

*Joint Community Center*

*Task Force*

*Report*

*April 1992*

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## Summary

Currently in the City of Madison and Dane County there are approximately 200 non-profit and government-operated providers of social services. These agencies provide recreation, family counseling, employment and basic skills training, AODA treatment, income maintenance, child protection, and many other services to an economically and culturally diverse population. Throughout the last decade, funding bodies and program managers have held many discussions concerning the desirability of revamping this network of services to improve its efficiency and cost-effectiveness.

Three themes have emerged from these discussions:

1. The growing size of Madison and the isolation of some neighborhoods make it difficult for people, particularly low-income people, to make use of centralized services. Decentralization would improve the accessibility of social, recreation, education, and health-related services.
2. Social service clients often participate in several different programs at once. Currently, the lack of coordination between these services reduces their impact. An integrated approach to service delivery, called "unified case management," would improve the effectiveness of our programs.
3. The cost of overhead needed to support all our service agencies directs funds away from programs. We need to find ways to reduce these costs. One way to achieve savings is by sharing the cost of rent, utilities, and other overhead through "co-location."

While there seems to be general agreement on these principles - decentralization, unified case management, and co-location - efforts to pursue them have been uneven and fragmented. Most human service organizations continue to operate independently of each other, and in so doing, limit the impact we can have on keeping families together, promoting self sufficiency, and preventing school failure.

In October, 1991, Mayor Paul Soglin and the Madison Common Council commissioned the Joint Community Center Task Force to examine the possibility of creating a neighborhood-based service delivery system. The Task Force, a 25-member committee, was made up of citizens of diverse backgrounds as well as representatives of the City of Madison, Dane County, the Madison Metropolitan School District (MMSD), United Way of Dane County, and the Madison Community Foundation. These organizations are referred to throughout the Task Force report as the "entities".

The Task Force met over a six-month period to study the feasibility of creating a system of community and neighborhood centers to facilitate the decentralization, integration, and co-location of services and programs within the city. The city's immediate concern in appointing this group was the need to stabilize those Madison neighborhoods adversely affected by crime and by high concentrations of families with low incomes. However, the scope of the study also takes a long-range and city-wide look at the provision of services in Madison.

With the assistance of a team of staff from the city, county, United Way, and school district, the Task Force inventoried services currently available in Madison's neighborhoods, gathered demographic information on target neighborhoods, assessed the strengths and weaknesses of currently operating neighborhood centers, and looked at the long-range plans of service providers. Based on this information, the Task Force concluded that the need, resources, and commitment exist to create an integrated neighborhood-based service delivery system and that it is feasible to locate these coordinated services within a system of local neighborhood centers and regional community centers.

A summary of the Task Force's main recommendations concerning a community center system follows, but first, it is vital to stress an important point about these recommendations: The Task Force recommendations set up a planning process to promote collaboration between service providers and neighborhood residents. The recommendations focus primarily upon improved service delivery, not upon the construction of a system of buildings. Regarding space needs, the Task Force recommends that planners look first to existing facilities, especially schools, before considering the acquisition or construction of new physical plants.

The main recommendations of the Joint Community Center Task Force are:

1. The Task Force recommends that the city, county, school district, United Way, Madison Community Foundation, non-profit providers, private corporations, and community residents collaborate in the planning and implementation of a community center system.
2. The goals of a community center system should be long-range and community-wide.
3. The entities must commit financial, programmatic, and physical resources to create and sustain a neighborhood-based service delivery system.
4. The planning process needed to create this system should be led by a resident planning council.
5. The planning council will be given the authority to sub-contract programs and services in a service area.
6. Governance of a community center in the service area should be in the hands of the planning council, incorporated as a non-profit corporation.
7. Five service area districts should be established in the city.
8. Each of the five service areas should be served by a comprehensive service center with smaller neighborhood centers located within walking distance (within 1 1/2 miles) of low-income areas. Within this broad recommendation, the needs and resources of each area must be taken into consideration.
9. The Task Force recommends that local planning councils consider a wide array of services for inclusion in community and neighborhood centers.
10. The community center system should take advantage of and promote collaboration between service providers.

11. The Task Force recommends no new community or neighborhood centers be initiated without a funding commitment from the public and private entities to pay for operating and program costs of the system.
12. Existing neighborhood centers should receive increased funding of operating and program costs.
13. The Task Force recommends a pilot be conducted on Madison's Northeast Side. Planning for the pilot should begin in June 1992.

### **Introduction**

During the past decade, Madison and Dane County have undergone dramatic changes. The population of the city has grown from 171,000 to 191,000 and the county from 325,545 to 367,000. The geographic area covered by the city has grown from 39 square miles to 46 square miles. The urbanized area of the county has grown from 50.9 square miles to 59.9 square miles, with much new housing and commercial development occurring beyond Madison's city limits.

