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Comprehensive Community Initiatives (CCI): A Comparison of Community Implementation Plans

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by
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Community Collaborations

People in crisis often require multiple community services. A homeless person may need medical health care and behavioral health care, along with shelter. A woman who is the victim of domestic abuse may need help with childcare, transportation, food, and emergency housing. Comprehensive community initiatives (CCIs) attempt to provide this interrelated range of community services.

CCIs developed as a part of community building efforts in the late 1980's (Kubisch, 1996; Stagner and Duran, 1997). "Comprehensive" can either refer to an initiative that incorporates social, educational, cultural, physical, and economic development in a community or to an initiative whose purpose is to coordinate a system of services, rather than offer isolated services (Kubisch; Parachini and Covington, 2001; Stagner and Duran). The "community" involved in a CCI may be a neighborhood, city, or county.

The goal of some initiatives is to build a strong community by developing local capacity that will be effective in dealing with problems the community may face in the future (Kubisch, 1996). Other initiatives aim to pool funding from separate programs (O'Brien, 1997) and coordinate social services across programs to make them more available to all people in need (Stagner and Duran, 1997). CCIs may focus on a broad goal, such as better and more responsive services, or a more specific goal, such as decreasing teen pregnancy rates (Stagner and Duran).

Many variations of CCIs have been established, but all have some common factors (Chaskin, 2000; Kubisch, 1996; Smock, n.d.; Stagner and Duran, 1997; Stone, 1996;):

- Public-private partnerships
- Comprehensive view of the social, physical, and economic factors affecting community change
- Local leadership/citizen participation/community participation
- Collaboration between multiple agencies
- Improving systems for assessing and tracking community resources
- Accountability and evaluation

A comprehensive rather than a categorical approach and an emphasis on community building, the very things that define CCIs, make them difficult to implement and to evaluate (The Aspen Institute, 1997c). During early stages of a CCI there is tension between product and process. The tension arises from the trade-off between providing a product, such as more emergency housing, and the process of trying to build community by increasing local leadership and citizen and community participation (The Aspen Institute, 1997c). Both product and process outcomes take time and resources as an initiative develops, but each is necessary to achieve CCI goals. Available funding and measurable accountability force some compromise in the process versus product debate (The Aspen Institute, 1997c). Identifying the right product-process mix is a step toward achieving a CCI's goals (Kubisch, 1996)

This product-process tension between an outcome that is visible and easily quantified and one that is harder to see or count relates to the debate between the long-term and short-term results of an initiative. Just as the right mix of product and process outcomes

must be found, a workable balance of short-term and long-term goals must be established for an initiative to succeed (Chaskin, 2000; Stagner and Duran, 1997). A CCI's early products can meet the goal of improving the quality of life for a community's residents as well as show funding agencies that the initiative has accomplished something (Kubisch, 1996; The Aspen Institute, 1997c). By nature, though, CCIs take time to bring about important changes such as building social capital (Center for Youth and Communities at Brandeis University's Heller Graduate School, 2001).

CCI Strategic Planning

The principles of comprehensiveness and community building that are central to CCIs influence strategic choices as to how a CCI will be structured and how it will operate. Decisions regarding governance, funding, staffing, technical assistance, evaluation, and program development strategies all affect the direction and success of a CCI. (The Aspen Institute, 1997a)

Governance can take different forms: a nonprofit entity created expressly to govern the initiative or a collaboration among individuals or institutions that is often connected to an existing community foundation or community development corporation. In their attempt to be comprehensive and to build community through local input, initiative governance structures include various stakeholders such as community residents, local business owners and civic leaders, representatives from community organizations, local government officials, and members of the community's private and nonprofit sectors. (The Aspen Institute, 1997a)

Although the different stakeholders in a CCI contribute to its comprehensiveness, they also contribute to inside-outside tension (The Aspen Institute, 1997b; Kubisch, 1996). Inside-outside tension results from the often differing views of a CCI's goals and how to achieve them that are held by "insiders" (initiative staff, participants, and local residents) as opposed to the views held by "outsiders" (funders, technical assistance providers, and evaluators) (Kubisch). Although these conflicting viewpoints may make it more difficult for a CCI to move toward its goals, the wide range of experience and expertise in the backgrounds of all involved can work to make the CCI stronger (The Aspen Institute; Kubisch).

Foundations often provide CCI funding (The Aspen Institute, 1997a), but the initiatives can originate at either the foundation level or the local level. The Neighborhood and Family Initiative (NFI) was a national initiative begun in four cities in 1990 and mainly funded by the Ford Foundation (Chaskin, 2000). The Ford Foundation set out the basic principles of comprehensive change and of community building through organizational collaboration and citizen participation for NFI cities, but let each community select the outcomes to be pursued, how to achieve those outcomes, and how to assess those outcomes (Chaskin).

Alternatively, a community can develop a plan for change using funds from local governments and foundations, but without the level of foundation influence displayed by the Ford Foundation during NFI's initial stages. The Lincoln/Lancaster County Human Services 3-Year Comprehensive Plan is an example, funded equally by the City of Lincoln, Lancaster County, and the United Way of Lincoln/Lancaster County.

The composition and location of an initiative's staff relates in part to the organization of the CCI. At the minimum, a director or coordinator helps with planning

and makes sure that plans turn into action. There may be administrative assistance staff for the project as well. As an initiative grows and adds staff, an attempt is often made to hire residents of the involved community to increase local involvement, residents' skills, and local income. Staff location varies but staff members typically serve the entire range of CCI stakeholders. (The Aspen Institute, 1997a)

A CCI can receive technical assistance with both process (e.g. strategic planning) and program (e.g. service provision). CCI participants or its governance unit may request technical support. Funders of some CCIs provide technical support that is available to all involved in the CCI. As with staffing, CCIs may take advantage of this opportunity to add to local residents' skills by teaching them to perform the needed technical assistance. (The Aspen Institute, 1997a)

