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Ethnography in Evaluation: Uncovering Hidden Costs and Benefits in Child Mental Health

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This article discusses the application of ethnography to the design and implementation of an anthropologically informed cost-benefit analysis, of a program for families of children with severe emotional disorders. Ethnography proved particularly useful at revealing monetary costs and benefits for various stakeholders not included in traditional evaluations or assessments, as well as identifying costs avoided and non-quantifiable "hidden" benefits of the program to families and children, such as increased communication between family and community, improved parenting skills, and higher valuations of self-esteem of parents and children. This article contributes to the literature on evaluation anthropology in that it provides an example of how ethnography can inform the assessment and measurement of importance from the viewpoint of a program's participants, bringing their voices and concerns to the attention of program directors and policy makers.

Key words: evaluation anthropology, cost-benefit analysis, child mental health

Introduction

Anthropologists are increasingly involved in the field of evaluation, and an emerging "transdiscipline" has been identified that integrates the theory and method of ethnography with that of evaluation. One domain of evaluation is what is called "efficiency evaluation," in which the utility and effectiveness of a program is assessed relative to its costs, often in comparison to another, pre-existing program. Such a study is usually represented by a cost-benefit analysis, done to investigate the effectiveness of a social intervention, or to inform policy decisions about a program's adoption, implementation, or continuation. To date, cost-benefit analyses (CBA) have typically been the domain of economists, accountants, and public administrators, not something for cultural anthropologists interested in context and meaning. We find this unfortunate, and suggest that the holistic perspective of ethnography provides a natural and valuable framework capable of uncovering hidden costs and benefits from a range of a program's participants that might otherwise go unnoticed during the course of evaluation.

In summer 2005 the authors received a competitive grant from a nearby metropolitan city to perform a cost-benefit analysis of a new model of mental health service provision for emotionally disturbed children ages 5-17 years. The program sought to implement integrated mental health services providing children with seamless, non-redundant access to care. The program, called Community Answers[1], is one of many similar "systems of care" sites nationwide where this new model is being implemented. The purpose of the CBA was to assess both the benefits of the service model and how it might effectively reduce the social and economic burden to the state, in both short and long-term perspectives. It was to provide a baseline of data to be used to estimate the value of the new services, and to locate areas needed for system improvements. In all areas of the project, ethnography proved invaluable in discovering types of data not accessible through other means.

This paper details the theory and method which guided the construction and implementation of an anthropologically informed cost-benefit analysis. It reaffirms the critical relevance of ethnography within evaluation studies, in that an ethnographic approach can reveal programmatic costs and benefits that might otherwise remain hidden, among a range of users who might otherwise remain voiceless. Because CBA seems to be a new venture for anthropologists, we situate our study within evaluation anthropology in general, and attempt an extensive list of references. We hope the article may serve others interested in developing innovative approaches to evaluation that will create new space within the field for applied anthropologists.

Evaluation and Anthropology

Evaluation is ultimately a determination of the worth and utility of a particular thing, though this "thing" can be as diverse in scope as a program, product, objective, organization, policy, personnel, performance, or even a new technology (Payne 1994; Wilde and Sockey 1995). Program evaluation

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coalesced as a field in the mid 1960s, when funds for large public projects came with the stipulation that administrators assess the effectiveness of the programs being funded (Cook and Campbell 1979). The focus is usually either formative-understanding and improving the development of the thing being evaluated, summative-assessing the thing's outcomes, or some combination of both. Formative program evaluations are usually done during the planning or design phase of a project; they include needs assessments and design evaluations. Summative evaluations are performed after implementation; they may be oriented towards process (such as assessing the links between program components and their intended outcomes), impact (measuring program outcomes and whether or not they reached their intended targets), or efficiency (gauging the financial return on dollars invested in programs) (Rossi, Lipsey, and Freeman 2001; Stufflebeam 2001).

Evaluation anthropology bridges the theory and methods of anthropology with that of evaluation (Copeland-Carson and Butler 2005) (a complete overview of the history of the field is beyond the scope of this article; for an excellent summary, see Butler 2005). The National Association of the Practice of Anthropology's recent bulletin Creating Evaluation Anthropology describes it as "an anthropology of values that seeks to demonstrate the worth of programs as parts of cultural systems operating to achieve culturally valued ends" (Butler 2005:20), "to tell the story of (their) development, efficacy, and impact" (Copeland-Carson 2005:8). The field has a history of integrating qualitative with quantitative methods, in order to develop a more holistic understanding of the impact of interventions into social problems (Guba and Lincoln 1989; House and Howe 2003). Evaluations investigate not just what people say happens, but what actually does happen in the field, from the diverse perspectives of all stakeholders involved in and affected by a program—what Copeland-Carson calls the different "ways of knowing, being, and valuing" (2005:7; see also Hopson 2002; House 2000; Scriven 2001; Wilde and Sockey 1995). Evaluation anthropology is thus grounded in cultural context, positioning its output relative to the values of all stakeholders.

Evaluation anthropology has proven valuable in its inclusion of organizational culture as part of its methodological focus. Evaluation usually carries with it the assumption that the programs under question will be modified based on the strengths and limitations uncovered; the endeavor thus inherently operates within a context of politics and power. Rossi notes that successful program evaluations must carefully navigate "their political and organizational environments" in efforts to "inform social action to improve social conditions" (Rossi, Lipsey, and Freeman 2004:16). Because the perspectives of what represents "informed action" can be different for a program's administrators, funders, clients, and facilitators, success may be operationalized differently by different actors within the group. Michael Patton suggests that this is one area where anthropology's contributions may be most utilitarian—highlighting the differences in organizational values, and the role of culture in shaping them (2005).