With this growth in size have come other changes that typically are associated with larger urban areas. A disproportionate number of people living on low incomes are renting in certain areas of Madison where there is affordable housing, these relatively affordable units, and pockets of poverty have grown in the city. These areas have also become the points of entry for many people fleeing larger cities like Chicago and Milwaukee. The newcomers, participants in a nationwide migration from big city ghettos to smaller cities and towns, have come seeking a better way of life. However, in some cases, the crime and violence of the big city has followed them, contributing to the problems faced by some of our most fragile neighborhoods.

From 1986 to 1990, while the student population of the Madison Metropolitan School District (MMSD) grew by 5.5%, the number of MMSD students enrolled in medical assistance, AFDC, and/or food stamp programs increased by 25.6%. The number of students receiving free or reduced cost school lunches increased by 18.5%. Associated with this increase in the rate of poverty have been reports of increased numbers of young people starting school having never heard a story read to them and increasing numbers of teens lacking social and recreational opportunities. Poverty and problems like drug abuse which cut across income strata are associated with increasing incidence of violence, increasing incidence of theft, increasing numbers of teen pregnancies.

In some neighborhoods where these problems have taken hold, apartment vacancy rates have soared, and the beginning of what appears to be a cycle of "disinvestment" has begun. Disinvestment - the reluctance of owners and lenders to invest financially in property - has shown itself in the form of bankruptcy, rapid turn-over of property owners and managers, non-compliance with building codes, and low standards of property upkeep. Affluent households have begun to leave areas threatened by these problems, settling on Madison's periphery and taking with them the tax base that in the past has enabled Madison to pay for the costs of high quality social and community services, needed now more than ever. Without effective intervention, it is likely that larger and larger areas of the city may take on the character of poor urban centers surrounded by affluent suburbs.

One means of intervening in this cycle has already been going on quietly within the city for a few years. Public private social service programs, whose counseling, training, and treatment services assist people to overcome the effects of poverty, alcohol and drug addiction, domestic violence and child abuse, have been taking their programs to the people who need them. Like smart business people

who locate their shops close to their customers, social service managers have been moving from centralized sites to locations near the homes of people who use their programs. The sheer size of Madison has made these moves imperative. The service providers know that without these moves, they will not reach many of the people who could benefit from their assistance.

The models of decentralization they have chosen have varied widely. Some programs, like Omega School, a basic skills and GED program, have kept a downtown site, but travel daily to apartment complexes and neighborhood centers to meet with people close to their homes. Other programs, like the Dane County Community Action Commission, Energy Services, Inc., and el Centro Hispano, have left three separate sites on the east side and downtown to jointly lease commercial space on South Park Street, near many of the people they serve. This move make the programs more accessible to their clients. The move also allows the three programs to pool program resources and make efficient referral of clients from one program to another.

In addition to these efforts, carried out by agencies acting independently or in small groups, units of government and major funding sources have discussed possibilities for decentralization of services throughout the community. Decentralization plans for services such as Madison's police, library, and Department of Public Health, the Dane County Department of Human Services, the school district's after-school recreation and education programs, non-profit services funded by United Way, county, and city have all been a part of these discussions.

#### **Appointment of the Joint Community Center Task Force**

It was in this context of spontaneous, but uncoordinated, decentralization of services that Mayor Paul Soglin began to consider the possibility of developing a community center system. The mayor reasoned that it may be possible for the city to enhance the efficiency and cost-effectiveness of recreation, education, and social services by coordinating and integrating programs within service territories. A planned effort by units of government, major funding sources, the school district, and service providers could help to insure that service deficiencies would be identified, existing resources maximally used, duplications avoided, and costs shared wherever possible.

The opportunity for coordinated planning was not the only matter of concern to the mayor, however. Of equal importance was his belief that a community center system could offer our service network the advantage of community participation in the planning and implementation of decentralization. If residents of neighborhoods could become involved in this process, the mayor reasoned, they would help to select and design the programs most needed by their neighborhoods. The community would have greater certainty that services moving out to neighborhoods would be patronized by residents. Residents would have the opportunity to exert neighborhood-based control over the problems of greatest concern to them. Our neighborhoods and the entire community would benefit from the process.

To test these assumptions, the mayor and Common Council appointed the Joint Community Center Task Force. The Task Force, a 25-member committee, was made up of citizens of diverse backgrounds as well as representatives from the City of Madison, Dane County, the Madison Metropolitan School District, United Way of Dane County, and the Madison Community Foundation. The Task Force was charged with the job of developing recommendations on a number of issues related to a community center system, including geographic boundary lines for service districts, planning process and governance, programs and services, space needs, and funding.

The mayor's charge directed the group to focus its attention city-wide on the delivery of services. The Task Force also focuses on targeted neighborhoods in its approach including: Allied Drive, Bayview, Broadway/Simpson, Darbo-Worthington, Kennedy Heights, South Madison, Truax, Vera Court, Northport-Packers, and Wexford Ridge. These neighborhoods are those identified by the Madison Police Department as areas destabilized by crime, domestic violence, and drug abuse and related problems. These are the areas which according to the new Census have the highest proportion of single parent families, female headed-households, and which according to Dane County Human Services have the highest number of households enrolled in public assistance programs. Paradoxically, these are also areas which, in many cases, have fewer of the services available to more stable neighborhoods.