There are various reasons to evaluate a CCI: to provide feedback; to show evidence of an initiative's progress; to reveal lessons learned; and to build community capacity by allowing the community and local residents to participate in the evaluation process. Periodic evaluation of a CCI may be required by funding agencies or requested by local agencies. (The Aspen Institute, 1997a)

The programs developed by a CCI reflect the initiative's main goals of comprehensiveness and community building and often represent many service areas. These programs are part of the initiative's broader purpose of improving the coverage of current services and building local capacity and local involvement, rather than goals themselves. (The Aspen Institute, 1997a)

CCI Implementation

Moving a CCI forward is a function of the product-process tension and the mix of short-term and long-term objectives that is chosen. Getting a CCI started with some short-term successes is more important than having a finalized implementation plan before anything is done (The Aspen Institute, 1997d). Comprehensive change that would not be possible as the result of CCI actions alone becomes feasible when specific, limited changes instituted by the CCI stimulate broader changes by other entities. A combination of the following (The Aspen Institute, 1997d, p.1) is a suggested starting point for an initiative:

- "Build on existing assets"
- "Respond to community needs"
- "Mobilize broad participation"
- "Target short-term, visible accomplishments"
- "Aim to leverage changes in other areas"

San Mateo County used indicator data from a recent study on the health and well being of the county's children to fashion a community-wide plan for action in one day in the spring of 2000 (The Results and Performance Accountability Implementation Guide, n.d.). The steps of their community process to improve outcomes for children follow (The Results and Performance Accountability Implementation Guide, p.2):

- 1) "Vision"
- 2) "Establish broad-based community involvement"
- 3) "Consensus on outcomes/indicators"
- 4) "Collect data"

- 5) “Publish Children’s Report” (on “health and well being” of children in the county)
- 6) “Analyze implications”
- 7) “Develop an agenda for action” (the one-day summit)
- 8) “Take action”
- 9) “Identify and support what works”
- 10) “Use data to monitor progress and improve services” (this leads back to step one – “Vision”)

According to the project coordinator for the report and the summit, one lesson that came out of the daylong summit was that the process is as important as what comes out of it. The collaborating group must include as many stakeholders as possible for the most successful result. You can redraft a report or redefine data that serve as indicators, but you cannot go back and include stakeholders that were not part of the process from the beginning. (The Results and Performance Accountability Implementation Guide, n.d.)

Initiatives sometimes focus on a community’s strengths, rather than its weaknesses. Instead of looking for problems and trying to solve them, the strategy of these asset-based CCIs is to find and build around a community’s strengths. A benefit of looking at community assets is that local leaders are found and involved in the initiative from the start. No matter how an initiative’s initial successes are accomplished, they must be linked to its broad goals and the next steps to take as spin-offs from these successes identified. Each accomplishment should not be an end in itself, as this limits the comprehensive scope of the CCI. (The Aspen Institute, 1997d)

The difficulties inherent in implementing a CCI are apparent from the very start of the initiative process. Given the scope of a CCI and the many people and organizations involved, it is very difficult and therefore takes a lot of time to reach agreement on a plan for what an initiative will attempt to accomplish and how the initiative will proceed toward its goals (Chaskin, 2000; Chaskin, Joseph, and Chipenda-Dansokho, 1997). The plan should specify what will be done, who will do it, and when (Promising Practices Network on Children, Families and Communities, Copyright 2001c). As an initiative proceeds, pressure for results early on can make following the integrated approach upon which CCIs are based less attractive than moving to categorical, short-term programs that have more immediate and visible results (Chaskin, Joseph, and Chipenda-Dansokho). Also, keeping the focus of the CCI is difficult over time (Brown, Pitt, and Hirota, 1999). The level and term of funding, the availability of staff, and access to technical assistance all affect the successful implementation of a CCI (Chaskin; Chaskin, Joseph, and Chipenda-Dansokho; Promising Practices Network on Children, Families and Communities).

CCI Evaluation

In addition to presenting implementation hurdles, CCI complexity makes it a challenge to evaluate whether an initiative, or even some of its programs, has been successful (The Annie E. Casey Foundation, n.d.-a; Chaskin, 2000; Stagner and Duran, 1997; Stone, 1994; W.K. Kellogg Foundation, 1998). An evaluation is done to show how well services are being delivered and the effects those services have on local residents (Promising Practices Network on Children, Families and Communities, Copyright 2001a).

Who designs and runs an evaluation, as well as which stakeholder(s) the evaluation serves (funders, governing body, service providers, and local residents) both are issues related to evaluation (The Annie E. Casey Foundation, n.d.-a; Stone, 1994). Because diverse stakeholders bring diverse priorities to a CCI, it is difficult to design an evaluation (Brown and Garg, 1997). The effects of outside forces, such as budget cuts and local politics, on the outcomes of a CCI must be recognized if an evaluation is to reflect an initiative's impact accurately (The Annie E. Casey Foundation; Hayes, Lipoff, and Danegger, 1995; Promising Practices Network on Children, Families and Communities, Copyright 2001a). Identifying a control group to compare with and to gauge the effectiveness of an initiative's programs is complicated because CCIs support many interrelated activities (Brown and Garg).

Results that are easily quantified and data that measure initiative outcomes are not always available. A database may be expensive to develop or refine at the start of a project, but may save evaluation expense later as computerized information is easier to tabulate than information from other sources (Promising Practices Network on Children, Families and Communities, Copyright 2001a).

Goals that may be attainable only in the long run of an initiative are often subject to evaluation in the short run (The Annie E. Casey Foundation, n.d.-a; Promising Practices Network on Children, Families and Communities, Copyright 2001a; Stone, 1994). Some initiatives are not evaluated at all or using methods that do not take into account that comprehensive initiatives are flexible in response to evolving service needs and change over time (Brown and Garg, 1997; Hayes, Lipoff, and Danegger, 1995; W.K. Kellogg Foundation, 1998).

