Funding the Most Costly Alternative: A Legislative Paradox

Wesley W. Jenkins*
Funding the Most Costly Alternative: A Legislative Paradox

Wesley W. Jenkins

Abstract

This article discusses the perhaps rather startling fact that legislators traditionally tend to allocate funds for more costly social services rather than for the less expensive ones.

KEYWORDS: costly, paradox, funding
I. Introduction

This article discusses the perhaps rather startling fact that legislators traditionally tend to allocate funds for more costly social services rather than for the less expensive ones. Unfortunately, the more a service costs, the fewer people it serves per dollar spent and the less remedial impact it has. A reversal of this tendency is slowly evolving and this article discusses some recent legislative changes showing this new trend. Further, this article proposes that the legislature should provide companion funding for preventive programs along with those funds budgeted to alleviate the results of the social problem itself.

II. A Tradition of Legislative Neglect

It is virtually axiomatic in the broad field of social services that the more costly a service, the more likely it is to receive funding. It is equally axiomatic that the more costly a service the fewer people it will serve for the dollars spent and the less overall remedial impact it will have. This paradox occurs because legislators tend to wait until social problems are very severe before providing funds to address them. By this juncture "pathology" has become deeply entrenched requiring far more expensive methods of treatment. The severity of the problem militates against substantial remediation and limits the "treatment" to relatively few individuals. This traditional legislative neglect dates from the early days of our Republic. It can be traced historically to even earlier times in foreign countries.1

In the late 1700s a group of industrialists in Beverly, Massachusetts who supported the construction of a cotton mill argued that it "would afford employment to a great number of women and children, many of whom will be otherwise useless, if not burdensome to soci-

* B.A. Drury College, M.S.W., University of Missouri. The author is Executive Director of Family Service Centers of Pinellas County (Fla.) Inc.
1. H. James, The Little Victims, 10 (1975).
ety." In 1790 when the first American cotton mill opened in Rhode Island, nine children from seven to twelve years of age were employed. During the nineteenth century children also worked in coal mines, lumber mills, shoe and glass factories and other forms of manufacturing. Children as young as five and six worked twelve hours a day. Plant owners starved them, whipped them, dunked them in tubs of cold water when they dozed off and stunted their growth through overwork and malnutrition. The census of 1900 shows 1,750,178 children between the ages of two and fifteen at work in American industry. By 1910 the number had climbed another 200,000.

At the same time so-called "baby farms" were often paid lump sums to house unwanted illegitimate children. Consequently the shorter a child's life span the greater the profit margin for the "baby farm" operators. Mill hands and factory workers frequently placed infants into day care. These children received insufficient food along with opiates and other drugs in an atmosphere of crowded rooms, bad air, uncleanness and willful neglect. It is a grim commentary that there were laws on the statute books in this country to prevent cruelty to animals long before there were similar laws to prevent cruelty to children. The Society for the Prevention of Cruelty to Animals similarly antedates the Society for the Prevention of Cruelty to Children.

This persistent failure to address social problems at their origins has resulted in the dilemma of having to provide for increasingly severe problems at higher and higher cost. Institutional care is always more expensive per person served than the same general level of care given on an outpatient or non-institutional basis. In spite of this obvious fact, huge institutions to house the mentally retarded have existed for many years. Even more expensive hospitals for the mentally ill have warehoused thousands of patients under a single roof. Only in recent years have concerted efforts been made to secure the release of these institutionalized individuals to less costly community care. These community based programs are far less expensive than the hospital care they have replaced. They also have a better record for preventing the "revolving door" phenomenon than their institutional counterparts.