The committee's report is concerned with the delivery of services within these neighborhoods. In his charge to the committee, Mayor Soglin asked the Task Force to look at how the entire community could be involved in a center system. With this in mind, the group began to address a number of issues: Does the rapid geographic growth of the city and its contiguous communities mean that many newer areas of Madison lack services needed to support community stability? Should a community center system be put in place over an extended period of time to deliver decentralized services to the entire community, not just to low-income neighborhoods? Should we try to provide services in a manner that brings people of all income backgrounds together instead of simply focusing our efforts on people with lower incomes? The committee believes that the planning process recommended by this report will offer the community a means to address these questions in years ahead.

### **Methodology**

The Task Force met 15 times over a period of six months. To gather information on the feasibility of a community center system, the group:

1. Heard direct testimony from the mayor, county executive, United Way president, school board president and superintendent on their visions, goals and hopes of how a community center system could be a part of their mission in the delivery of services.
2. Visited 12 Madison centers including neighborhood centers operated by United Neighborhood Centers and independent centers such as Allied-Dunns Marsh and Kennedy Heights, several senior centers, the Downtown Arts and Activities Center, and South Madison Family and Health Center which houses the Madison Department of Public Health and three non-profit agencies. Task Force members discussed programs and need with the users, staff and area residents served by these centers.
3. Compiled program and participant information from existing youth programs for the neighborhoods mentioned in the introduction operated by United Neighborhood Centers (UNC), three independent neighborhood centers, and the Madison School/Community Recreation Department (MSCR). (See Appendix A).
4. Gathered demographic information from the MMSD and Dane County Human Services Department concerning children who reside in the neighborhoods focused on for the report. (See Appendix B).
5. Excerpted relevant findings from the 1990 Dane County Health and Human Services Community Needs Assessment.

6. Examined the July, 1991 Dane County Decentralization Plan draft for possible coordination with a City of Madison community center system and heard testimony from the county executive on potential plans for decentralizing Dane County Human Services offices into four high school attendance areas and services into nine middle school attendance areas.
7. Heard presentations on community center systems in Milwaukee, Des Moines, Iowa, and St. Paul, Minnesota, and received extensive testimony from the director of a multi-service center in St. Paul. (See Appendix C).
8. Met with a variety of government departments and non-profit community-based organizations to discuss existing and future decentralization plans as well as the compatibility of programs and services that might be housed in community/neighborhood centers.
9. Conducted a public hearing on the initial recommendations of the Task Force, a meeting during which over 75 people registered and spoke. Speakers expressed concern about new funds being directed toward buildings and new programs instead of to existing neighborhood centers. Another theme which emerged from the hearing was the concern that area residents should make decisions on issues and programs affecting their communities.

### **Findings**

This process produced a great deal of information, some directly supportive of the development of a community center system and some which raised questions concerning the anticipated high cost of such a system.

These findings are:

**1. Transportation options for human service users are currently inadequate.**

In support of the concept of service decentralization, the issue of transportation emerged as a compelling issue. According to a Dane County Human Services client survey, nearly 50% of Dane County Human Services Department clients traveling to the Northport and South Madison offices don't have a car. For these low income families, access to centralized services is difficult. Access is made increasingly difficult by the fact that some of the city's poorest bus service is provided to neighborhoods with the greatest need for public transportation. For example, it can take over an hour for residents of the Broadway/Simpson neighborhood to travel by bus to locations in other parts of South Madison. To avoid this problem, the Family Enhancement Program presently spends \$2,000 per month in cab fare subsidies to get residents from this area to the South Madison Family and Health Center. Interviews with school personnel and the operators of existing neighborhood centers revealed that a great many children are unable to participate in after-school day care and recreation programs due to lack of transportation.

**2. High need areas are without adequate human services.**

A second area of information arguing for a new service system is the high concentration of people with low incomes living in certain parts of the city. In some of these neighborhoods, over 50% of heads of low-income households are women. Zip code areas 53704 and 53713 in the city have the highest concentration of participants in the county's children, family and



economic assistance programs. This high concentration shows us that we could achieve efficiency by locating vital services within certain neighborhoods instead of at central sites. While some of these high need areas have benefitted from neighborhood-based programs, others with equally great needs have few, even no, neighborhood-based services. Darbo-Worthington and Wexford Ridge have limited facilities and programs. Similarly, Northport-Packers apartment complexes have no neighborhood-based service providers. These variations in levels of service show us that a city-wide planning process is needed to assure that recreation, education, and social service programs reach the communities that need them most.

**3. Existing efforts at service decentralization are fragmented.**

The spontaneous efforts of service providers to relocate within neighborhoods is argument in itself in favor of a revamped and decentralized service system. Programs like PICADA, Operation Fresh Start, Omega, the Neighborhood Intervention Project, Community Action Commission, el Centro Hispano, Head Start, Madison Urban League, and Energy Services have either leased space in decentralized locations or have reached agreements with existing neighborhood centers and apartment managers to provide on-site programming. These examples and the serious consideration being given by the area's largest service provider, Dane County, to decentralizing all of its income maintenance and family support programs shows us that the concept of neighborhood-based services is not something that needs to be forced on the service network. It also shows us that new buildings are not necessarily the strategy needed to house decentralized programs and agencies.