A thorough CCI evaluation takes a lot of time and is expensive (Hayes, Lipoff, and Danegger, 1995). Although it may be more economical than hiring an evaluator, an in-house evaluation of an initiative may not be feasible. The initiative's staff may not have the expertise to complete an evaluation nor an objective view of project results (Hayes, Lipoff, and Danegger; Promising Practices Network on Children, Families and Communities, Copyright 2001a). There are groups that can be hired to perform evaluations of CCIs, such as SRI International, a nonprofit corporation, Chapin Hall Center for Children at the University of Chicago, the Center for the Study of Social Policy, and others (Community Building Resource Exchange, Copyright 1996b; Community Building Resource Exchange, Copyright 1996c; SRI International, Copyright 2002).

A process evaluation grades the implementation of a program and is the first step in evaluating the effectiveness of a program. Evaluating what each program is doing shows whether the initiative's stated plans are being carried out and can yield suggestions for improvements to putting plans into action. (Promising Practices Network on Children, Families and Communities, Copyright 2001a)

To assess how well a program has achieved its stated goals, an outcome (impact) evaluation is performed. A program may not be successful in reaching its goals either because the program just doesn't work or because it has not been properly implemented, therefore looking at both implementation and impact are important to evaluation. (Promising Practices Network on Children, Families and Communities, Copyright 2001a)

There are three areas that require evaluation if a local governance partnership is to be held accountable in its attempt to improve outcomes by changing human services

delivery. Agencies that are members of the collaboration must look at their performance with respect to the goals of the collaborative, the collaborative must look at its own overall goals, and the collaborative must establish a community-wide report card so it can measure its progress over time. (Farrow and Gardner, 1999)

A meaningful evaluation incorporates the following (The Annie E. Casey Foundation, n.d.-a, pp.1-2):

- ❖ An understanding of the “context, assumptions, and philosophies” that shaped the initiative’s strategies
- ❖ “Controlling for complex variables “
- ❖ “Defining important interim and long-term outcomes”
- ❖ Developing indicators of change that are “reliable and appropriate”
- ❖ “Refining and improving measurement tools and methods assessing change”
- ❖ Making evaluations an integral part of system reform
- ❖ “Building the capacity of CCI stakeholders” such that they may take part in the evaluation of the initiative

The following steps may help improve CCI evaluation (The Annie E. Casey Foundation, n.d.-b, pp.2-3):

- Focus on “accurate measurement of strategies, short-term changes, and interim progress” as well as on long-term outcomes
- “Improve partnerships” between evaluators and communities so that stakeholders participate and learn from the evaluation
- Include information in the evaluation about changes not resulting from actions of the CCI
- Use data from evaluations to improve “programs, practices, and policies” of the initiative
- Determine lessons learned from the more complicated state and federal comprehensive initiatives

Characteristics of Successful CCIs

There is more than one strategy by which a CCI can improve conditions for community residents. Experiences of fourteen CCIs judged to be successful (in operation for 5 or more years, having more than one funding source, and having a significant impact in the community) in moving toward their goals indicate that flexibility and the ability to evolve in response to problems or opportunities that arise during the course of the initiative are important. Flexibility does not preclude strategic planning, however. Planning that can be combined with results that are quick and easy to see is preferred to finishing all the planning before any action is taken and any results are accomplished. (Gray, Duran, and Segal, 1997)

The Comprehensive Community Revitalization Program (CCRP) began in the early 1990’s in the South Bronx of New York City and took the unusual approach of concurrent planning and action. The neighborhoods needed immediate help, so the most pressing problems (jobs, economic development, health care facilities, a community center, vacant lots) were addressed while each community developed its plan (Shelterforce Online, 1997). The combined action and planning strategy worked for this initiative. They received awards for innovative community-based planning and were able to grow after obtaining additional funding.

Many elements contribute to a successful partnership or collaboration. A summary of those characteristics follows (Education and Human Services Consortium, 1991; Farrow and Gardner, 1999; Hogue, n.d.; Promising Practices Network on Children, Families and Communities, Copyright 2001b):

- Prior “experience with collaboration or cooperation in the community” (Promising Practices Network, p.1)
- “Skilled leadership” (Promising Practices Network, p.2)
- “Collaborative group is seen as a legitimate leader in the community” (Promising Practices Network, p.1)
- “Favorable political and social climate” (Promising Practices Network, p.1)
- “Broadly inclusive” (Farrow and Gardner, p.3) of all stakeholders
- “Focus on results” (Farrow and Gardner, p.3) instead of one problem or service
- “All partners clearly and specifically define” (Hogue, p. 9) and agree on attainable outcomes and benchmarks
- Partners’ roles and responsibilities are defined and clear to them and partners make a commitment to fulfilling those roles and responsibilities
- Partners share in risk taking
- Partners are willing to grow and change
- Partners realize that there is more than one approach to solve a problem
- “Ability to compromise” (Promising Practices Network, p.2)
- “Informal relationships and communication links” that encourage “open and frequent communication” (Promising Practices Network, p.2) between members
- “Partners support each other” (Hogue, p.9) and acknowledge the success of others
- “Within three to four years, they must be able to demonstrate to people in their communities that community life is better as a result of their existence” (Farrow and Gardner, p.3)
- “Members share a stake in the process and outcome” (Promising Practices Network, p.2)
- “Sufficient funds, staff, materials, and time” (Promising Practices Network, p.2)
- Staff from all levels of the participating organizations are included as members
- “Appropriate pace of development” (Promising Practices Network, p.2)
- Partners evaluate results with the defined outcomes and benchmarks in mind
- “Institutionalize change” (Education and Human Services Consortium, p.1)
- “Publicize success” (Education and Human Services Consortium, p.1)

With respect to CCIs and integrated human services delivery in particular, similar characteristics are associated with a successful initiative. The following are noted as influencing success (Education and Human Services Consortium, 1991; Farrow and Gardner, 1999; Smock, n.d.):

- Existing political climate

- Focus on “results, rather than on rules and procedures” (Farrow and Gardner, p.2)
- “Processes used to build trust and handle conflict” (Education and Human Services Consortium, p.1)
- Emphasis on “prevention, family support, and healthy child development” over intervention (Farrow and Gardner, p.2)
- People who work on the project
- “Accessible where families live” (Farrow and Gardner, p.2)
- Combination of professional services with natural supports to families
- Policies that affect the efforts of those working on the project (outside forces)
- “Resident control” of the project (Smock, p.17)
- Strong, community-based coordinating organization committed to including residents in planning and making decisions
- Adequate resources over time

CCIs – Some Comparison Information

New initiatives can build on the lessons learned by past and ongoing initiatives if long-term evaluation and comparison among initiatives is undertaken to discover these lessons (Center for Youth and Communities, 2001). Successful implementation of a change in the way services are delivered may depend, in part, on using some processes and procedures that have worked for other initiatives (The Finance Project, n.d.).