Because evaluations are typically done for someone (or a group), there is discussion early on about what knowledge will be produced, and how it will be used. This involves negotiation and consensus between anthropologist, client, and even the recipients of programs about what elements are important to whom, what should be observed, and what should be measured (Fetterman 2005). The more each of these groups is able to participate in the design, conduct, and analysis of an evaluation, the more empowering the results may be to individuals or communities traditionally removed from decision-making power (Coombe 2002; Fetterman and Wandersman 2005).[2]

Methodologically, evaluation anthropology typically uses mixed methods, in which quantitative and qualitative designs reinforce each other (Greene and Caracelli 1997). Crain and Tashima (2005) note that evaluation anthropologists often work as members of a research team that represent multiple disciplines and multiple epistemologies. They must, thus, be able to navigate within bureaucratic cultures often oriented initially towards purely statistical research, while proving the methodological rigor of an ethnographic approach. Copeland-Carson and Butler (2005) liken this work to cultural interpreting, where one attempts to integrate findings, and create research reports and monographs which are comprehensible to a variety of stakeholders. Patton notes that anthropology is particularly suited to this, in that it has a history of writing within the context of varying political environments, and managing the diverse values of different stakeholders, from the micro-level individuals and groups who are often the subjects of our studies, to meso-level administrators of programs and research funds, to the macro-level of policy makers who often legislate social research policy and funding (2005).

Within the larger framework of program evaluation lie cost-benefit analyses. Their roots are found in 17th century London, where Sir William Petty found that any public health spending to combat plague would achieve a social benefit-to-cost ratio of 84 to 1 (Forget 2004). CBA are efficiency-oriented, in that they evaluate a program's benefits relative to its costs. They are intrinsically political; civil servants concerned with stretching dollars want to show that social services afford the maximum advantages at the lowest possible cost; politicians must be able to demonstrate to taxpayers and voters that the public is realizing the greatest possible benefits for the least amount of money. In a CBA, one attempts to place a value on both the costs and benefits of an intervention. A CBA asks, "Is the project assessed worthwhile? Among a range of alternatives, which project is more desirable?"[3]

In part because CBA have been dominated by quantitatively-minded accountants, economists, and administrators, there has been historical precedence that as much data as possible should be reduced to measurable, cost-oriented quantities (DHHS 1994; Lynch and Harrington 2003; Nas 1996; Patton and Sawicki 1993; Thompson 1980). This is, however, changing in the literature, as qualitative methods

cause analysts to rethink their epistemological principles (Dmytrenko 1997; Rose and Haynes 1999).[4] For example, the management economist Charles Handy cites the perils of traditional cost-benefit analyses, what he calls "The Macnamara Fallacy:"

> The first step is to measure whatever can easily be measured. This is OK as far as it goes. The second step is to disregard that which can't be easily measured or to give it an arbitrary quantitative value. This is artificial and misleading. The third step is to presume that what can't be measured easily really isn't important. This is blindness. The fourth step is to say that what can't be easily measured really doesn't exist. This is suicide. [Handy 1994:219]

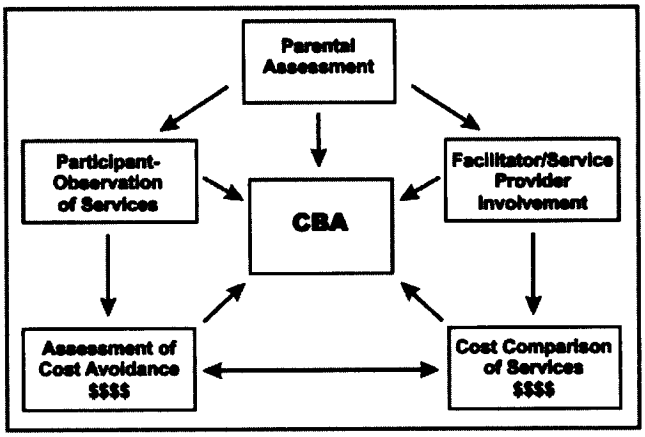
It is in the assessment and measurement of what is important from the point of view of a program's participants, as opposed to only attaching importance to what is measurable, where ethnography finds a role.

Community Answers

Over the last two decades, a new model of public mental health for children has emerged nationally, called the "systems of care" or "integrated systems" approach. Earlier models began to be critiqued for being "deficit" oriented, where therapy so immersed children in the immensity of their problems that the disorder became part of the child's identity (Stroul and Friedman 1986). Stigma surrounding the child's disorder then became reinforced through either success (in that it took outside case management "experts" to fix the "flawed" child or situation) or failure (the child was utterly defective and beyond help) (Swartz 2004). In contrast, the systems approach begins with the recognition that children with emotional disorders have multiple networks with both interrelated needs and strengths (in school, family, or community) (Friedman, Kutash, and Duchnowski 1996; Malysiak 1997). Services are then streamlined and coordinated by working within these networks to envelop or "wrap" care around a child. The systems model calls for identifying a child's strengths, and channeling good behavior towards outcomes that are important to the child and the family. Instead of an "expert" case manager assigning interventions, a more flexible "facilitator" attempts to coordinate care for both the child and the child's network.