However, the current decentralization efforts are fragmented and undirected. Unless a city-wide planning process can be implemented it seems inevitable that future relocation efforts will fail to take advantage of existing assets and opportunities for pooled resources.

**4. Where it has taken place, planned decentralization has proven effective.**

The Task Force is aware of two planned decentralization efforts in which highly compatible agencies co-located in space at Fordem/Sherman Avenue and Hughes Place in South Madison. The first of these is the "Family Centers, Inc.," which houses Family Enhancement, Parental Stress, Respite Center, and Exchange Center for Prevention of Child Abuse. The second of these, the "South Madison Health and Family Center," houses the South Madison branch of the city's Department of Public Health, the South Madison branch of the Madison Community Health Center, Family Enhancement, and Planned Parenthood. Both co-location projects have been extremely successful. Shared space and overhead, combined staffing for intake and reception, central outreach and promotion have all helped the agencies become more efficient.

Perhaps more importantly, agencies at the two sites report that co-location has enabled them to provide comprehensive services to clients and participants. Because they all work in the areas of family support and health, they are able to quickly and effectively refer clients to one another and thereby provide assistance for the "whole" person or family. Their proximity to one another means they have better understanding of each others' services, and for the clients, the convenience of their joint tenancy is obvious. Currently, the city is considering adding on to the South Madison facility to create more space for the present users as well as to explore location of other programs, possibly including the South Madison Branch of the Madison Public Library.

**5. Unified case management, a goal of many agencies, can be enhanced by a community center system.**

The above point concerning program collaboration touches on one of the Task Force's most important findings. That is, in addition to looking for shared space opportunities, human service providers are also looking for ways to integrate programming. When a family or child gets into trouble, at present, a number of agencies acting independently of each other become involved in trying to reverse the family's problems. For instance, if child abuse is taking place within a family, several different human service groups become involved depending on whether the abuse is related to mental health, drug and alcohol abuse, or other family problems. Currently, there is no planned and efficient way for these organizations to develop a unified program plan for the family. The effectiveness of their work is diminished by contradictions, duplications, and competing timelines. Agencies, especially the school district and Dane County Human Services, have made it their goal to create a unified case management plan to overcome this problem. The Task Force believes that this effort can be strengthened if agencies, like those housed together in the South Madison Health and Family Center, shared space as well as case management.

**6. Compliance with the American Disabilities Act may be easier for agencies in a community center system.**

Last year, the US Congress passed the American Disabilities Act, strong legislation protecting the access of people with disabilities to employment, housing, and public services. As part of this legislation, Congress mandated all agencies receiving public monies to create physical, programmatic, and communications access to their facilities. These adaptations, if not already in place, must be made by 1995. In some cases, non-profits may have great difficulty complying with this legislation, however necessary it may be. Non-profits housed in rented commercial space may not have means to build ramps or elevators, and they may have to move instead. It would be wise if groups in this situation looked for ways to coordinate their moves. Perhaps the planning process for the community center system can help in this regard.

**7. Cost is an important concern in creating a community center system.**

The above are compelling arguments in favor of a community center system. There is one equally compelling case which could be made against the system, however, and that is the important issue of cost. Will the community center system, with possible high costs required to develop facilities, direct funding away from services - services which in many cases are already underfunded? This concern was voiced by members of the Task Force as well as by citizens testifying at the public hearing on the Task Force's preliminary recommendations held March 10, 1992.

**8. Existing neighborhood centers are underfunded.**

The question of cost was carefully considered by the Task Force, especially in light of the financial situation which confronts existing neighborhood centers. At present in Madison, there are 12 neighborhood centers operated by five different non-profit entities. These facilities include the six city centers operated by the United Neighborhood Centers - Wil-Mar, Broadway/Simpson, East Madison, South Madison, Neighborhood House, and Atwood. Other centers include Bayview, operated by the Bayview Foundation; Kennedy Heights, operated by

Kennedy Community Center; the Dunns Marsh/Allied Drive Center, operated by Friend's Community Housing, Inc.; Wexford Ridge, operated by Wexford Ridge Task Force; Vera Court, operated by the Community Action Commission; and Darbo-Worthington, operated by UNC East Madison Community Center and Atwood Community Center. As the program inventories (See Appendix A) show, these centers operate a number of programs for young children, teens, young adults, families, and older adults. They house numerous service providers, conduct educational and recreational classes operated by neighborhood volunteers, provide meeting space for the community.

However, most of these centers operate from year to year on shoestring budgets, making up funding deficits by devoting a great deal of staff time to fundraising, rather than program operation. Centers are understaffed, and in some cases cannot remain open at night and on weekends, when the need for youth programming is especially acute. Staff turnover is high, and little money is available for training or staff development.

In some of the neighborhood centers, there is little programming done. Some centers must rely entirely on volunteers or only part-time staff. The facilities in some centers consist of one or two bedroom apartments donated by apartment managers. Due to the lack of space and program funds, hundreds of children have little or no after school programming.