Copies of two tables with information about CCIs operating in the mid to late 1990’s are attached. Hayes, Lipoff, and Danegger (1995) put together the “Matrix of Comprehensive, Community-based Initiatives” with the location, funding source/financing, and evaluation information for 50 programs in effect in 1995. Stagner and Duran (1997) list six initiatives operating in 1997 with the location, goals, organization, funding, and a contact for each in “Examples of Current Comprehensive Community Initiatives.”

The Augusta-Richmond County Community Partnership for Children and Families, Inc. (ARCCP) is a nonprofit organization that collaborates with local government, businesses, service organizations, and private citizens to develop partnerships that will result in better service provision and therefore improve the lives of Richmond County children and families (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002b). The ARCCP vision is that “all children will grow up in an environment made better through adequate medical care, child care and education in supportive and responsible families free from poverty, abuse, and crime” (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002a, p.1).

To move toward its vision, the ARCCP plans to (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002b, p.1):

- “Ensure that support and comprehensive services are provided for children and their families who are at risk in Augusta-Richmond County”
- “Link individuals and families to community resources”
- “Improve access to needed services”
- “Facilitate strategic planning”
- “Provide community resource information”

- “Bring businesses, agencies, and consumers together to make decisions locally about what works best” for Augusta-Richmond County

The ARCCP employs the following strategies to do the above (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002b, pp.1-2):

- “Outreach”
- “Case management”
- “Consortium building”
- “Working in local schools”
- “Coordinating community and parent education programs”

The ARCCP is one of 10 Community Partnerships in Georgia. Each is the legal entity in its county with the authority and responsibility to improve results for children and families (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002c). Each Community Partnership must form a Board of Trustees with representation from the Department of Family and Children Services, Board of Education, Juvenile Justice, Mental Health, local business, local government, faith community, consumer(s), advocates for children, and the Health Department. The ARCCP also has a Membership Council with over 130 representatives from the 70 plus partner agencies and organizations involved in the consortium (Augusta-Richmond County Community Partnership for Children and Families, Inc., Copyright 2001-2002d).

The Executive Director of the ARCCP listed the following factors as contributing to the sustainability of their partnership/coalition (McKenzie, 2002, p.1):

- “Inclusion, shared decision making and willingness to work together and remove barriers”
- “Performance measures are linked to efforts”
- “Partners commit to collaboratively solving (systemic) problems impacting on the community”
- Develop “coherent strategies, not just sets of programs”
- As it develops the partnership “establishes accountability for overall improvement in the well being” of children and families
- As it develops the partnership “assumes responsibility for successes and failures”

The Augusta-Richmond County Five Year Community Strategic Plan (to be implemented from July 1, 1997 through June 30, 2002) and the new Comprehensive Community Strategic Plan currently being developed involve community input. The Strategic Plan has five focus areas: child health; child development; family functioning; family economic capacity, and school success. A committee for each focus area meets regularly to determine mutually agreed-upon results and benchmarks for their area. Each committee follows a planning process: review data; revise benchmark objectives, review/revise strategies; review/revise services, programs, and activities; develop evaluation measures; and provide input for the budget. (Augusta-Richmond County Community Partnership for Children and Families, Inc., 2002)

Once they have decided on their role with respect to development and implementation of the community strategic plan, partners sign a Memorandum of Agreement regarding their commitment to focus on providing a service, program, or activity to local residents during the following year. This is regarded as an important step in the strategic plan

development process. The State of Georgia Partnership staff, as well as other stakeholders, review the Community Strategic Plan and provide feedback to the community. (Augusta-Richmond County Community Partnership for Children and Families, Inc., 2002)

The ARCCP and its members apply for grants that relate to the Partnership's benchmark goals. Funding has been provided by: Family Connection Partnership; Healthy Start; Drug Free Communities Program; Children & Youth Coordinating Council; Family Support; International Paper; Exchange Club of Augusta; Department of Juvenile Justice; and Weed and Seed. (Augusta-Richmond County Community Partnership for Children and Families, Inc., 2002)

Another collaborative (public agencies, private agencies, community leaders, neighborhood leaders, and business leaders) organized at the city/county level is the Chatham-Savannah Youth Futures Authority (YFA), chartered by the Georgia state legislature in 1988 (Farrow and Gardner, 1999). The YFA's charge is "to coordinate programs and administer public and private funds to improve results for youth and families in communities with high poverty rates" (Farrow and Gardner, p.6).

The YFA allocates public and private resources to make a noticeable difference in outcomes for youth and families after looking carefully at what the community needs. Although the broad scope of the YFA is Chatham County youth and families, a specific effort is being made in Area B, a Savannah neighborhood. The long-term goal for that neighborhood is that new opportunities and services made available to Area B children and families over a number of years will have a cumulative effect and eventually result in improved neighborhood outcomes. The advantage of the YFA's community partnership approach to improving outcomes for children and families was recognized by Georgia's legislature and state agencies and is being used statewide in Georgia. (Farrow and Gardner, 1999)

San Diego, California put collaboration for the needs of children and families into action when public officials from the city, county, city schools, and the community college district conceived the New Beginnings Center for Children and Families in 1988 (North Central Regional Educational Laboratory, n.d.; Together We Can, n.d.). The four agencies wanted to try a new, integrated approach to support and strengthen San Diego families because they realized that a piecemeal approach with each agency operating on its own was not working (Together We Can). Although grants provided funding for start up costs, the goal of New Beginnings is to move to funding from the agencies' regular budgets. This long-term approach to financing and the restructuring of existing budgets, rather than asking for additional funds, signaled the collaboration's commitment to institutional change (Together We Can).

