	instructors	2	20000	1	0	40000	2	0							
Parent workshops	parents	1040	10/hr	1	0	10400	0	10400				X			
Performing arts															
YOUTH PGMS															
Summer day camp	director	2	5000	1	0	10000	2	0							
Teen camps	counselors	2	40000	1	2	0	0	0							
	camp staff	5	2000	1	0	10000	5	0							
	camp facilities	2	2000	1	0	4000	2	0							
						3639640		3415640							

NOTES

Absorb = resrouces that are specified for several components of the model, but can be shared
Reallocate = resources from other programs that can be shifted to support the costs of the new model
Given the difficulties associated with valuing the time of youth, this column in the "Distribution of Cost" section is simply a placeholder.
SUB = Substitution; this column will be developed to estimate the feasibility/cost of substituting one resrouce for another
TIME = Time curve of the cost (implementation, operating, how cost changes over time)

* Benefits forgone resulting from the reallocation of existing community resources must be included on teh benefit side of the analysis. Otherwise, an additional column should be added to this template to reflect forgone benefits.

include workshops, group activities, therapy sessions for parents and youth of all ages, and support groups. Staff who support these activities include full-time and part-time staff (including many social workers and counselors) and volunteers (including community members and graduate students from local colleges and universities).

Model X provides housing assistance in the form of short-term loans for security deposits, and networking efforts to locate reasonable and affordable housing to families having a difficult time doing so themselves. The support system offers several emergency assistance programs, including a thrift shop, an emergency food program, and an advocacy clinic to help community members with crises such as public assistance, Medicaid problems, and landlord-tenant disputes. Both the housing and emergency services require personnel such as case workers and lawyers. In addition to the space and materials requirements identified above, these emergency services require commodities for the thrift shop and food program.

On the employment front, Model X operates a program previously offered by the Private Industry Council (PIC) to foster employment readiness and general job training. The resources required for this program include a director, caseworkers, counselors, clerical staff, and a liaison between the program and the business community.

In addition, a number of programs are available for youth in the community. Model X offers several school programs, including tutoring services, recreational programs, evening programs, parent workshops, and performing arts events. These activities can be expected to require the time of a reading specialist, peer tutors, instructors, and parents. Several non-school related youth programs provided by Model X include summer day camp and teen camps. These services are likely to require the time and effort of a summer camp director, counselors, summer camp staff, and camp facilities.

Valuing the Marginal Societal Cost of the Resources

Once all of the resources needed to support Model X have been specified in the "Ingredients" column of the template, it is appropriate to assign values to them. The first step is to indicate the amount of each resource required. Recall, this should be left in the most natural and descriptive units possible. The value of administrative services of the parent organization is estimated at $312,000.[20]

Turning to space, materials, and equipment required for the model, the literature documents a recurring annual rent of $28,000 for the Model X building. In addition, annual rents of the emergency services storefront and the employment office are estimated at $12,000 each. The equipment category includes a number of purchases that are not required each year, such as computers, printers, and copy and fax machines. These items are estimated at a total of $20,000, but this figure is annualized over 10 years so that the per-year cost entered in the "Total Cost" column is $2,000. In contrast, materials include an array of office supplies that are purchased annually. These items are estimated at $1,000 per year.

[20] This estimate is drawn from the literature on the actual model serving as the basis for this hypothetical example.

The leadership category is a difficult, but necessary one to include in the analysis. Three key leaders play central roles in the ongoing operation to the model. Two of these positions are full-time positions at a market value of $40,000 per year, and the third is part time at $20,000 per year.[21] In addition, the advisory board requires the time of 10 community members and three agency leaders to meet for two hours each week. This yields an "Amount" estimate for community members of 1040 hours per year (10 individuals * 2 hours/week * 52 weeks/year) and for agency heads of 312 hours per year (3 individuals * 2 hours/week * 52 weeks/year). In the hypothetical community where this model is operating, the average value of the time of community members is estimated at $10 per hour; the corresponding figure for agency heads is $20 per hour. These figures are entered in the "Unit Value" column.

Model X employs a staff of 43 full-time and 49 part-time individuals. These staff members presumably span many of the other program services in Model X, but are specified under the counseling category, because this is the most dominant and intensive service of the model. Salaries and benefits of full-time staff are estimated at $40,000 per year; the corresponding figure for part-time staff is $20,000 per year. The amount of time required of volunteers in the counseling program is specified in hours per year. I estimate that volunteers are needed for 80 hours per week, which translates into 4160 hours per year. The value of their time is estimated at $10 per hour.

The costs of the personnel resources required for the remainder of the service components of Model X are specified in a similar fashion. Estimates of the necessary amounts of various types of personnel are entered in the appropriate cells and are followed by the unit values of these resources. Several ingredients warrant individual consideration. In particular, further analysis is required to estimate the value of merchandise and food for the emergency programs.

To determine the total cost of Model X, adjustments for the resources absorbed into the model must be made. Since the full staff is specified in the counseling service domain, many of the additional hired professional resources are assumed to be absorbed into the model, as indicated in the "Absorb" column. More specifically, the counseling personnel listed in the categories of housing, emergency services, employment programs, and youth programs can be absorbed into the 92 staff counted in the counseling category, and thus need not be counted again. A "1" is entered in the "Absorb" column to indicate this resource-sharing across program components. The total annual cost of each ingredient is calculated in the "Total Cost" column. Adjusting for absorption yields a total societal cost of over $3.6 million. This figure is likely to be higher than expected, because no adjustments have been made for reallocation of resources or the distribution of cost; only part of this $3.6 million represents cost to the public treasury (reflected in the support system budget).