**9. Some space costs can be transferred from the present service system.**

In examining the issue of cost, it is important to realize that presently when the city, county, and United Way purchase services from non-profit programs, they pay for some of the cost of space used by these providers. In fact, there are approximately 200 human service providers currently being supported by major funding bodies. Whatever capital and operating expenses may be incurred by creating a neighborhood-based service delivery system may be offset by eliminating some of the costs of individual leases and utility costs. Moreover, consolidation offers the opportunity for groups to share the costs of equipment, cleaning services, reception, and other overhead. These savings must be accounted for in the calculation of the costs of a community center system.

**10. Pooling existing resources will provide new facility use opportunities.**

Also, by bringing together representatives of units of government, major funding bodies, and the school district, the Task Force was able to test the willingness of these groups to pool resources in a manner not attempted before in Madison. What the Task Force found was that all the major players in the social service and education network are keenly interested in collaboration. The school system, for instance, has many facilities which might be used more extensively for community needs, but until now, these facilities have primarily been thought to be the domain of education. At the same time, the school board and staff members have begun to realize that they cannot address the problem of school failure without the assistance of human service providers. Students, whose school problems are caused by alcohol or drug abuse, for example, need the assistance of treatment programs as well as the attention of school counselors and teachers. The county, on the other hand, operates a wide array of child and family support programs, including AODA treatment, but it has no neighborhood-based facilities. By sharing costs, programs, and facilities, the major entities will help our community to address its problems in a cost-effective manner.

**11. We will need to spend some additional monies to create the system.**

Finally, it must be said that implementing a neighborhood-based service system will undoubtedly cost additional money regardless of how well we use our existing resources. Additional tax dollars and private donations will be necessary to meet the current and growing needs of our community. However, the Task Force believes that by investing in our human resources, we will be preventing far more costly problems which will develop if we don't.

**Task Force Recommendations**

The recommendations listed below are intended to provide a framework within which the community can begin its planning process. These recommendations propose no fixed, unchangeable approaches or definitions. The Task Force expects that the planning and "staged" implementation of a community center system will take seven to ten years; it will be carried out at the community level by a team of residents of a service area working with human service professionals and funding representatives; it will examine the needs and assets of the individual neighborhoods which make up the service territory; and, it must be flexible to respond to the widely varying needs of our neighborhoods. The recommendations expressed in this report set up a process, set up roles of the major actors, and provide a place to begin.

The recommendations are:

- 1. The Task Force recommends that the city, county, school district, United Way, Madison Community Foundation, non-profit providers, private corporations, and community residents collaborate in the planning and implementation of a community center system.**
- 2. The goals of a community center system should be long-range and community-wide.**

The working goals developed by the Task Force for the system are:

- A. To provide social, recreational, health and educational services to promote healthy human development and to prevent problems that may be destructive to individuals, families and the community.
- B. To make these services equally accessible to all residents - young children, youth, adults, seniors, and families.
- C. To provide a vehicle for neighborhood residents to design and/or request services that will meet their specific needs.
- D. To develop a customer-focused service delivery system that is cost-effective and built upon collaboration among public and private agencies.
- E. To serve as a vehicle for public departments to provide decentralized services in neighborhoods.
- F. To improve the coordination and the collaboration efforts of community resources and to build on existing centers and programs.

G. To promote intergenerational and culturally diverse programs.

H. To promote a broad range of services and programs that will attract all socio-economic groups.

**3. The entities must commit financial, programmatic, and physical resources to create and sustain a neighborhood-based service delivery system.**

These commitments must be made at various stages in the planning, implementation, and operation of the system. As a first step in the process, the city, county, school district, United Way, and Madison Community Foundation, must meet and draw up a memorandum of understanding describing their level of commitment to the planning of the system.

**4. The planning process should be led by a resident planning council.**

Each service area should be served by a planning council composed of 11-17 residents of the area, with a majority of representatives from neighborhoods with high concentrations of low-income families. All planning council members should be representative of the service area. A planning council balanced according to race, gender, age, and neighborhood geographics is recommended. The Task Force recommends that the service area will submit names of residents interested in serving on the planning council to the Mayor's office for confirmation by the Mayor and Common Council.

The Task Force recommends that the entities jointly fund planning council expenses, which may include such costs as staff support, planning consultation, supplies, reimbursement for transportation and child care costs during meetings and a newsletter to service area residents.

These costs may be in the range of \$40,000 to \$45,000, as they are in St. Paul, Minnesota, where service district planning is conducted according to a similar model.

The planning council of each service area should be empowered to:

- \* Represent the service area in the planning and implementation process.
- \* Define the purpose of community and neighborhood centers and outline how they will complement each other in service delivery.
- \* Assess needs and resources of the service area, including space, programs, capacity of existing resources, accessibility to services.
- \* Choose services, providers, and sites from among the resources committed by the entities in the memorandum of understanding.
- \* Work with the entities to implement these plans.