After two years of planning and the addition of some new partners (San Diego Housing Commission, University of California San Diego School of Medicine, San Diego Children's Hospital and Health Center, and IBM Corporation) three portable classrooms at San Diego's Hamilton Elementary School were opened as the "New Beginnings Center for Children and Families." Representatives from many agencies work out of the Center as family service advocates that connect families to all the services they need. Many of the families served by the agencies represented at the Center are clients of more than one agency (63% of Hamilton students' families were clients of at least one program represented at the Center and 16% of the students' families were served by four

or more of the Center's programs) and can be better served if the agencies work together. The Center also houses some direct services such as immunizations and school registration. (Together We Can, n.d.)

The following factors contributed to the New Beginnings group being able to unanimously approve its statement of philosophy and its governance agreement after two years of discussing the project and building consensus (Together We Can, n.d.):

- ❑ The agencies involved are equal partners - there is no lead agency
- ❑ Decisions are made through consensus - not majority rule
- ❑ Consensus is reached as to the expectations of each agency
- ❑ Agencies commit to stay involved in the project for a given length of time
- ❑ Staff at all levels of the agencies is involved
- ❑ Each agency has mid-level and high-level staff on the New Beginnings Council to keep the collaborative work moving (initially, meeting once per week for planning; ongoing meetings twice each month)
- ❑ Partners contribute staff time, supplies, and services as they can - there is no minimum requirement
- ❑ Partners share databases while protecting clients' privacy
- ❑ Elected officials are informed of the collaborative's progress

The National City Collaborative, a comprehensive community initiative, is one of seven pilot programs of the California Youth Pilot Project (YPP) established in 1993 by Assembly Bill 1741 and implemented by the Commission on Children, Youth and Families (County of San Diego-Commission on Children, Youth and Families, n.d.). Community residents, public agencies, private organizations, and businesses are partners in improving health and well being, safety and security, community building, and organizational capacity building (County of San Diego-Commission on Children, Youth and Families). Like San Diego's New Beginnings Center, National City has its Family Resource Center at an elementary school to coordinate services for families (County of San Diego-Commission of Children, Youth and Families; California Department of Social Services, Office of Child Abuse Prevention, n.d.). The site includes counseling services, referrals to various programs, a health team, tutoring, support groups, and classes for parents (California Department of Social Services, Office of Child Abuse Prevention).

In California, Proposition 10 funds generated from a state tax on tobacco products are used to fund programs supporting young children and their families (Wright, n.d.). Local commissions request funds to achieve four strategic results (strong families, healthy children, children ready for school, and improved integrated service systems) that are part of the guidelines from the state commission. Specifically, Placer County's Commission asked for collaborative community-based proposals with measurable results through a process they call "Request for Results" (Wright). Prior to approval of the *Integrated Plan for the Strategic Deployment of Proposition 10 Resources in Placer County* in August 2000, existing needs assessments were reviewed, community input was solicited before and after the draft of the plan, and stakeholders attended a strategic planning event. The integrated plan was formulated using strategic planning guidelines from the state commission (Placer County Children & Families Commission, 2000). After approval of the plan, prospective partners (collaborations asking for funds) were asked to reply to the Request for Results and anyone who had gone to community or commission meetings

was invited to attend applicant workshops (Wright.). Two months after the workshops, the applications were due and reviewed. Three months after the application deadline, the approved proposals were announced and contracts were negotiated (Wright). Some of the funded partners were asked about the process they had gone through and they commented favorably on the consensus, collaboration, and cooperation that resulted with the approach (Wright).

In the late 1980's two Missouri initiatives showed the advantages of "cross-agency planning and program implementation" as well as "neighborhood-based efforts linked to schools" in improving the well being of Missouri residents and communities (The Family and Community Trust, n.d.-a, p.1). The Family and Community Trust (FACT), a public-private partnership created in 1993 at the state level, developed out of these efforts with the aim of improving the well being of children and consequently the well being of their families and their communities (The Family and Community Trust, n.d.-a, n.d.-b). The Board of Directors for FACT is made up of the directors of seven state agencies and eight leaders from Missouri business, higher education, philanthropy, and civic organizations (The Family and Community Trust, n.d.-b). FACT works with Caring Communities Community Partnerships to give leadership in cross-system reform (The Family and Community Trust, n.d.-a).

The Local Investment Commission (LINC), located in Kansas City and serving 28 Kansas City neighborhoods, is one of eighteen community partnerships (as of June 1999) in Missouri (Farrow and Gardner, 1999). LINC is a 36-member citizen board with the mission to create "...a caring community that builds on its strengths to provide meaningful opportunities for children, families, and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the common good" (Farrow and Gardner, p.2). The LINC partnership does not try to control other agencies or their funds, but rather works to improve the allocation of resources used to benefit children and families (Farrow and Gardner).

The policy directions that are a part of Missouri's system reform of human service organization and delivery are (The Family and Community Trust, n.d.-a, p.1):

- 1) "Being accountable for achieving results"
- 2) "Bringing services closer to where families live and children attend school"
- 3) "Active community involvement in decisions that affect their well-being"
- 4) "Using dollars more flexibly and effectively to meet community needs"

Evaluation of the Missouri Caring Communities Initiative is complicated both by the number of different communities involved and the different strategies used by each. Three types of questions will be asked to evaluate the initiative: monitoring questions regarding what was done, how much was done, and who was it done for; outcome questions regarding results; and impact questions regarding how much of the outcomes could be attributed to the initiative. (University of Missouri Lincoln University Outreach and Extension, n.d.)

The Northwest Hennepin Human Services Council (NWHHSC) has pursued its mission "to cultivate and develop support services and policy changes that make a difference in the lives of northwest Hennepin area residents" for 15 cities in northwest Hennepin County, Minnesota since 1972 (Northwest Hennepin Human Services Council, n.d.-a, p.1). Municipalities, organizations, and businesses benefit from planning and

research assistance provided by the NWHHSC. The NWHHSC also helps coordinate community wide efforts dealing with human services and coordinates major collaboratives that address specific human service needs such as mental health, early childhood development, tobacco use, housing, and employment (Northwest Hennepin Human Services Council).