Boley Manor in St. Petersburg, Florida, a halfway house for patients released from state mental hospitals, is one example of such a

---

2. Id. at 12.
3. Id.
4. Id.
5. Id. at 12-13.
community based program. This organization provided care for its clients at an average cost of $16,414 per yer in 1982-83. Care in the state mental hospitals varies from one institution to another but for all state mental hospitals combined the cost was $28,590 per patient during the same period. At the same time the recidivism rate for Boley Manor was thirty-one percent while recidivism for state hospital dischargees into the community was over fifty-four percent. Arguably, a hospital houses and treats the most seriously ill mental patients while a halfway house receives only those who have improved because of costly hospital treatment. This may not always be true, but even if it is, this does not invalidate the basic premise that more costly services tend to receive priority funding since the usual treatment cycle is from home to hospital to halfway house. Assuming patients have all received maximum hospital benefits at discharge the recidivism rate should be comparable. Provision for a reverse cycle from home to halfway house to hospital is a relatively new, emerging treatment modality. There is no way to know if halfway houses can effectively prevent the progression of symptoms obviating the need for hospitalization in the first place but is a fitting topic for controlled research and there is considerable enthusiasm about its efficacy.

Foster care programs for children provide an additional example of the concept of high cost and limited effectiveness. There is general agreement among child welfare experts that the American system of foster care has not met the needs of the vast majority of children entering the system. The government agencies responsible for administering the majority of these foster care programs have typically done so with insufficient staffs, largely untrained in child welfare practice. Programs have been characterized by a very high rate of staff turnover. Foster families, to their credit, have usually responded generously to the children. They have done so with little pre-service or in-service training. Their homes have frequently become overcrowded with foster children because of the scarcity of homes available for these children. They have always been sorely underpaid. As a result of all the above factors, children have remained in foster care for inordinately long periods of time.

6. Telephone interview with Marilyn Dimas, Executive Director of Boley Manor, in St. Petersburg, Fla. (Nov. 30, 1983).
7. Id.
8. Id.
While it is very difficult to secure accurate estimates of the number of children in foster care, a national study estimates that 502,000 children were in foster care in 1978.\textsuperscript{10} Nearly twenty-five percent of the children in foster care had been there over six years and 2.5 years was the median length of time in care.\textsuperscript{11}

This study reveals the injurious effects of a costly service that leads to even greater future problems and expenses. It states that “[t]wenty-two percent of the children in foster care have been with at least three foster care families.”\textsuperscript{12} Since each child begins life in at least the titular care of a biological parent, these children have had at least four parent figures in their brief lives. The consequences of constant disruptions of the child’s family ties are lamented by commentators Kline and Overstreet who state, “should it be necessary to change a child’s foster placement there are disadvantages to the child, lesser but serious disadvantages to the parent and erosion of resources.”\textsuperscript{13} These thoughts are echoed by other authorities who indicate that every child requires continuity of care, and an unbroken relationship with at least one adult who is and wants to be directly responsible for his daily needs.\textsuperscript{14} They stress the importance of the psychological ties that develop over time between a child and the adults who continually provide for his day-to-day care.\textsuperscript{15}

Unfortunately our nation’s foster children have not benefitted from this needed continuity of care. They have been moved from home to home, often precipitously, many times with no long-term plan for their future. They have experienced “foster care drift.”\textsuperscript{16} Not surprisingly, these children feel rootless and angry. Many have great difficulty forming meaningful or close relationships with other children or adults.

\textsuperscript{11} Id.
\textsuperscript{12} Id.
\textsuperscript{13} D. Kline & H. Overstreet, Foster Care of Children: Nurture and Treatment, 15-16 (1972).
\textsuperscript{14} J. Goldstein, A. Freud & A. Solnit, Before the Best Interest of the Child 40 (1979).
\textsuperscript{15} Id.
\textsuperscript{16} Jones, Stopping Foster Care Drift: A Review of Legislation and Special Programs, LVII Child Welfare 571 (1978) (“foster care drift” describes the frequently experienced situation in which a child is placed in the foster care program, no specific plan is devised and he spends his entire childhood moving from one foster home to another).
Many of them are considered "hard to place" for adoption because they are older, emotionally or physically handicapped, or constitute a family group of several siblings.