It is generally agreed that the systems approach has many well-proven advantages: access to care for children increases, parents are more satisfied with the services they receive, and children receive care sooner, with fewer disruptions in services and fewer residential placements. There is, however, considerable debate as to whether or not differences in clinical outcomes are ultimately significant, and whether these outcomes merit what appear to be greater overall costs (Behar 1997; Bickman 1996). David Satcher, former surgeon general under the Clinton administration, commented on the controversy, calling for more research into the effect of systems of care on outcomes and the relationship between outcomes and costs (1999). It is within this context that the authors received funding.

Figure 1. Holistic CBA Model



The Model and Methods

The design for our research followed Patton's "utilization-focused evaluation," collaborating with the purchasers and users of the evaluation results in order to produce a product geared towards improving programmatic performance (2005). In team meetings, the anthropologists met with program administrators and facilitators to negotiate the initial variables that began the cost-benefit design, and to discuss the feasibility of different methods. The design was open-ended such that it allowed the recipients of services (parents and families of the children) to also identify and include variables of importance to them. The resulting model considered the project as would an ethnography, in the sense that it attempted to holistically assess the perspectives and experiences of all parties directly involved with the interventions and outcomes of services (Figure 1), inductively and deductively gathering data from families, facilitators, administrators, service provider/medical records of financial expense, and direct participant-observation.[5] The approach integrated structured surveys, historical cost-comparisons of services, in-depth interviewing, retrospective case studies, and participant-observation, triangulating findings in order to reveal "real world" effects associated with mental health treatment that would be relatively inaccessible from less holistic techniques (Cartwright 2000).

Though strict-economic approaches sometimes consider cost-comparisons/cost minimizations of services to be at the heart of a cost-benefit study, we strongly took issue with this method. Simple cost-savings do not equate to actual or realized benefits. Although ratios do simplify findings, they ignore important information such as absolute or net benefits

more correctly identified over a longitudinal study with case control, such as lowered caseload, decreased recidivism, increased family functioning, lower legal costs or crime rates, or higher educational achievement throughout a standardized-time post-treatment time period. Such a longitudinal study was not possible within the scope of the project. However, through its inclusion of historical and retrospective data collection, the ethnographic model attempted to approximate a longer-term study with a cross-sectional design.

Facilitators were interviewed first, to provide the research team with an introduction to the practicalities of implementing the systems of care model, to gain insight as to the feasible and appropriate design of the client-family interviews and record reviews, and to secure their later assistance with gaining access to the client-families.[6] Because of the need to work with facilitators with extensive insight into the service model and the families, facilitators were selected after careful discussions with the service administrators. The choice was based on length of involvement in the service model, and to achieve representative gender, ethnic, and linguistic (Spanish) balance. Six facilitators were interviewed, comprising a group of three males and three females.

Because one of the stated goals of Community Answers is to provide integrated services not just for children, but for the children's support networks (their families and guardians), it became imperative to include in-depth interviews of the client families, evaluating costs and benefits from their perspective. As anthropologists, we were surprised to discover there is controversy in the mental health evaluation literature about the efficacy of actually interviewing families of children receiving services.[7] The selection of client-families for participation was standardized; Community Answers provided a list of clients, identifying date of entry and case status for each client. In discussions with service model administrators, it became apparent that costs and benefits may not be assessable from all parties involved with the clients until several months after client-enrollment in services. Our sample thus included only families of clients who as of a fixed date (June 1, 2005) had been in the program for at least six months, or who had completed the service model. All others, including those who had moved away from the service area, were excluded. This procedure produced a list of 96 eligible clients. Using a random number generator, a random sample of 45 was initially drawn, over-sampled to account for client attrition from the study area. From this a sample of 34 client-families was used.

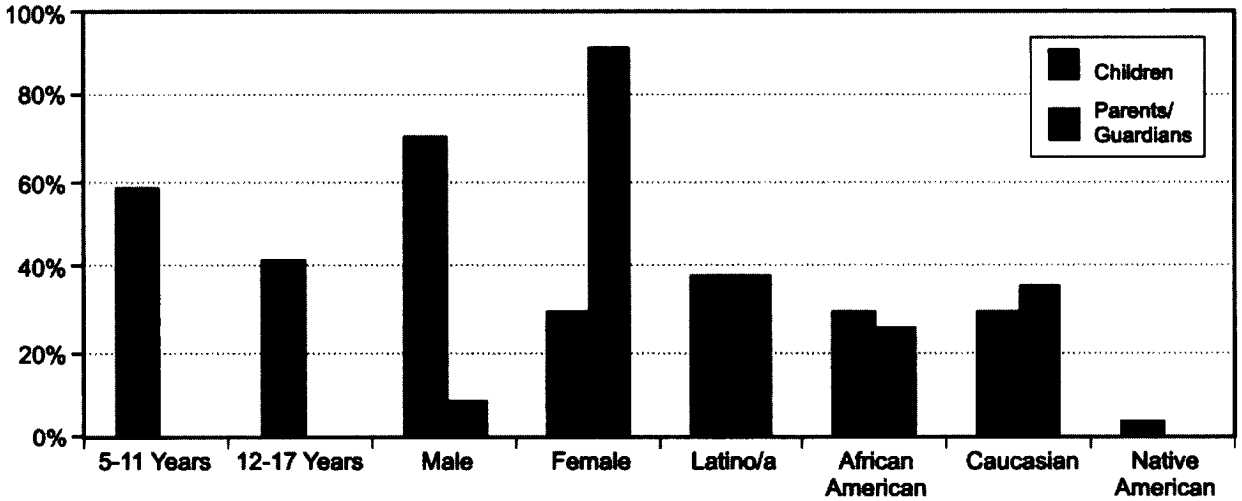
The client-family interview included both quantitative and qualitative sections, with initial questions covering the domains that emerged during the facilitator interviews. Later, open-ended discussions allowed families to bring forward new domains and topics of relevance to them. Wherever possible, interviews were conducted in homes, where the researchers were able to complement the interviews with observational data. The first part of the interview instrument included 10 quantitative Likert-scale questions regarding client school attendance, performance, and behavior, social behavior, satisfaction with family life, family safety, and the physical and mental health of the family. These data were entered into an SPSS database and analyzed for frequencies. The second part represented in-depth qualitative questions designed to elicit important details about perceived costs and benefits derived from participation in Community Answers' services from the parental point of view. Some of these questions included:

- Can you tell me about your child, and how they came to be in the program?
- What kind of expenses did your family have before entering the program?
- Were there any specific events that led to costs, such as legal fees, hospital costs, or truancy fines? Have those costs changed?
- Has your child changed since the beginning of the program? How?
- What have been the biggest changes you've seen in your child since being in the program?
- How has your relationship with your child changed? Your family life?
- Has anything happened since the program that might be making things more difficult in your life? Things that take more time, money, or work?

Although participant-observation informed all aspects of fieldwork, there were five formal participant-observation episodes which provided insight into how complex costs and benefits translate into meaningful reality in the daily lives of clients and families. One family was accompanied twice to therapy sessions, another family to a sporting event, and two others to organized social functions. During each participant-observation episode, parents were engaged in informal discussions about their child's life, their history of mental health services, family life, and about the Community Answers model. The observational data collected in these more naturalistic settings provided access to more subtle or veiled aspects of costs and benefits of the service model in the context of daily family life.

After researchers obtained signatures for Health Insurance Portability and Accountability Act (HIPAA)[8] release from parents or guardians, medical and health service records covering the child's complete expenses pre-, during and post-(where applicable) Community Answers were tabulated. Data recording costs and expenses came from three sources: 1) medical records kept by area service providers, 2) Community Answers administrative intake forms, collected at the time of a client's entry into the program, 3) interviews with parents/legal guardians. Where recorded services or costs appeared ambiguous or uncertain, follow-up telephone calls were placed to parents or facilitators in an effort to ensure validity. Data collected for the record reviews included the types of services clients received prior to enrollment, providers where available, and the associated costs. Wherever possible, cost and service data were expressed in valid standard units of measurement. For services several years old or where costs were not available, estimates of a net present value were made based on averages for similar services available

Figure 2. Age, Gender, and Ethnicity



within the community. Costs were tabulated and then divided based on a variable time frame, calculated as the range of time between the first incursion of social service or family cost and a fixed end date of August 1, 2005. Costs depicting pre-, during, and post-Community Answers service periods were then compared.

Cost-benefit ratios derived from comparing the cost of services in the pre-, during, and post-intervention periods provide one perspective regarding investment on return of dollars spent on Community Answers. There are, however, additional benefits associated with the investment of funds that can be projected based on data available. This is known in evaluation research as "cost avoidance." Cost-avoidance occurs when expensive treatment options are circumvented because of a particular program. Cost-avoidance savings research can be time consuming, and yet because savings can be demonstrably enormous, it holds considerable interest to legislators and policy makers. Cost avoidance includes things like averted expensive hospitalization, shortened residential treatment programs, avoided specialized foster care, juvenile detention or incarceration, the social costs avoided of not having children run away from home, the medical and social costs avoided by averting a suicide attempt, the savings afforded by a child staying in school, by getting a child in early substance abuse treatment, or having increased family stability. What is most important about demonstrating cost-avoidance is to very clearly document how one projects these kinds of savings, and on what bases cost-avoidance calculations are made.

Sample

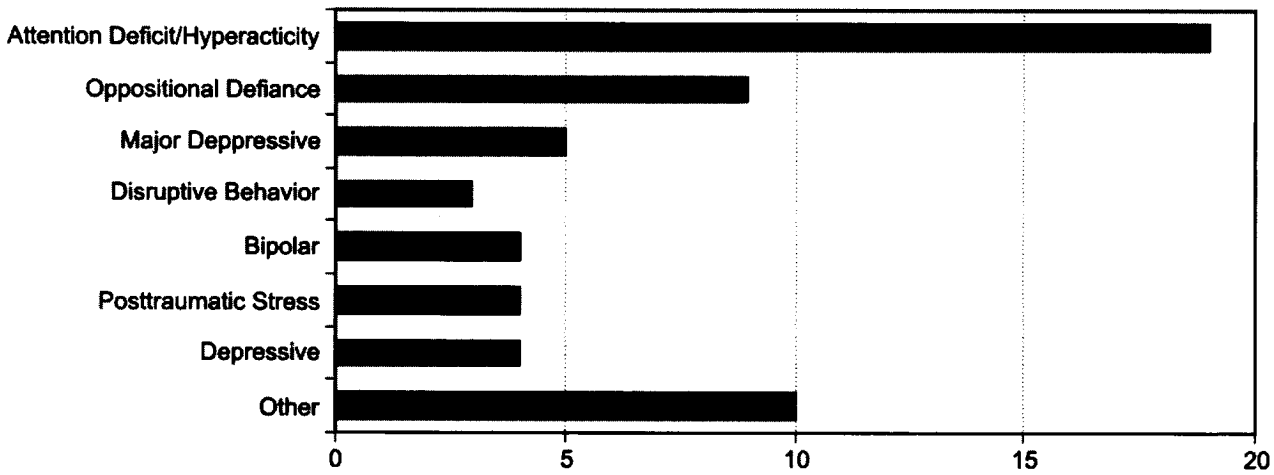
The demographics of the children sampled included 24 male (71%) and 10 female (29%) clients (Figure 2). They were 38 percent Latino/a, 29 percent African American, 29 percent Caucasian, and 4 percent Native American. Twenty children were age 5-11 years old; 14 were adolescents, ages 12-17. Their mental health burdens were substantial (Figure 3): 56 percent had diagnosed ADHD; 26 percent oppositional defiance; 26 percent were either "major depressive" or "depressive;" 12 percent bipolar; 12 percent post-traumatic stress, and 29 percent "other diagnoses," including anger management, substance abuse, and issues arising from childhood sexual abuse. The sample of 34 parents and guardians consisted of three males (9%) (including one Latino and two Caucasian) and 31 females (91%) (including 12 Latina, 9 African American and 10 Caucasian). The age of the parent/guardians ranged from early 20s to great-grandparents, in their 60 and 70s (Figure 2).