To the degree that resources used in the existing service delivery structure can be reallocated to support Model X's activities, the marginal cost of the support system decreases.

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[21] It could be argued that the model is dependent upon these particular individuals making the market value approach problematic in terms of leadership.

The issue of reallocation of existing resources is the focus of the column marked "Reallocate." In this example, I enter the amount of the resource that can be supported through reallocation. I estimate that in the particular community in which this model is operating, many of the personnel resources required for the employment, school, and youth programs can be supported by reallocating existing resources in the community. For instance, existing school staff can presumably assume the responsibilities of the instructors and two of the three reading specialists required of the model's school program. When these annual costs are subtracted from the total, the annual marginal cost estimate equals approximately $3.4 million.

Distribution of Cost

The cost of Model X is shouldered by a variety of individuals and organizations. The next set of columns in the template provides a framework for assessing how the costs are distributed across different constituencies. In this example, "X"s are entered to mark who will shoulder the cost of each ingredient. For instance, in this community, volunteers assume responsibilities in the areas of leadership and counseling programs. In addition, the lawyers for the advocacy clinic are volunteers. In a more extensive analysis, figures should be entered in these cells to indicate how much of each ingredient is provided by which providers. When the costs of all resources that are provided by sources other than the treasury are subtracted from the absorption-adjusted total annual cost estimate ($3.4 million), the resulting figure representing the cost to the public treasury is approximately $3.2 million.[22] This figure reflects the budgetary demands of the comprehensive community-based support system.

The application of the template to the hypothetical model illustrates the difference between a simple expenditure analysis (estimating only costs to the treasury) and a marginal societal cost analysis that includes costs to all members of the community. Presumably, the latter is far more informative for local policymakers at various stages of decisionmaking on annual operating costs of comprehensive community-based support systems for children.

CONCLUSIONS AND NEXT STEPS

This study represents a first step in conceptualizing the costs of comprehensive community-based support systems. The cost template developed in the paper provides a potentially useful tool for local policymakers in the early planning stages as well as those overseeing support systems already in operation to estimate the costs associated with the resources required for this type of initiative. More comprehensive information on the amount, value, and distribution of the various types of resources can inform community decisions about the adoption and continued development of comprehensive community-based support systems. While the work presented here has the potential to be quite useful, a number of issues warrant additional attention.

[22] This figure is the sum of the marginal costs of the ingredients for which an X appears in the "Treasury" column.

Several components of the template developed in this paper are in need of further development. More time should be spent thinking about how to operationalize the longitudinal component of the study. While this paper recognizes the importance of studying how costs of multi-year models change over time, the template focuses on estimating annual operating costs of fully implemented models. Additional work should explore issues associated with estimating conversion costs and, more generally, the degree to which the cost of the initiative changes over time. In addition, identifying methods for estimating the costs associated with substituting one type of resource for another is required. The "Time" and "Sub" columns in this version of the template indicate the need for further consideration of these issues.

There is also a need to develop a deeper understanding of the costs associated with the community development component of the model. Presumably, comprehensive community-based support systems not only develop stronger communities, but also depend on community initiative and support. Strong and effective leadership and the commitment of community members are essential ingredients in this type of support model. However, estimating the cost associated with these types of resources is problematic at best.

An essential area in need of additional attention is the assessment of the marginal benefits of the model. The work presented in this paper assesses only the costs associated with the various resources required for the support system. However, the adoption of a new initiative at the expense of others (e.g., the replacement of old programs in support of the new comprehensive support system) inevitably involves costs in terms of forgone benefits. Consequently, a full economic cost analysis must also consider the marginal benefits of the model. This additional information would facilitate the comparison of a particular model with other models (including the community's standard provision of services). Emphasis should be placed on data collection, with special attention given to issues on the benefit side (e.g., how to measure benefits, and who is responsible for collecting and maintaining these data). Information on net benefits is essential and would contribute to more complete economic cost analysis.

Additional attention should be directed toward expanding the role of macro-level policymakers in estimating the costs of comprehensive community-based support systems. The approach presented in this paper is focused on site-based analysis. However, the template could also be useful at more macro levels to inform micro-level decisions about the adoption of particular models of comprehensive community-based support systems and to provide aggregate information on the initiative across the nation. By constructing a typology to categorize communities in terms of the various approaches to collaborative support systems, the utility of the template could be extended along two additional dimensions. First, communities could locate themselves in this typology and draw upon analyses conducted at more centralized levels to "adopt" the appropriate cost estimate for their community circumstances. Further, if the incidence of these various approaches could be estimated, a total societal cost could be calculated at an aggregate (rather than community) level. These more macro-level applications of the template warrant additional consideration.

A recommended next step of this work involves field-testing the cost template. This

activity would provide the opportunity to explore numerous issues further. Field-testing should focus on the applicability of the template and will assess the ability of practitioners not familiar with cost analysis to successfully use the template. Site visits might also explore the types of data required to complete the template alongside the types of data currently available on model costs and benefits. At more aggregate levels, field-testing could provide an opportunity to gain a realistic assessment of the actual prospects for efficiencies to be realized through absorption and reallocation.

Finally, once the template has been fully developed, tested, and refined (and hopefully expanded to include the benefit side), attention should be devoted to making the tool more user-friendly for those at the local levels. It is at this level that the richest information on support system cost is available; thus, efforts should be made to facilitate cost evaluations conducted at the local level. One option is to develop computer software capable of guiding the analyst through the various stages of the analysis, prompting for information and providing additional explanation of terms where necessary. Creation of a user-friendly tool to estimate costs can be expected to provide valuable information to members of local communities as they make decisions about the adoption, implementation, and continued development of comprehensive community-based support systems.

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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.

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