The Task Force urges planners to build on the strengths of decentralized services now delivered through United Neighborhood Centers (UNC), independent centers such as Bay View, Kennedy Heights, Dunns Marsh and Allied, and those services provided by other government and non-profit providers.

Within a year of creating the first planning council, entities should initiate a second council supported by similar funding and planning commitments. The Task Force believes that this staged planning and implementation is the most realistic approach to bringing the system into being, and that to complete the city-wide process will take seven to ten years.

5. **The Planning Council, incorporated as a community-based non-profit will be given the authority to sub-contract programs and services within a service area. Service provisions within the service area will include the following elements:**

The Task Force feels strongly that residents of a service district should be empowered to govern the community center system. To achieve community-based control, the planning council should be incorporated and charged with the mission of developing, implementing, and operating the community center system. Governance of the system will include the following elements:

- \* Within the parameters of the entities' memorandum of agreement, and using an application process, selection of programs, providers, and facilities desired by the district;
- \* Designing programs and setting goals in collaboration with providers;
- \* Monitoring service contracts;
- \* Recommending changes, continuation, or termination of program contracts for the service area.
- \* Assuring contract compliance in fiscal, administrative, and program matters.

In the memorandum of understanding, the entities should approve a cost allocation plan in order to provide funds for the planning council staff to carry out these functions. In addition, the Task Force recommends the entities make available staff to provide technical assistance in support of these functions.

6. **Governance of a newly established Community Center in a service area should be in the hands of the Planning Council, incorporated as a non-profit corporation.**

If a new community center is established in a service area, the planning council should be responsible for the programs, budgeting and maintenance of the facility.

7. **Five service area districts should be established in the city.**

To facilitate the planning and delivery of programs and services, the Task Force recommends that the public and private entities establish five geographic divisions, or "community service areas," covering the north, east, central, south, and west sides of Madison. (See map and chart in Appendix D.) In drawing the boundaries of these community service areas, the Task Force took into consideration several factors, including natural neighborhood areas, transportation corridors, and elementary school boundary lines.

The pilot project, described below, may demonstrate the need to change these boundaries or to maintain the option for future alteration. In contemplating future changes, the planners should bear in mind three considerations:

- \* Integration of services delivered to families and children is facilitated by the use of MMSD attendance lines;
- \* Keeping neighborhoods with common interests in the same service district will aid planning and resident participation;
- \* Five service districts seems to be a realistic number for the implementation of service plans in the next seven to ten years.

The boundaries of the proposed service areas are not intended to prevent residents of one area from participating in services of another area.

- 8. Each of the five service areas should be served by a comprehensive service center and by smaller neighborhood centers located within walking distance of low-income areas. Within this broad recommendation, the needs and resources of each area must be taken into consideration.**

If it is not possible to create a comprehensive facility or neighborhood centers easily accessible to low-income areas, then public and private entities should fund a bus shuttle, acquire vans, or provide another mode of transportation to improve the access to recreational, health, and community services for residents of the service area.

Space should be made available to co-locate community-based provider agencies and to accommodate city and county decentralization plans. The Task Force recommends that the city, county and school district act jointly in planning for neighborhood-based services and facilities. The mayor and county executive must exercise leadership and require coordination in all decentralized planning.

The need to renovate, lease, or construct a neighborhood or community center should be based on the availability of existing space in schools, neighborhood centers, and other public or private buildings. Fluctuations in the MMSD student population may create opportunities to site centers within vacant school space or to include plans for centers within school additions. Implementation of the American Disabilities Act - with its requirement that public agencies become accessible - will need to be taken into account in decision-making concerning the facilities.

- 9. The Task Force recommends that local planning councils consider a wide array of services for inclusion in a community centers and neighborhood centers.**

Services which seem appropriate for the comprehensive service center include: recreation and sports activities needing gym space; arts and crafts; drug counseling; early intervention and prevention programs; large meeting and banquet space; kitchen facilities for senior and child nutrition programs; satellite offices for key public and private agencies such as health clinics, libraries, education agencies, and employment and training programs. Services should focus on the entire community of the service area.

Programs and services available at a neighborhood center could include after-school programs, recreation for young children, early childhood enrichment and parent education programs, drug and health prevention programs, neighborhood and program meeting space. Professionals such as the neighborhood police officer and public health nurse could be housed within a neighborhood center.

In considering which programs to include in community and neighborhood center operations, the neighborhood planning councils should take into consideration all social, recreational, and educational agencies and institutions including, Madison Metropolitan Schools, Dane County Social Services, services purchased by Madison Community Services, private non-profits currently delivering community-based services, the Madison Police Department, MATC, and Job Service.

**10. The community center system should take advantage of and promote collaboration between service providers.**

Coordination of services is a process that is already underway. For example, many agencies have given consideration to assisting in the creation of a "target school" for South Madison. Such programs as Family Enhancement, Employment Options, Madison Literacy Council, the Madison Community Health Center, and the University of Wisconsin have discussed providing services within the proposed MMSD facility.