One of the NWHHSC guiding principles is that citizens help determine what human services they need and how to get those services. The NWHHSC Advisory Commission includes one or more citizens from each of the 15 cities involved and also solicits citizen input through surveys, focus groups, and committees (Northwest Hennepin Human Services Council, n.d.-b).

A foundation, rather than a state government, local government, or local residents, has often been the impetus behind long-term, multi-site CCIs that aim to change public policies to better serve children and families. The Annie E. Casey Foundation funded the New Futures Initiative (NFI) over a seven-year period, beginning in 1987. Five cities were involved in the initiative to help more youth from low-income areas become productive adults. The New Futures Initiative was evaluated by the Center for the Study of Social Policy both for its impact on institutional change and on student outcomes. (Community Building Resource Exchange, Copyright 1999c)

The Ford Foundation began the Neighborhood and Family Initiative (NFI) in four cities in 1990 (Community Building Resource Exchange, Copyright 1999b). Two principles guide the NFI: “neighborhood development projects should attempt to build on and integrate the relationships among social, physical, and economic needs and circumstances”; and residents of the neighborhood and others with interest in the neighborhood “should actively participate in the planning and implementation of such a project” (Community Building Resource Exchange, p.1). The Chapin Hall Center for Children at the University of Chicago evaluated the NFI to determine the success of the general approach taken by the initiative. Chapin Hall also offered design assistance to each site so local evaluations could be done to measure the initiative’s success with respect to each community (Community Building Resource Exchange).

The 1990 partnership of residents of the Sandtown-Winchester neighborhood in Baltimore, the Baltimore City government, and The Enterprise Foundation resulted in the Community Building in Partnership Initiative (CBP). The three partners all work to raise funds for the initiative, and the City of Baltimore and The Enterprise Foundation give in-kind support. The CBP’s broad focus is to improve education, health and human services, housing, employment, and economic development in the deteriorated Sandtown-Winchester neighborhood. The strategies to accomplish the CBP’s goal include: community building; “building block” projects that help with immediate needs; and program design and planning for systems change. Evaluation of the initiative’s programs is performed by a team of The Enterprise Foundation and includes documentation of the neighborhood transformation process, feedback for participants, lessons, and findings. (Community Building Resource Exchange, Copyright 1999a)

Tools/Toolkits/Toolboxes

Various tools can be found that may help in organizing, implementing, or evaluating a CCI. The Finance Project website lists sources for human services management and service delivery tools in *Tools Across Human Services* (The Finance Project, n.d.). Here

are some resources (all available on the Internet) that are related to collaborations, community organizing, community service provision, and community initiatives:

- *Assessing Your Collaboration: A Self Evaluation Tool* (Borden and Perkins, 1999)
- *Community Collaborative Wellness Tool Kit* (Together We Can Initiative, n.d., Web site last updated April 13, 1998)
- *The Wilder Collaboration Factors Inventory* (Mattessich, Murray-Close, and Monsey, 2001)
- *Community Organizing Toolbox: A Funder's Guide to Community Organizing* (Parachini and Covington, 2001)
- *Community Empowerment Toolkit* (Iowa Forum for Children and Families Collaboration with the Iowa Empowerment Board, 1999)
- *Getting Started: A Sustainability Self-Assessment* (The Finance Project, 2001)
- *Community Toolbox*, "Our Evaluation Model: Evaluating Comprehensive Community Initiatives" (Fawcett, Paine-Andrews, Francisco, Schultz, Richter, Patton, Fisher, Lewis, Lopez, Russos, Williams, Harris, and Evensen, n.d., Copyright 2002)

The tool developed by Borden and Perkins for collaboration self-evaluation helps pinpoint what's working and what's not working for a collaboration, and may result in a more successful collaboration if adjustments are made based on feedback from evaluators (Borden and Perkins, 1999). Evaluation participants use a five-point scale to rate thirteen factors that affect collaboration. The factors are: "goals; communication; sustainability; research and evaluation; political climate; resources; catalysts; policies/laws/regulations; history; connectedness; leadership; community development; and understanding community" (Borden and Perkins, pp.3-4).

The evaluation process outlined in the *Community Collaborative Wellness Tool Kit* from Together We Can Initiative differs from the self-evaluation of Borden and Perkins because a facilitator from Together We Can conducts it (Together We Can Initiative, n.d.). With this tool, seven "elements of reform" are looked at over five "stages of collaboration" (Together We Can Initiative, n.d., p.1). This Tool Kit is similar to the Borden and Perkins' self-evaluation tool in that through asking questions and evaluating how the collaborative is progressing, positive changes may be made that result in more successful collaboration.

The Wilder Collaboration Factors Inventory is another tool that may be used for collaboration self-evaluation. The inventory is a set of forty questions developed from twenty factors that affect the success of collaborations. The questions allow evaluators to rank these factors on a five-point scale. The score given to the collaboration by each evaluator is interpreted using *The Wilder Collaboration Factors Inventory* (available for \$5.95) and would aid an ongoing collaboration in assessing and making improvements in its operations. The *Inventory* can be completed at a meeting, through the mail, or online and is estimated to take fifteen minutes. (Mattessich, Murray-Close, and Monsey, 2001)

Rather than a tool to evaluate a collaborative group, the *Community Organizing Toolbox: A Funder's Guide to Community Organizing* uses eleven short case studies and two in-depth case studies to give examples of community organizing and the relationship of grant makers to community organizing. The latter case studies look at the independent Charles Stewart Mott Foundation and The Hyams Foundation, a private group. (Parachini and Covington, 2001)

The *Community Empowerment Toolkit* arose from the need of Iowa Empowerment Communities for technical assistance and information to guide the Community Empowerment Boards in their effort to provide more coordinated services for Iowa children and families. This Toolkit deals more with setting up the Empowerment Boards than with their evaluation, although looking at outcomes achieved and using that information to make adjustments to a Board's plans is included. (Iowa Forum for Children and Families Collaboration with the Iowa Empowerment Board, 1999)