There is ample documentation that a relatively small expenditure of funds can effectively move many such children from foster care back to biological family units or into adoption or other permanent placements. As early as 1972, Cumberland County, Pennsylvania, demonstrated that a county welfare department with no outside grant money or legislative support could, within five years, reduce the number of children in foster care by one-half through an aggressive adoption program. Other aspects of the five-year project are equally impressive. It is estimated it cost less than $95,000 and saved $668,000 in foster care costs exclusive of medical and dental care or administrative costs. With the redistribution of caseloads, the agency was able to develop day care and other services to children in their own homes. There was a reduction of turnover rates of foster care caseworkers and fewer foster care placements per child.

A different approach predating the Cumberland County effort has had results which are equally significant. In 1971, the Juvenile Welfare Board of Pinellas County, Florida entered into an agreement with Family Service Centers of Pinellas County (then named Family and Children's Service) to provide funds for that agency to intensify its efforts to find adoptive homes for children who were considered hard to place. The arrangement provided financial support for personnel and for recruitment of homes. It also authorized limited financial subsidies in special cases for low income families who would otherwise not have been able to adopt children with special medical problems or who were members of family groups. This program has continued with modifications to the present time. Several years after the initial funding the Juvenile Welfare Board provided staff to the local district of the Department of Health and Rehabilitative Services (HRS) to assist the Department in securing the legal release of children in foster care, permitting them to be placed for adoption. This coalition proved to be particularly effective. More than four hundred children with special needs have been placed as a direct result of this funding. While there have

19. Id.
been subsequent changes in the adoption services delivered by HRS as well as the Family Service Centers, the initial project provided the first impetus for the concentration of adoptive efforts on these special children. No estimate of cost savings has been made but it is obvious that the adoptive placement of more than four hundred children has had considerable fiscal impact on foster care expenditures. The more subtle but perhaps more beneficial effect has been to give these children the positive experience of permanence in their adoptive families and the continuity of care that is so vitally important for a child’s personality and character development.

There is also impressive evidence that financial subsidy to families adopting “hard to place” children results in more such adoptions. Studies also indicate that adoption with subsidy results in savings to the state averaging thirty-seven percent as compared with keeping that child in foster care. Unfortunately, even with the documented savings, many states including Florida are reducing, or at least not increasing, funds for adoption subsidy. As one commentator has said, “[c]utting state adoption subsidy budgets will not save tax dollars, but actually will increase tax spending in that same year and in the years to come. Why? Every child who is not placed for adoption with subsidy will remain in costlier foster or institutional care (which can run four times as high as foster care).”

III. Recent Views on Funding for Less Costly Services

Throughout professional literature and in the media there are constant references to this nation’s penchant for ignoring or neglecting less costly alternatives for treating social problems. The Honorable Herbert L. Fields, a juvenile court judge, relates his experience that utilization of family-based services can reduce foster care placement from sixty to seventy percent. Unfortunately, family-based services designed to prevent foster care placement are totally unavailable in most jurisdictions. In child welfare generally, the focus is on the care of children after disaster has struck. Insufficient attention is given to the possibility of a

22. Id.
23. Id.
child remaining in his own home. Efforts are concentrated on providing quality child-care services in foster homes, in institutions or in group homes. The question has been asked why we are building resources at the bottom of the hill to catch children after they fall, instead of building fences at the top of the hill so that children will not fall at all.25

Some recent articles in the *St. Petersburg Times* approach the problem from different perspectives but essentially make the same point—we are sacrificing families, the well-being of children and society at large by ignoring less costly and more effective methods. For example, Sidney M. Goetz, adjunct professor at Stetson University College of Law, advances persuasive arguments that mediation is a better way to settle divorce disputes than our present adversarial system.26 He points out the murders by divorce litigants, the kidnappings of children in custody disputes and the open court battles which air the most lurid sexual accusations and which are reported in detail by the media.27 He states that our adversarial system is a disaster in the settlement of marital and custodial disputes and concludes by saying:

> When push comes to shove, perhaps the bottom line in determining whether mediation can replace litigation in divorce and custody disputes will not be the savings in lost human lives and misery that prevail under our present system, but the huge savings to be realized from lower public costs for criminal prosecutions, imprisonment, hospitalization, mental and emotional breakdowns, social service agencies, and other costs both publicly and privately endured under our present system.28

Another recent article reporting on a conference concerning delinquent and dependent children cites several authorities elaborating on the deficiencies in the current state systems for dealing with these children.29 These authorities indicate that many of Florida’s emotionally disturbed children end up in state training schools, hospitals or on waiting lists because the services they need are not available.30 Runaways

---

27. *Id.*
28. *Id.*
30. *Id.*
are sent to detention centers simply because judges don’t have any other place to send them. Inappropriate placement of children is one of the major problems in state training schools. Inadequate salaries and training for staff at these schools are other problems. A legitimate question then is why cost-conscious legislators continue to fund the more costly programs for institutions, foster care, juvenile detention and training schools and at the same time are penurious with programs providing family support or community-based care?

IV. Why the Funding Paradox Exists

The answers to that question are very complex and to some extent obscure. Obviously lawmakers do not follow this pattern by deliberate choice. Part of the rationale for this paradox is fairly obvious but other aspects are far more difficult to decipher. In fairness to lawmakers at all levels of government, they cannot be expected to have the degree of knowledge necessary to vote from a thorough base of fact on the myriad issues which confront them. Consequently they tend to be swayed by the pressure groups seeking funding for a particular problem.

Pressure groups begin to form when a given problem reaches some degree of intensity and universality. This intensification rallies those who are touched by the problem into a creative nucleus demanding alleviation. Without planned intervention, it is inevitable that such a process occurs. It is extremely difficult to secure funding to prevent a problem that cannot be demonstrated fairly conclusively. The more universally the problem cuts across all income levels, the greater is the power base and the easier it is to secure funding. Consider the relative ease with which funds have been obtained for mental illness, drug abuse and mental retardation once these conditions “come out of the closet.” These are afflictions that strike all economic categories and every strata of society. Contrast this with the difficulty in securing adequate funds for quality foster home care, prison reform and day care services which tend to be disproportionately utilized by lower income families and individuals.

A second factor negatively affecting funding for less costly services is the elusive nature of preventive efforts. It is extremely difficult to prove that a given effort in social services has reduced the incidence of

31. Id.
32. Id.
33. STATUS OF CHILDREN, supra note 10, at 39, 65.
the problem being addressed. The global nature of social problems and
the multitude of variables affecting any single symptom creates signifi-
cant difficulties in research design. The need for longitudinal studies
creates problems in obtaining ongoing funding. Social service research
has lagged so far behind other forms of research that few “thermome-
ters” have been developed to assist in charting progress. It is impossible
to determine, for example, if Florida’s initiatives in child welfare ser-
"vices including foster care review, adoption subsidy, purchase of adop-
tion services and similar programs are responsible for the steady de-
cline of children in foster care. The dramatic reduction from 8,653
children in foster care in 1978 to 5,973 in 1983 may very well be due to
these initiatives.34

It is equally impossible to ascertain if community-based programs
are responsible for the reduced crime rates and arrests of juveniles cur-
rently being experienced in Florida. Since 1979, arrests for juvenile
crime have decreased by twenty-four percent but no one is quite sure
why this has happened.35 Authorities credit a number of possibilities
ranging from neighborhood crime watch programs to the state’s “get
tough with juvenile crime” attitude which began in 1981.36 An increase
in community-based programs parallels the decline but there are no
specific research studies which have addressed this issue. Consequently
cause and effect relationships cannot be determined nor any firm con-
clusions drawn.