Results

Facilitator Assessment

As mentioned above, the facilitator interviews were intended to provide preliminary information regarding the methodological feasibility of conducting the CBA, to gain access to the client families, and to gather insight into the costs and benefits associated with the services from an insider's point of view. Facilitators generally agreed that improved access to counseling comprised the greatest source of cost for both the state and for families under the systems model. They universally agreed that the new program model achieved significantly higher returns than other models of care in terms of benefits. Particularly those who had been involved in individual "case management" cited substantially improved case coordination efforts between service providers, decreased service replication, more streamlined therapy, better medication management, and bringing a sense

Figure 3. The Mental Health Burden of the Children



of normalcy to the families' home life. One cautioned that benefits could be far-reaching, though difficult to measure in the short-term, stating that "some of the stuff we have done now, might not show the benefits for 15 or 20 years. So those things are out there and we're helping plant those seeds for positive change."

Client-Family Assessments

Parents indicated the most dramatic benefits for their children in the areas of school attendance, performance, and behavior, social behavior, and improved physical and mental health. They also, however, added important unforeseen do-

around. "His behavior is excellent. They [Justin's school] gave him a certificate for it and a medal. He even got a citizenship award!"

A very real benefit that parents vocalized in the in-depth interviews concerned changes in their lives stemming from increased partnerships with the local school district, arranged by Community Answers. Under the new program, parents had to become more involved in their child's school life, through regular monthly meetings with their child's teachers. We had hypothesized that these meetings would represent a source of aggravation (an identified "cost") for parents, because of increased time obligations. Yet rather than identify this as a cost, parents reported that these meetings actually made it

Figure 4. School Behavior

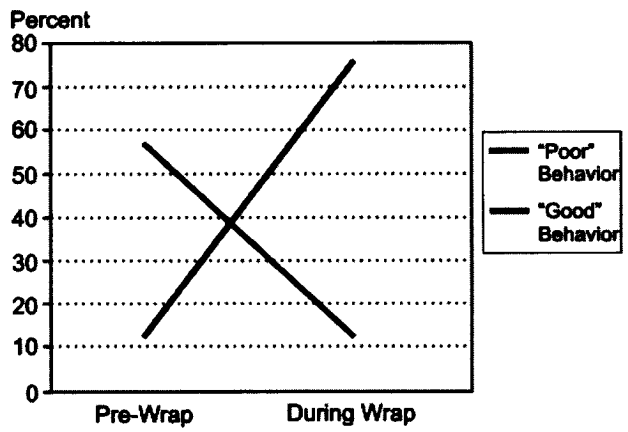
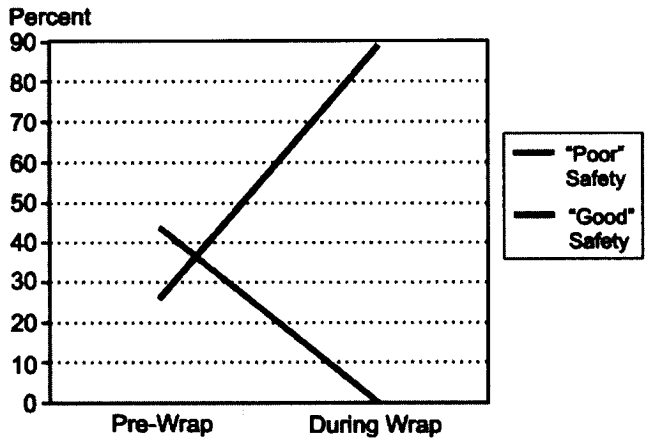


Figure 5. Safety



data. Almost half the sample (44%) reported "poor" safety pre-program; this went down to zero percent during. Parents reporting "good" safety increased from 27 percent pre-program, to almost 90 percent during (Figure 5). In qualitative interviews, parents discussed the concept of safety broadly, in terms ranging from minor problems like leaving school at inappropriate times or playing in unsafe areas, to more severe issues such as self abuse, drug use, running away, untreated depression, physical, arson, thoughts of suicide and sexual abuse. For example, "Brent" was the 15-year-old middle son of a nurse. He had been repeatedly suspended from school for fighting; he even assaulted a public servant, and threatened his teachers. At home he repeatedly threatened his little sister, and his mother occasionally had to depend on Brent's older (larger) brother for support. This began to change during the Community Answers program, when the mother learned more empowering techniques to help her son through his outbursts. She noted, "I was in fear of my son. My son's a big boy and I had been sleeping with the door locked. But now I let him know that I'm the boss, and [it's] my rules or no rules. And I get a good night sleep with my door unlocked."