Beyond its plans for South Madison, the school district has actively begun to seek partnerships with community agencies, post secondary institutions, and private business to enhance its capacity to serve students. MMSD's recent long-range planning process, "Madison Schools 2000," has included in its mission statement a call for "effective coordination of services with community partners." In the delivery of services to adjudicated youth, Dane County Social Services and MMSD have been working together closely to supervise the youth's progress toward stability.

Within this context, the Task Force believes it will not be difficult to assure collaboration between agencies. The committee does believe strongly, however, that the work of service area planning councils is needed to direct and enhance this already on-going process.

**11. The Task Force recommends no new community or neighborhood centers be initiated without a funding commitment from the public and private entities to pay for the operating and program costs of the system.**

Funding of operating costs, sometimes called "core costs," should include all costs needed to keep center doors open 40 to 60 hours per week, including supervisory staff, maintenance services, utilities, auditing/accounting, and insurance. Program funds must cover adequate staff needed to operate a wide range of programs and others costs such as office supplies, phone, copying, postage and equipment.

The Task Force recommends the cost of building or renovating a center facility be the responsibility primarily of the city with support from other governmental entities and the private sector. The city should include any financing of these center facilities as part of its capital budget. Other funding issues are addressed in the public and private entities responsibilities section.



**12. Existing neighborhood centers should receive increased funding of operating and program costs.**

At present, the city's twelve neighborhood centers are underfunded. It is not possible for these centers to pay the costs of providing a wide range of well-supervised programs and to maintain an open and supervised facility 40 to 60 hours a week. The Task Force recommends that over the next several years entities increase funding to the existing centers to improve the quality, availability, and safety of center programs. The Task Force estimates that the additional cost of these service enhancements would be about \$635,000. These costs could be less if there are existing programs in the service area which could be a part of a center's programs.

As part of this additional funding, the Task Force recommends that the public and private entities set aside some discretionary program funds for existing neighborhood center boards to use in sub-contracting for some services and programs. Presently, for example, Bayview Center budgets \$20,000 for the purchase of sewing classes, youth recreation, and dance classes.

The Task Force feels that once an implementation plan has been agreed upon between the entities and a service area planning council, existing centers' funding could increase or decrease depending on how a particular center fits into these plans. (See Appendix E for possible costs of a service area).

**13. The Task Force recommends a pilot community center system be conducted in Madison's Northeast Side. Planning for the pilot should begin in June 1992.**

To test the Task Force's recommendations, the entities should undertake a pilot project as soon as possible. The results of the pilot will show the community whether and how the recommendations should be adjusted to insure the success of a community service system.

The Task Force recommends beginning in Community Service Area 2, which includes Lindbergh, Gompers, Mendota, Lakeview, Hawthorne and Sandburg elementary schools. (See Appendix D.)

The Task Force has recommended this area for the pilot because:

\* Recently, Northport-Warner Park Neighborhood Plan (conducted by the Madison Department of Planning and Development working with neighborhood associations and residents), Vera Court Needs Assessment (conducted by Family Enhancement), and the Northport Needs Assessment (conducted by the Northport Apartments ownership) have been completed.

\* Efforts are being planned by the city, county, and school district to locate public resources in parts of this service area. The area has been targeted for Community Development Block Grant dollars for the next two years and new city dollars for a "seed and weed" project in Vera Court. The county and the school district are initiating a multi-disciplinary staff team in the Gompers Middle School Attendance area.

\* The area lacks sufficient neighborhood-based programs and facility space, which means that decisions on programs and space can be based exclusively on consumer needs rather than on the needs of pre-existing programs.

\* With four neighborhoods with high concentration of low-income families in the northeast side, improving the accessibility and delivery of programs could have a positive impact on a wide area.

As part of any implementation plan, the Task Force recommends the planning council of this service area should take advantage of all the planning already done by the Northport-Warner Park Neighborhood Plan and the Vera Court and Northport needs assessments. The Task Force and the Northport-Warner Park Neighborhood Association compiled an inventory of what community resources exist in the pilot area. (See Appendix F.) These resources should be considered as part of any implementation plan for the service area.

An implementation plan for the pilot should include:

- A. Memorandum of understanding (Appendix G) between the public and private entities including the City of Madison, Dane County, MMSD, United Way, and Madison Community Foundation on division of funding, program responsibilities, general pool of funds and other resources available. By June, 1992, the memorandum should be agreed upon by the entities. This memorandum will cover a year of planning a pilot community center system for a selected service area. It will also cover the implementation of the pilot. Assuming the pilot demonstrates the success of this model, the entities will meet thereafter to determine their commitment to additional service areas.
- B. Prior to completion of the memorandum of understanding, a staff team from the entities will begin meeting with area residents and organizations to discuss the pilot and the planning council. The planning council should be created by June, 1992. The planning council will be an 11 to 17 member committee made up of only residents from the service area with the majority of members being from neighborhoods with a high concentration of low-income families. A balance of races, sexes, ages, and neighborhoods should be represented on the council. The service area will submit names of planning council members to the mayor. The mayor and Common Council will confirm the nominations. The planning council will decide on the programs and services necessary for the service area and with residents of the different service area's neighborhoods decide programs at a neighborhood level. These programs and services should be designed within the funding and facility parameters outlined by the public and private entities memorandum of understanding.
- C. A public hearing should be conducted within the service area on the pilot, focusing on programs, facility needs, and other pilot issues.
- D. The planning council should submit preliminary plans for program implementation within the context of the overall schedule set in item A above.
- E. Staff representatives of the public and private entities will monitor, advise, and communicate with the planning council on its plan. The staff group will review preliminary plans of the planning council and work with the council on modifications to comply with the entities' memorandum of understanding. During the pilot, the staff team will periodically monitor issues that will be a part of the pilot evaluation to see how well the project is going. The planning council's support staff will be the liaison with the staff group.