The decrease in juvenile crime in general is in stark contrast to the
rates for violent crimes (rape, homicide and attempted murder) which
have continued to rise among juveniles.37 The increase from the 1960s
to the 1980s has been labelled “dramatic” by one researcher. Dr. Kath-
leen M. Heide of the University of South Florida has been conducting
research on violent crime among incarcerated juveniles based upon in-
tensive three-hour interviews.38 The thirty juveniles interviewed have
been convicted of first degree or second degree murder or attempted
murder.39 She reports that eighty-eight percent had prior arrests, some

34. FLA. HRS, CHILD WELFARE SERVICES IN FLORIDA, 27 (1983) [hereinafter
cited as HRS].
35. Huntley, Youth Crime is Declining but No One Knows Exactly Why, St.
36. Id.
38. Id.
39. Id. at B 11, col. 2.
as many as sixteen.\textsuperscript{40} Fifty percent had prior arrests for violent crime.\textsuperscript{41} Forty-three percent felt no responsibility and many denied having deep feelings about things or deep emotional involvements.\textsuperscript{42} While the rest seemed to know their crime was morally wrong, few displayed remorse or empathy for the victim or survivors.\textsuperscript{43} Dr. Heide's research raises many more questions than it answers. Is it possible that a failure to have continuity of care during infancy and early childhood does more than make it difficult for that child to form meaningful relationships? Does it perhaps create a situation in which such children become disassociated from society to the extent that violent crimes carry no emotional impact for them? Are they able to engage in violent crime because the victims become objects without feelings—like themselves? Are they able to kill a fellow human being in the same way that most kill a fly or mosquito? Much more research will be needed before we can begin to answer these questions and, unfortunately, research funds are difficult to find.

When research funds are allocated for social services, they are largely limited to pilot projects or demonstrations. More emphasis is placed on the alleviation of symptoms of social distress than on a solution to the problem itself. Any program designed as a research vehicle is in fiscal jeopardy unless it addresses a specific symptom or syndrome. Pure research or even service programs designed primarily for research are rare in the social service arena. In this respect there is an interesting contrast between the fields of medicine and social services. In medicine, huge amounts of money are made available for research. So much money is available for researching the more popular diseases, it is rumored, that more funds are available than the research facilities can prudently spend. Many of these research efforts lead to dead ends, and are, in effect, failures. No stigma attaches to the researchers in these instances. In fact, more failures are expected than successes. That is the essential nature of pure research. Unfortunately, it does not appear that social services will receive the same research treatment enjoyed by medicine in the foreseeable future.

While we continue to pursue funds for research and preventive efforts, we need to ponder the ultimate costs of this protracted delay. This is exemplified by the comments of noted psychiatrist Dr. Lee Salk,

\textsuperscript{40} Id. at B 11, col. 1.
\textsuperscript{41} Id.
\textsuperscript{42} Id.
\textsuperscript{43} Id.
"[c]learly, if adult personality is markedly influenced by an individual's earliest experiences, we should concentrate preventive efforts on the very young. While most professionals in the mental health field recognize this, relatively little effort is directed toward assisting those who are primarily responsible for the personality development of infants and young children—their parents." This benign neglect of parents and their children along with other grave social problems indicates that our economy may be engulfed by social ills which will cause it to implode if we do not soon begin to deal with them. Although these are unpopular topics which arouse emotions and biases and which are surrounded by stereotypical thinking and prejudice, the implications are ominous if these problems are not addressed.