In another example, seven-year-old Emily had been removed from her father's home after she and her brother were found repeatedly roaming the neighborhood in the middle of the night. Evidence of sexual abuse was found; the children had frequent nightmares, and fearful reactions to touch. Her grandmother reported, "When I washed her hair, she would just fight me and claw me and grab me in the eyes and almost pull my eyes. You could tell there was some abuse there. And I couldn't understand it, I mean like, just to wash your hair?!" Over time, the combination of a safe and supportive home environment with her grandmother, and the help of an effective facilitator changed life for these two. The grandmother, able to laugh about the changes she'd seen, said, "Now she wants her hair washed all the time!"

Parents cited other benefits during the in-depth interviews. Almost half (47%) mentioned gaining better communication with their child, and therefore more personal insight into their children's daily lives, from things like school pressures, negative influences, and peer norms. In addition to this, parents and children began to build trust and an acceptance of family roles and mutual responsibilities. For example, Isabel Santos, mother of 10-year-old Jose, mentioned that she valued the new benefit of learning how to communicate to her daughter that she loved her. Before Community Answers, she was so often with Jose that she felt she had neglected her daughter. Since beginning the program she has now gotten closer to her daughter because she understands the value of the relationship with her. She related that since the program began, she is now interacting with and looking at her daughter differently. "I've learned to tell her I love her more. [She is] like a nine-year-old girl. Her body's changing. She's looking older. She's carrying a purse. She wants her nails painted." Isabel went on to relate how pleased she was about her daughter's childhood and how she looked forward to her daughter's upcoming adolescence. Such sentiments of affection and appreciation had rarely been expressed before.

Better communication fostered still other benefits, such as increased family functioning, increased patience, and better parenting skills. Almost half of participants mentioned benefits like feeling "closer" to their child, having a "smoother" running household, or seeing improved functionality within sibling relationships. For example, Stephanie Santos, mother of 11-year-old Miguel, related that Miguel felt really good about computer skills he learned from his program facilitator, and began to teach his little sister and cousin as well. Stephanie said, "He learned first, and then he showed her, then he showed my other little niece. He's more like the teacher. He's stronger with the program." Stephanie also described increases in her own

Table 1. Example of Cost for Services

Comparisons Pre- and During Community Answers (C.A.)

Client	Pre-C.A. / month	During C.A. / month	Cost-Savings Ratio (x to 1)
Bottel	$567	$2080	-3.7
Burns	$1,589	$331	+4.8
Crane	$128	$1,287	-10
Cruz	$1,419	$172	+8.25
De Rosa	$94	$502	-5.3
Findley	$144	$884	-6.1
Jones	$142	$1387	-9.8
Lopez	$846	$241	+3.5
Randolph	$519	$705	-1.4
Raines	$653	$1692	-2.6
Summers	$64	$443	-6.9
Turner	$2,452	$861	+2.8

self-esteem and self-efficacy. She said, "I've dropped like 19 pounds and I have more self esteem.... I can accomplish anything now, anything... They helped me learn that I'm a person and the only way it's going to work, is if I get out there with the system and find the help."

Others noted changes within their own style of parenting, such as listening skills, the ability to set rules and enforce consequences, coping skills, and a sense of increased confidence from experiencing "successful" parenting. Nearly half (41%) noted improvements in their own ability to control their responses to stress. This was a telling finding, one significant for assessing the longer-term benefits of the program. It suggests that parents recognized that learning to manage their children involves more than simply changing the child's behavior. It is equally important to provide a stable and supportive environment, capable of sustaining improved behavior.

One other unanticipated benefit was mentioned by parents—parents recognized a learned ability in their child to support other emotionally disturbed kids. This was confirmed repeatedly during participant-observation of games during the Community Answers youth basketball program. During the event, facilitators instructed the youth in competing in threes, sprinting to the foul line and back, then to half court and back, and then to the other end. The task required exceptional coordination, and the youth took to it with apparent full effort. Next, they did a short session of rotation lay-ups, where the participants ran in a line and tossed the ball to each other, rotating the shooter position. The final task attempted was a complex "figure eight," in which players ran down the court interweaving with each other while passing the ball, again rotating the shooter. Although this proved difficult, partly due to the variable size and speed of the players, a sense of kids supporting kids was palpable from all the shouted encouragement, laughing, and teamwork. In short, the event was much more about fun and camaraderie than about the collective emotional disorders of the players.