Another self-evaluation tool used with CCIs is *Getting Started: A Sustainability Self-Assessment* (The Finance Project, 2001). A five-point scale is used for evaluators to answer forty-nine questions in eight areas related to CCI sustainability. The areas reviewed are: "decide what the initiative wants to sustain; develop a results orientation; identify, develop and pursue a variety of financing options; adapt to changing conditions; develop a broad base of community support; develop key champions; develop strong internal processes and controls; and develop a sustainability plan" (The Finance Project, p.1). This procedure may take up to two hours in a small group of ten or less, with more time needed for a larger group to complete the process. (The Finance Project)

The *Community Toolbox*, available through the KU Work Group on Health Promotion and Community Development, is a more detailed evaluation tool for CCIs. This logic model includes five elements necessary for a successful CCI and gives links that provide information on how to attain each element. Thirty-four recommendations for a successful collaboration have come out of this model. (Fawcett, Paine-Andrews, Francisco, Schultz, Richter, Patton, Fisher, Lewis, Lopez, Russos, Williams, Harris, and Evensen, n.d.-b, Copyright 2002)

Of the above tools, those that appear to be most useful in conducting a process self-evaluation of C-SIP are *Assessing Your Collaboration: A Self Evaluation Tool* and *The Wilder Collaboration Factors Inventory*. Each of these tools can be used to evaluate the collaboration as a whole and to evaluate individual coalitions with the collaboration.

Suggestions for C-SIP

C-SIP fits the description of a comprehensive community initiative with the aim of more responsive and integrated human service provision across programs for the City of Lincoln and Lancaster County. Progress has been made toward that end during the two years since implementation of the *Lincoln/Lancaster County Human Services 3-Year Comprehensive Plan* began. However, the lessons learned from other similar initiatives provide some suggestions for C-SIP in the next year and beyond.

As C-SIP coalitions near the end of developing their action plans, this may be an opportune time to discuss signing commitment agreements as to what the agencies involved will provide over a specified time period. Commitment agreements could also be developed for partners, the Steering Committee, and the Advisory Committee as to their contributions to the project over a given period of time.

A self-evaluation of the implementation process so far would be beneficial. This can be done for a relatively low cost in time and in dollars and may point out where the coalition is working well and where improvements may be made. This is also a good opportunity to receive feedback from all those working on C-SIP, in particular community members of the coalitions. Citizen input, especially early on during the planning stages, is important to an initiative's success.

With an eye to the future, an outside evaluation of the outcomes of the C-SIP project should be considered. Identifying possible sources of funding and applying for funds to conduct that evaluation would be an initial step. The work already being done through C-SIP on a benchmark data template and to identify measurable data and available data sources are essential steps toward a meaningful evaluation of the results of the project implementation.

Taking some action and evaluating the outcomes of that action may reassure the community, human service agencies, local government, and funding agencies that the implementation is producing results that they will want to support. CCIs tend to evolve over time, so it is not possible to design a perfect implementation strategy that will never have to be changed. Some action before the planning process is complete may signal where adaptation of the implementation is needed.

The successes of the C-SIP project should be publicized. This will encourage the continuing support of the current partners and may also result in the support of additional partners who want to participate in the project. Publicity also may result in more citizens and agencies learning about and participating in the project.

A difficult part of a CCI is sustaining the effort over time. Participants in the project need to be kept involved and on track. Establishing a more permanent infrastructure and the funding to maintain that body can be instrumental in keeping a project ongoing over the long term.

Matrix of Comprehensive, Community-based Initiatives

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

		corporate support.	evaluations based on benefit to participants, employers, and the government.
Community Building in Partnership -- Sandtown-Winchester, Baltimore	Baltimore, MD	Foundation seed money, with in-kind support from the city. On-going public support. Specific initiatives supported by government and foundation funds.	Formal evaluation began in May 1994. Will assess against 1990 baseline of neighborhood data.
Community Schools, Intermediate School 218	New York, NY	Private start-up funds. On-going support from public and private contracts and gifts.	Needs assessment conducted. Evaluation conducted in March 1993. Showed preliminary positive results. A ten-year evaluation has been planned.
Comprehensive Child Development Program	Multiple National Sites	Federal funds through congressional authorization.	Two evaluation contracts for CCDP sites awarded. The first will focus on process, while the second focuses on outcomes. Interim report assessing the first two years of participation presented to Congress in 1994.
Comprehensive Community Revitalization Project	South Bronx, NY	Foundation seed money launched the initiative which uses private funds to leverage public support.	Assessment report completed in March 1994 through document reviews and interviews.
Comprehensive Services Act	Virginia	Pooled state funds complemented by State Trust Fund to provide conversion funds. Localities receive funds based on funding formula.	Completed evaluation of demonstration sites in February 1994. Evaluation under way by working group.
Delaware State Service Centers	Delaware	State line item as primary support. Tenant fees from private co-located providers and federal funds.	Cost analysis of co-location conducted. Client satisfaction surveys conducted in 1986, 1989, and 1993.
Early Childhood Development & Parent Education Program	Oklahoma	State appropriation supplemented by other government funds and fees for service.	Statistical reporting form which allows for client data tracking. Two evaluations conducted.
Early Childhood Family Education	Minnesota	State funds used for start-up. Tax levy/state aid formula now supplemented by other funds, including government, private, and fees for service.	Cost analysis completed. Parent interviews served as preliminary evaluation for curriculum and program development. Two-year evaluation implemented, with results expected in late 1996.
El Puente	New York, NY	Government funds supplemented by foundation and in-kind support.	Case study of the academy released in July 1994
Family Development Program	Albuquerque, NM	Foundation seed money. State-mandated funds as well as government contracts and other government contributions supplemented by private funds and individual contributions.	Six-year formal evaluation released in 1991. Five broad goals, ranges of objectives, and appropriate methods for measurement developed for this evaluation.
Family Focus	Chicago, IL	Two individuals provided start-up funds. Support from many levels of government, foundations, and fees for service.	Components of the initiative have been evaluated, primarily by outside evaluators. Five-year evaluation published in 1994. Anecdotal and qualitative data also compiled.
Family Investment Trust	Missouri	Private foundations and in-kind and government support.	Too recent for evaluation.
Family Resource Schools	Denver, CO	Many levels of government provided in-kind support during inception. Government, foundations, and businesses support implementation.	Resource assessments were conducted to determine need. Process evaluation conducted in 1992.
Florida Full Service Schools	Florida	Line item in the state budget. Local grant recipients leverage additional funds from federal, state, and local governments, foundations, businesses and non-profit	Preliminary evaluation based on the site's self-evaluations after six to nine months of implementation.