A 1979 study by the United States Department of Health and Human Services revealed that minority children are in correctional facilities at a rate four hundred percent higher than whites but are found in medical and special educational facilities at a rate only twenty percent higher than whites. Unless one subscribes to the erroneous theory that white children are somehow inherently mentally healthier and more law abiding, these figures raise critical questions about social attitudes toward methods of handling "problem behavior" among different cultural and social groups. The apparent differential treatment afforded whites as compared to minorities leads to another aspect of the paradox; that is, the expending of increasingly greater amounts on ineffective correctional facilities while neglecting adequate educational and medical modalities. It masks and circumvents a less expensive approach over the long run. This approach is to address the root causes of behavior and circumstances which lead to the necessity for correctional facilities, remedial educational facilities and institutions and services by the socially, physically and mentally impaired. Such in-depth investigation would necessitate attention to more mundane areas including slum housing, poor nutrition and lack of educational and job opportunities. It would also include an examination of the unavailability of medical care for the poor, federal programs such as Aid to Families with Dependent Children which militate against keeping families intact, and the higher birthrate among minorities. In the aggregate these conditions help to insidiously create the very climate in which crime flourishes and in which the seeds of mental illness are sown.

44. H. JAMES, supra note 1, at 64.
45. STATUS OF CHILDREN, supra note 10, at 65. The author presumes that the term educational facilities used in the cited source denotes special education facilities.
Mental retardation was also identified as a problem of the poor in this Department of Health and Human Services study. It pointed out that about 100,000 children each year are identified as retarded.46 About ninety percent of these are considered "mildly" retarded—an I.Q. between fifty and seventy.47 A significant amount of "mild" retardation is believed to be the result of deprived social environment often associated with poverty. One likely cause is improper nutrition.48 Maternal nutrition during pregnancy and lactation is critical for child health. Pregnant women lacking proper nutrition have a greater chance of bearing a low birthweight or stillborn infant.49 Low birthweight is correlated with mental retardation and other serious developmental defects. There are few programs that rival nutritional programs in repayment to society for a given financial outlay. These nutrition services are critical for low income women and young children. Most people are aware of the federally supported school lunches, but there have also been the federal Special Supplemental Food Program for Women, Infants and Children (WIC) providing nutritional supplements for low income women, infants and young children and school breakfast programs.

School lunches at reduced rates or completely free for low income children are generally well known and noncontroversial. At the same time the WIC program and school breakfasts are largely unknown. Both these efforts may very well be more beneficial than the lunches if we accept the nutritional admonition that a good breakfast is a necessity to enhance learning capabilities for all children to say nothing of low income children who may go to bed without an adequate evening meal. Further, since the WIC program would begin affecting children in utero via better nutrition for their mothers and would provide beneficial results for infants and young children before they reach school age, thereby being more preventive, it seems these programs should receive wider support and acclaim. Unfortunately we seem bent on waiting until the situation reaches a greater degree of severity at school age before we are willing to commit significant resources.

A final comment on the problems confronting legislators in funding such efforts is in order. It is apparent that preventive efforts require either additional expenditures or diversion of some funds that would

46. Id. at 45.
47. Id.
48. Id.
49. Id. at 32.
otherwise be spent on the more costly programs. In view of the uncertainties of preventive efforts it is understandable why legislators are reluctant to underwrite such programs either by increased expenditures or by utilizing funds that are vitally needed in existing services. There are, however, some encouraging indications that the tendency to fund more costly alternatives is undergoing a gradual evolution in Florida.

V. Evolutionary Developments in Funding Preventive Programs

There have been a number of developments within the past several years that are noteworthy. They touch, however, only a very small segment of the total needs of Florida's children. Except for one very recent example in prison reform, the areas of abuse, neglect and dependency are the focal points of the new developments discussed in this article. With that caveat there are a number of new programs for which Florida's legislators and its Department of Health and Rehabilitative Services (HRS) deserve commendation. In at least one broad area, Florida has become one of the nation's leaders. It is one of only five states presently carrying out a full-service statewide preplacement prevention program to avoid foster care of children.