Cost-comparisons/ Record Reviews

Cost-comparisons of services have formed the backbone of traditional cost-benefit analyses; it was in fact this area where our client initially assumed we would focus all our attention. Yet even in this ostensibly straightforward procedure with seemingly objective findings, the ethnographic process was to play a major interpretive role. As mentioned above, costs of services provided for the pre- and during program periods were obtained from a variety of sources. Costs by the state per child were summed from before the Community Answers program, and the costs after; the difference was expressed as a cost-ratio. Our findings initially dismayed the client. From a purely quantitative perspective, the Community Answers program actually represented immediate cost-savings for only 33 percent of client family cases; the program actually seemed to cost the state more money in 67 percent of the client family cases (see Table 1 for comparisons of costs, along with the ratio of costs/savings, for these families). The ethnographic approach became valuable here, because it revealed the context in which these expenses occur, the often dramatic benefits that result, and the ultimate savings to the state in terms of investment and costs avoided. We discovered there were two "types" of client or client-family

Table 2. The Average Cost of Monthly Services per Client Under Community Answers Compared with Foster Care, Juvenile Detention, and Hospitalization*

SERVICE	Cost per day	Cost per month	Ratio of Savings (1 to x)
Community Answers	$ 23.10	$692.88	1.0
Specialized Foster Care	$ 46.25	$ 1,387.50	+2.0
Intensive Foster Care	$ 82.22	$ 2,466.60	+3.6
Basic Juvenile Incarceration	$ 37.00	$ 1,010.00	+1.5
Moderate Juvenile Incarceration	$ 82.22	$ 2,466.60	+3.6
Specialized Juvenile Incarceration	$ 118.20	$ 3,546.00	+5.1
Intensive Juvenile Incarceration	$ 207.62	$ 6,228.60	+9.0
Hospitalization at State Mental Health Hospital	$ 483.00	$ 14,490.00	+20.9

* Sources including estimates based on mental health services received by clients, clinical director assessment of facilitator work logs per client, the state Health and Human Services Commission (HHSC), and numerous personal communications with budget analysts at state hospitals and policy program specialists at the state office of Children's Protective Services.

situations for which costs during the program period could be expected to be higher than those incurred before. These include: 1) those with extensive probationary or detention experience, for which court action or punishment occurred pre-Community Answers, but who continued to incur costs during, and 2) those with previously undiagnosed mental disorders or those receiving decentralized care.

For example, we documented the case of 16-year-old Brent. Three years prior to enrollment into Community Answers, Brent incurred charges from assault of a public servant, family violence, and running away. He accrued $2,000 in court expenses. The court ordered intensive probation, including electronic monitoring by ankle-bracelet. Brent's follow-up costs to the state for probation ($15/day over eight months) and monitoring expenses ($12.50/day) overlapped with the time he was in the program, and were thus billed as "Community Answers expenses," though they resulted from events that occurred before. Another client, Carey, was a 15-year-old whose mother was in jail at the time of the CBA; his father had been addicted to drugs and had committed suicide some years before. Carey himself had been in and out of drug rehabilitation programs, though had tested "clean" during mandatory probation testing during Community Answers. He incurred probationary charges six months before the program, due to destruction of property and possession of drugs. This probation continued for almost a year after his referral, resulting in $12,000 worth of related expenses post-program.

For those with previously undiagnosed mental health disorders, Community Answers allowed a referral into centralized mental health care. For example, the cost-comparisons for 15-year-old Danny indicated a much higher ratio of expenses during Community Answers than before (a cost-benefit ratio of 1 to -9.8). In the months before Community Answers services, Danny got tickets for assault and criminal mischief. He was repeatedly in trouble at school for bad behavior. Danny was diagnosed with Bi-polar disorder and ADHD; however he never received centralized care until enrollment into Community Answers. At that point, he began getting counseling and medication, and over the course of a year his mental health expenses totaled almost $12,000. In the in-depth interview, this was revealed to be the time that Danny's mother saw the beginning of his turnaround. She noted dramatic improvements in his school behavior, attendance and performance, overall mental health, and safety.

> Before I couldn't deal with anything. I'd fall apart and cry and now things are a lot easier for me. I use a lot of the things [the facilitators] taught me, behavior skills... we're closer now. We're able to talk without the fights and arguments... he's not as explosive, he's calmer. We do things together now, whereas before we didn't do anything together, nothing!

Although his mother says Danny still experiences lingering aspects of his Bi-polar disorder (his sleep can be somewhat erratic), she is certain that the symptoms are fewer and less pronounced. Danny has regained his appetite, maintains outside interests, and his family relationships are less strained. Legal expenses have stopped, although Danny still has to perform a community service sentence for infractions that occurred before the program. Danny recently made the honor roll at school. These benefits were further corroborated by observations made during the participant-observation component of the evaluation. At a football game, Danny demonstrated solidarity and support with his mother; it was obvious the two had become closer. Danny also showed himself to be an unofficial leader on his team, encouraging teammates to do better in school as part of the privilege of playing on the team.

Cost Avoidance

Cost avoidance was realized in part by the way that Community Answers streamlined the care of children, preventing costly repetition of service provision from multiple administrative agencies. One mother noted, "It's really just been a blessing. [Community Answers] actually kept me from having to use some of the other programs. So I didn't have to get so much, so Benjamin wouldn't bounce in front of fifteen thousand people, which is a lot easier on children like that."