		organizations.	
Governor's Cabinet on Children and Families	West Virginia	Funding coordination and authority to pool funds. Refinancing/reinvesting strategies supplemented by government, foundation, and private sources.	Local centers collect some evaluation information. Preliminary work on more formal evaluations.
Hawaii's Healthy Start Family Support Systems	Hawaii	State appropriations compose 90 percent of funding. Local funds supplement the remaining 10 percent.	Evaluation conducted in 1988 which measured children's outcomes as defined by levels of abuse. Other evaluations determined percentage of service population being served. A randomized study to determine outcomes and cost/benefit was initiated in October 1994. Evaluations of effectiveness are in the planning stage.
Healthy Start	California	State planning and operation grants, coordinated through state budget, are used as glue money. Long-term support is the responsibility of the local sites (which use techniques such as federal draw-downs of funds to ensure funding).	Three components of an evaluation have been conducted: an evaluation of planning grants; a process evaluation of the first year of the initiative; and an evaluation of service delivery and outcomes.
Home Instruction for Pre-school Youngsters	Multiple National Sites	Foundation and corporate support are supplemented at the local level by government and private sources of funds (e.g., Governor's office, federal funds [JTPA], communities, local private industry councils, school districts, and community-based organizations).	International component of program extensively evaluated. Three-year grant received to evaluate three school-based programs. Another two-year grant awarded to conduct a set of case studies focusing on implementation issues.
Kentucky Education Reform	Kentucky	State tax increases allow for grants to local sites, as do local tax increases.	Needs assessments conducted (both on state and local levels). Statewide Report Card produced as a status report of the state of reform. The Report Card goals are more process than outcomes. Implementation/process evaluations also conducted in 1993 and 1994.
Lafayette Courts Family Development Center	Lafayette Courts housing unit, Baltimore, MD	Federal government, grant funds, and in-kind local government support.	Outcomes measures clearly defined at the outset. Evaluation released in 1991 which measured at two points in time, in comparison to a control group.
Lincoln Intermediate Unit No. 12, Migrant Child Development Program	Pennsylvania	Federal and state funds with private donations.	Summer programs evaluated. Anecdotal evaluation supplied by the director.
Local Investment Commission	Kansas City, MO	State and local funds with foundation and business support.	Developed a series of short- and long-term targets for success.
Maryland's Tomorrow	Maryland	State appropriation and JTPA funds. Localities also use private and foundation funds.	Evaluations conducted every year for the first five years, looking at initiative impact on student performance.
Maternal Infant Health Outreach Worker Project	Tennessee	Seed funds from foundations. State, university, church, foundation, and local corporation funds, along with in-kind federal support.	Three evaluations conducted. The first evaluated county-level data and compared participants to control group for specific outcomes; the second was a qualitative study; the third assessed social support provided by the initiative.
Minnesota Milestones	Minnesota	State development funds.	Needs assessment conducted. The initiative is itself an evaluation tool.
Neighborhood Based Alliance	New York	State funding, supplemented at the local level by federal government and private grants.	Evaluation compared the initiative to similar initiatives. Progress reports conducted periodically.

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

SOURCE:

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Table 1

Examples of Current Comprehensive Community Initiatives					
Program Name	Location	Goals	Organization	Funding	Contact
Comprehensive Community Revitalization Program (CCRP)	South Bronx, New York	To help five community development corporations (CDCs) become institutional bases and catalysts for broad neighborhood renewal	CCRP provides the CDCs with support to plan and develop physical and programmatic infrastructure in the communities	\$3 million in initial grants from the Suddra Foundation. Sixteen other funders have joined the project.	Anita Miller, Program Director (212) 557-2929
Beacons Initiative	New York City, New York	To support positive outcomes for youths through individual development opportunities and communitywide support	An initiative of the New York City Department of Youth Services, managed by community-based organizations working with local schools	\$450,000 from the Department of Youth Services, city, state, federal, and foundation funds	Michelle Cahill, Fund for the City of New York (212) 925-6675
California Youth Pilot Program	Six California counties	To support the implementation of innovative strategies to provide comprehensive, integrated services to children and families	County coordinating councils, including local officials and service providers, are established by county boards of supervisors and service recipients	Counties are authorized to combine funding from categorical programs	Sarah Graeber Chesemore, California Health and Welfare Agency (916) 654-0658
Local Investment Commission (LINC)	Kansas City, Missouri	To improve the lives of children and families	Directed by a 36-member citizen commission, with advice and support from a professional cabinet	State funding, private foundations, private donations	Gayle Hobbs, Executive Director (816) 889-5050
Community Building in Partnership (CBP)	Baltimore, Maryland	To transform systems of support that are not now working for residents	Partnership among neighborhood residents, city government, and the Enterprise Foundation	\$5 million in seed money; ongoing support from foundations, corporations, and government	Joan Thompson, Enterprise Foundation (410) 727-8535
Neighborhood and Family Initiative (NFI)	Four communities across the country	To revitalize and empower communities by combining economic and community development at the neighborhood level	"Neighborhood collaboratives" are the primary management; community foundations assist the collaboratives	Launched by the Ford Foundation with \$1 million to each site	Roland Anglin or Janice Molnar, Ford Foundation (212) 573-5000

Source: Information compiled by the authors on the basis of information supplied by individual members of the program staff. For additional information, contact the programs directly.

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