These efforts began in 1971 with a statewide child abuse registry and child protective services programs. In 1975 status offenses were decriminalized to provide that children committing status offenses such as running away, being truant or beyond parental control, are treated as dependent rather than delinquent children. Programs providing shelters for runaway children and the guardian ad litem project were important innovations. The guardian ad litem program was established through the state courts administrator's office in 1980, and provides for the appointment of an advocate who represents the best interests of the child in abuse and neglect proceedings before the court. Interspersed with these efforts to prevent placement were equally important endeavors to move children out of foster care into adoption or return them to their biological parents. In 1976, the state instituted a system of judicial review of children in foster care. This required a study and report

50. See infra note 60 and accompanying text.
52. FLA. STAT. § 39.01(10)(h) & (i), (ii) (1975).
of each child's status to the circuit court.\textsuperscript{54} That same year Florida began providing adoption subsidies to children with special needs in order to increase the placement of children whose cost of care inhibited their prospects for adoption. In 1978, HRS received a three hundred percent increase in adoption staff and began purchasing adoption services for children with special needs from private adoption agencies.\textsuperscript{55} One child protection team was funded as a pilot project in that year. These have since been expanded to fourteen primary teams and seven satellite teams in fifteen metropolitan areas.\textsuperscript{56} The teams are designed to offer a multidisciplinary approach to the problems of children at risk and now serve all sixty-seven of Florida's counties.\textsuperscript{57}

Two additional child welfare initiatives during the period 1981-83 have enormous potential and deserve special recognition. The first of these is Florida Statutes section 827.075, known popularly as the "Mills Bill."\textsuperscript{58} This act allocates funds to each HRS district to prevent child abuse and neglect. Through an advisory council concept, each HRS district can develop a tailor-made plan consistent with its self-determined needs.\textsuperscript{59} Consequently, a wide variety of preventive services is emerging. There is still some concern that with the volume of needed services and the minimal amount of funding, it is virtually impossible to evaluate the efficacy of the various approaches. Nevertheless it is anticipated that HRS will be tracking the various projects statewide and sharing information among districts. It is highly desirable that the funding continue in an amount sufficient to incorporate results-oriented research into the projects. If sufficient allocations continue for the period of time necessary to do longitudinal studies of child abuse prevention, the framework is in place to begin impacting child abuse on a large scale.

The second recent allocation that deserves highlighting is that for the Intensive Crisis Counseling Program (ICCP), designed to prevent removal of children from their families into foster care. The cost effectiveness of this type of program has been mentioned earlier. The long-term positive effects on the families and children involved are incalcul-
The ultimate benefit to society is equally difficult to measure but is of enormous significance. Unfortunately, these programs are minimally supported. Pinellas County with nearly 750,000 residents has an annualized allocation of $60,000. Since the service is targeted to families in immediate danger of having their children removed, the caseworkers must be available twenty-four hours a day, seven days a week. The limited funds available provide only a skeletal program. The encouraging aspect, however, is that families are eligible only before their children are removed. This not only avoids the more costly alternative of foster care but provides an evaluating mechanism. By tracking the success rate of the project in preventing placement over a predetermined period of time, a true research dimension will be put into place.

Presuming successful intervention, the programs can begin not from the point at which children are in imminent danger of removal but at earlier periods in the parent-child life cycle. Effective intervention at earlier stages significantly reduces the trauma that accrues to children and to parents who reach the point of imminent removal. It is this positive process of moving to even earlier points of intervention that will enable us to move from alleviation of symptoms to tertiary, secondary and finally primary prevention of the problem. Each succeeding step backward will utilize our resources to serve ever increasing numbers at less cost while having more positive impact on ultimate causes.