Yet cost-avoidance seemed best depicted by the story of Amy Turner. At the time of interview, Amy was a 17-year-old young woman who had had cerebral palsy since birth. We interviewed her mother in their home, and observed and interacted with them during the ethnographic observation of two equine physical therapy sessions. Amy had been referred into Community Answers after having problems with her anger, which itself stemmed from a sense of social isolation. At home she would break things purposefully. Twice she had made false reports to Children's Protective Services that her mother was harming her. Outside the home, during physical therapy sessions, she would scream, hit, or generally work against whatever the therapist was trying to accomplish. At her wit's end, Amy's mother began contemplating institutionalization. Placement of Amy in a facility designed to care for patients like her would have represented an enormous investment, both by the state that provides the bulk of her Medicaid funding, and for the family. The daily rate for foster care ranges from "specialized" care of $46.25 per day, to "intensive" care at $82.22 per day. In Amy's case, due to the amount of care involved in maintaining the activities of daily living, from assisting with bathing, dressing, meals, and extensive physical therapy, institutionalizing Amy would have cost $2,467 per month. Instead, however, with help from Community Answers, Amy enrolled in "equine assisted therapy," and her facilitator became more involved in her environment. "When [the facilitator] started actually going to where Amy was, that's what made a big difference. He comes to the house and he went to the school. He went to see her riding horses and he went to her day [camp] this summer." Her mother began to see dramatic improvements. Anger outbursts stopped, and a sense of normalcy in the family evolved for the first time since Amy's birth. Instead of the institutionalization her parents had contemplated before, Amy began her first semester of college in 2005. Since Amy cost the state only $861 per month during Community Answers, this represented a significant cost avoidance savings of $1,606 per month.[9]

Discussion

Triangulating the analysis through a variety of methods proved to be of utmost importance, especially to demonstrate the value of a holistic approach with community and organization leaders whose initial perspective looked only for quantitative results. Our experience has been that those needing evaluations come to appreciate the ability of anthropologists to not only collect the data on costs and benefits in the style in which administrators are most familiar (e.g., monetary calculations), but also to explain the numbers in human terms with examples from in-depth interviews and researcher participant observation. In fact, when monetary comparisons do not yield favorable results for the client, it is the holistic approach that can reveal other, more hidden strengths and benefits of a program. For families whose children represented an increased cost to the state, the research was able to explain the types of situations that would more commonly result in that type of increase. Additionally, introducing the concept of cost avoidance with real life examples from the participants in the program provided the client with a more complete picture of the overall benefits that the program has provided to the community at large.

Constructing this project as an ethnography proved invaluable in revealing costs and benefits that would have otherwise remained hidden from the program directors, from groups of people normally not given voice during the process. Most importantly, the ethnographic process was participatory to parents, allowing them to identify salient issues, concerns, and benefits from their own perspectives. Parents came to see their stories of their children's frustrations and triumphs as valuable and important to tell; they became the experts, explaining to researchers how things worked and what they learned. The findings showed parents and children in the act of building and repairing their families and learning skills that will help to maintain their new found successes. Many discussed in great detail how their children, and their own approach to parenting, had changed over time, how the program had affected their livelihoods, and family and community processes had shaped their child's trajectory. This approach gave voice to those who had, before the program, been alienated from their children's mental health treatment, their school systems, and their community networks. Their stories of empowerment and success became the face of Community Answers.

Notes

[1]All names included are pseudonyms.

[2]Beyond the scope of this article, a current debate exists as to whether and how to distinguish so called "Empowerment Evaluation" (Fetterman and Wandersman 2005) from other approaches that are also participatory, collaborative, and capacity-building (see Miller and Campbell 2006).

[3]A CBA differs from so called Cost-Effectiveness Studies (CES), which attempt to create indices based on cost-per-unit impact. Cost-effectiveness studies are more often used when one is interested in relating costs to a small number of socially relevant but non-monetizable outcomes (e.g., *number of children* enrolled in school per unit cost of program). Because of the importance of financial information to policy makers and project stakeholders, Pritchard and Williams (2001) advocate a blended approach, which is more in line with the approach we take here.

[4]In evaluation literature, these less tangible, non-quantifiable costs and benefits that ethnography is so good at revealing are often referred to as "soft benefits" or "soft costs," as opposed to the "hard" costs and benefits that are quantifiable. We dislike the association that anthropology is thus inherently a "soft science," and therefore avoid the terms here.

[5]We realize that some consider ethnography to be equivalent to "participant-observation." Our conception is more in-line with Russell Bernard's when he writes of "both the process of collecting descriptive data about a culture" using a variety of methods like extended participant-observation, open-ended interviews, surveys, and questionnaires, as well as "the product of all that work" (Bernard 2000:318). Likewise, LeCompte and Schensul consider it to be rigorous, investigative methods using "multiple data sources including both quantitative and qualitative data," that "emphasizes and builds on the perspectives of the people in the research setting" in order "to discover what people actually do and the reasons they give for it" (LeCompte and Schensul 1999:1,9).

[6]Because facilitators function as mediators and gatekeepers of key aspects of the program, interviewing them first also allowed for rapport building to ensure later access to the families and clients with whom they work. They thus functioned as the gatekeepers to communities in our ethnographic evaluation.

[7]Debates surround the consistency and validity of self-report data, as the stigma surrounding a child's mental illness supposedly leads to underreporting of hospitalization or other sources of care; in addition, families of children with emotional disorders are often considered themselves to be in need of mental, emotional, or other support (Cheung, Dewa, and Wasylenki 2003; Golding, Gongla and Brownell 1998). We did not find this to be the case—almost all parents were able to give very eloquent testimonials about the trials and tribulations their children had faced, and in most cases were able to clarify or extend reporting made by their child's facilitators.

[8]Personal health information is protected as confidential under Health Insurance Portability and Accountability Act (HIPAA) of 1996.

[9]One may further estimate how much of a "return" to society Amy may represent as a college graduate. Here again, the burden is on the researcher to clearly and explicitly demonstrate one's methods and projections.

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