- F. The planning council will identify program providers and space needed for delivery of programs. A final implementation plan will be submitted for the entities' approval.
- G. The plan will be implemented (date will be dependent upon the schedule set in Item A).
- H. Evaluation of pilot project should be done after one year of operation. In evaluating the success of the pilot, the following questions should be included:
  1. Was there increased participation in community affairs from residents of the service area and specifically residents of neighborhoods with high concentration of low-income families?
  2. Did the public and private entities work with the residents of the service area, and service providers in planning and implementing the delivery of services?
  3. Was there increased level of on-going services and programs within the service area?
  4. Does it appear that services and programs have mitigated school performance problems, crime, alcohol and drug abuse, and domestic problems?
  5. Did a facility strategy for housing of programs and services emerge from the pilot?
  6. Was the size of the service area manageable for the council's planning process and implementation plan?

### **Public and Private Entity Responsibility**

The final section of the Task Force report is directed to the public and private entities. Listed below is a summary of what the Task Force feels are the most important issues facing agency decision-makers. These items are presented as suggestions, not commands. However, the Task Force feels strongly that the funding and planning principles listed below are fundamental to the success of a community center system. They are:

1. The public entities should make at least a four-year financial plan to locate appropriate purchase provided services in community or neighborhood centers. Centers would be key components for the city and county decentralization plans. The city, county, and school district shall agree that no department shall make independent plans for decentralized services, staff, or facilities but shall work through a coordinated process.
2. The city, county, school district, United Way and Madison Community Foundation should develop a memorandum of understanding on division of funding and program responsibilities.
3. All neighborhood and community centers should have their core and program costs paid by the public and private entities to allow centers to be open between 40 to 60 hours with adequate paid personnel staffing the center.

4. Full implementation of the community center system will take from seven to ten years depending on the need for any facility construction, the timing of decentralizing services, and the availability of significant program funds.
5. The planning council for the pilot project should be convened by June, 1992. The planning council should use some of the already existing assets and resources in the service area for the pilot. The necessary resources to support the council's needs assessment and planning efforts will be provided jointly by the entities.
6. In the short term, a high priority should be given to utilizing existing school space for neighborhood programs and services and to transporting residents of the neighborhoods with high concentration of low-income families to the services and programs not available at the different existing centers. In the long term, if there is not a comprehensive facility consolidating services within a district, a commitment must be made by the public and private entities to improve service access for residents. This might mean expanding existing neighborhood centers, increasing utilization of school space or transporting people more effectively.
7. Below is the potential list of entities who may be the primary funding sources for Madison neighborhood and community centers. There will need to be ongoing assistance from other funding sources, but one of the public or private entities must assume primary responsibility for many of the items below. This should be the framework used for developing the entities' memorandum of understanding with the planning council. Other entities such as educational institutions, neighborhood residents, and businesses should continue to be a part of our future community center system efforts. A breakdown of the primary entities responsibilities should include:

- |                 |                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City            | <ul style="list-style-type: none"> <li>- construction and ownership of facilities</li> <li>- share in core costs for operating center, city agency, or staff at center</li> <li>- transportation (shuttle to center)</li> <li>- <u>some</u> funds for programs targeting children, families and seniors</li> </ul>                                                           |
| County          | <ul style="list-style-type: none"> <li>- share in core costs if county agency or staff office at center</li> <li>- majority of contracts in center for purchase of service P.O.S.) agencies</li> <li>- share in core costs of a county contracted P.O.S. agency housed in center</li> </ul>                                                                                  |
| School District | <ul style="list-style-type: none"> <li>- community based recreation programs</li> <li>- school space designated for neighborhood use</li> <li>- after school and summer educational programs (transportation)</li> <li>- transportation improvements for after-school and summer educational programs.</li> </ul>                                                            |
| United Way      | <ul style="list-style-type: none"> <li>- share of core costs of operating center and for their contracted P.O.S.</li> <li>- agencies housed at center</li> <li>- targeted children and family early interventions and prevention program, human service and educational programs</li> <li>- vehicle for helping to focus and channel specific corporate interests</li> </ul> |

- construction/renovation  
Madison - create a clearinghouse for training neighborhood and community center boards.  
Community - accessing other foundations for center funding  
Foundation - construction/renovation, using the capital fund raising committee approval  
community process  
  
Corporate - construction/renovation, using the capital fundraising committee approval  
Fundraising community process