One final program should be mentioned. While not directly related to children, it demonstrates how creativity can indirectly relate to children’s needs by preserving the family unit. It also indicates the universality of the concept of funding more costly alternatives and the back door methods which finally and belatedly have begun breaking the pattern. The program in question is one providing house arrest for convicted felons. It is designed for those offenders who would not be good probation material and most likely would be sentenced to prison for short terms of twelve to thirty months. They typically are nonviolent property offenders. They can be sentenced to house arrest for periods up to two years. There are rigid regulations and close supervision to enforce the rules. While difficult for the “prisoners” to endure, the new program is ideal for offenders with families since it does not deprive
children of their parents or innocent spouses of their partners. Offenders in the project can continue to work and leave home occasionally for other approved purposes. It is estimated by state prison officials that the new program will save the taxpayers $34,000,000 in its first year.\(^2\)

As commendable as the experiment is, it is regrettable it did not emerge from the state's concern for families and children. Rather it was devised as a partial answer to the overcrowding of state prisons. While its \textit{raison d'être} may be less family oriented than one might wish, it nevertheless serves these ends and deserves enthusiastic support.

As laudable as the efforts made in Florida are, they still constitute bits and pieces of "the system." The system has often been described a difficult to see and even more difficult to understand. The system is made up of many subsystems. To understand it, one must begin with our methods of mating, which do not necessarily bring together people who are well-suited and trained to be parents. This can result in neglected, battered, and disturbed children. There are problems of contraception, abortion, prenatal care and the parenting system or systems. There are alternative systems for children whose parents are killed, for victims of divorce, abuse, neglect, for unwanted children, for those born to parents who live in poverty or born to parents who cannot care for a handicapped child or those born out of wedlock. The list includes the school system, welfare system and the mental health system. In addition we have the juvenile justice system, the day care system, the religious system, the special education system, the system for retarded, parks and recreation systems, those designed to meet the needs of blind, deaf or crippled children, the health-care system and others. If these systems were properly designed, they would function in harmony like an orchestra. But the system dealing with children is not an orchestra. Each subsystem from the family to the prison, fiddles with its own tune paying no attention either to harmony or rhythm. This results in discord and damaged children, crime, mental illness and much pain.\(^3\)

This may be too harsh an indictment of the infrastructure of people, services and institutions which has evolved to serve our children and families. Nevertheless it comes too close to the truth to be ignored. A great deal needs to be done to create a logical sequence of services to meet social problems. This is a massive undertaking and runs afoul of

---

62. \textit{Id.}

63. H. JAMES, \textit{supra} note 1, at 40-42.
pressure groups, vested interests, cronyism, fraud, graft, incompetence, philosophical differences and religious convictions to name just a few. While we may never create a perfect system, we must not abandon efforts to improve the ones we have.

VI. Conclusion

It is evident that legislators are under intense pressure to address those problems in society that are creating the most dramatic statistics. Faced with finite resources and infinite need, it becomes extremely difficult to finance unproven or even proven preventive efforts or those designed for early intervention. However, the failure to do so almost certainly assures a continuation of ever more severe problems necessitating larger and larger fiscal outlays. It has been predicted that some future generation will stand incredulous at the barbarity of their twentieth century ancestors who dealt with the needs of children by creating more jails and prisons, more mental hospitals and mental health centers, and institutions for retarded and handicapped children. They will be startled to find that we ignored the child-production and child-rearing systems and invested in guns, police cars and policemen, more social and mental health workers and handed out more and larger doles of money to so-called welfare mothers who produced more and more unwanted children. This is a cynical prediction with a ring of denigration of those who find themselves caught up in the vicious cycle of poverty. As cynical and demeaning as these comments may be, they merit consideration. It is imperative that we begin trying to build a fence around the hill to keep our children from falling off.

If we are genuinely concerned about the quality of family life and the welfare of children, we must support our legislators in appropriating funds for various levels of research and prevention. If every allocation of funds to treat the results of familial or societal breakdown had a companion allocation to investigate and prevent the problem, we would soon begin making major advances in treatment. The movement in Florida toward this goal is encouraging. The initiatives need to be expanded as results oriented research continues to demonstrate its cost-effectiveness. Unless this movement continues, we appear destined to perpetuate in large measure the expensive and unrewarding process of funding the most costly and least preventive alternative.

64. Id. at 65.
65. Id. at 65.