



CHAPIN HALL
CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

THE BRIDGE BUILDERS OF HIGHBRIDGE

PROGRAM YEAR III IMPLEMENTATION REPORT

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THE BRIDGE BUILDERS

THIRD INTERIM PROGRESS REPORT

Introduction

For the past 48 months a group of human service organizations known as The Bridge Builders Project has been working together to positively influence a set of core child welfare outcomes in the Highbridge community of the Bronx, NY. The Project, which is funded by a consortium of foundations ("the Funders"), was chosen as the site for the Bridge Builders Project for two important reasons.¹ First, Highbridge has had a history of high rates of child maltreatment and utilization of foster care services, at some points higher than any other community in New York City. Second, service providers serving the Highbridge community responded enthusiastically to an invitation put forward by the Funders to participate in an effort to rethink and reshape the way child welfare services are provided. Perhaps by joining forces, the thinking went, the community along with local providers would initiate positive changes in their collective approach to serving vulnerable children and families.

Four years later almost all of the original members of the Bridge Builders Project are still hard at work, with new members having come on board along the way.² The past year has also seen a commitment to offering an increasingly seamless array of services to children and families, with several new linkages established between the Project and other service providers. Aside from implementing the work plans developed at the beginning of this past service year, the Project has focused its attention on involving local parents in its work, on establishing a viable governance structure, and on the future sustainability of the Project.

¹ The funders of the Bridge Builders Project include the Open Society Institute, Child Welfare Fund, New York Community Trust, Sills Family Foundation, FAR Fund, Hedge Funds Care, Oak Foundation, Annie E. Casey Foundation, JP/Morgan Chase/Ira W. DeCamp Foundation, Hecksher Foundation, Clark Foundation, United Way of New York City, and the Administration for Children's Services.

² The original members of the Bridge Builders Project who remain actively involved to date are The Fund for Social Change, Highbridge Community Life Center, Citizens' Advice Bureau, The Bronx Defenders, Woodycrest Center for Human Development, Child Welfare Organizing Project, Administration for Children's Services, Alianza Dominicana, Legal Services of New York – Bronx, Community Elementary School #11, Community Elementary School #126, and Community Elementary School #73. Jewish Child Care Association, SUCCESS Counseling Services, Inc., Visiting Nurse Services Nurse-Family Partnership Program, and the Albert Einstein College of Medicine's Early Childhood Center are now actively working with the Bridge Builders, albeit without any financial support from the Partnership for Family Supports and Justice, the group of donors supporting the work of the Bridge Builders Project. Agenda for Children Tomorrow (ACT) continues to provide the agencies with technical assistance.

There are three core components to the third interim progress report. The first component covers what we have termed the implementation study. As with our first two interim progress reports, we use this section to review the accomplishments and challenges from the past service year given the partner organizations' implementation plans. The second section examines outcomes for children from the sections of Highbridge served by the Project. In the third component of our report we take a moment to address themes we believe to be of central importance to the Project, now and going forward.

Implementation Study

The third Interim Progress Report chronicles program operations over the course of the Bridge Builders Project's ("The Project") third service year, from October 1, 2005 through September 1, 2006.³ As with Chapin Hall's first two Interim Progress Reports, our aim with this third report is to detail the implementation of the Project during the third service year.

Structure of the Report

We have structured the third Interim Progress Report along the same lines as the previous two reports. First we report on the extent to which Project activity reflected the programmatic agreements reached between the partner organizations and the donors' collaborative at the onset of the third service year. This is followed by a discussion of issues we believe are central to the functioning, efficacy, and sustainability of the Project. A brief description of each of these sections follows.

In years past we have offered a component-by-component description of program activity over the course of the year. This year we talk about the nuts-and-bolts of Project implementation *as a Project*. There are two reasons for this shift. Our observations of the collaborative at work and our in-depth interviews with collaborative members strongly suggests that the component-based structure upon which the Project was founded no longer feels relevant to collaborative members working on the ground. Instead, what we are seeing and hearing about is a type of synergy, a "breakthrough in thinking and action" that has changed the way collaborative members work and the way they think about their work.⁴ Also, as we sought to understand barriers to progress where such barriers surfaced, we identified a number of themes that ran constant across components.

³ Note this period reflects 11 months of the second service year.

⁴ It is important to remember that the Project's original component-based structure was established, at least in part, to underscore the linkages between programs and outcomes, with each component guided by a

After reviewing Project implementation over the course of the third service year, we get back to the overarching theory of the Bridge Builders Project: that children and families will be better off if given increased access to quality services in their own neighborhood. Last year we took a look at the key issue of service delivery, focusing our discussion on access to services, client utilization of services, and the quality of services. We continue this discussion of service delivery, focusing this time on client demand for services, the availability of those services, and collaborative member perceptions of (1) the value of currently offered programs and services and (2) what the Project's top service-related priorities should be going forward.

Two other issues get special attention in this year's report: current and future management of the Project and the role of the Administration for Children's Services (ACS) in the Project going forward. We focus on these issues because the Project now finds itself at a critical time in its development. Funding streams are already beginning to shift and the Project's external leaders are actively developing an exit strategy, a plan to turn fundraising and oversight responsibilities over to the community. In fact, we believe it is a combination of all three of these issues – the extent to which the Project can meet the community's demand for high-quality services related to the safety and well-being of children and families; the nature of Project management; and, the role of the public child welfare system – that will determine the shape and success of the Project in years to come.

Sources of Data

Seven sources of data inform the third Interim Progress Report. First, we reviewed official Project documents (i.e. semi-annual monitoring reports, yearly proposals and budgets, meeting minutes, etc) to give us a sense of how activity on the ground compares to original plans and agreements. Second, we observed key meetings of the collaborative (i.e. Executive Committee meetings, outreach committee meetings, etc) so we could watch the Project's evolution in real time. Third, we conducted in-depth interviews with those collaborative members most directly involved with the day-to-day work of the Project. These interviews were designed to help us understand how the Project was developing with regards to the three issues outlined above:

specific theory of change that clearly articulated those linkages. The transformation that has taken place within the Project may be proving useful for both workers and clients alike. As mentioned above, collaborative members' experience of their work may be improved, both in terms of how they work with clients and how they work with each other. However, it may also make it more difficult to establish clear connections between Project activities and the core outcomes. Lasker, R.D. & Weiss, E.S. (2003). Creating partnership synergy: The critical role of community stakeholders. *Journal of Health and Human Service Administration*, 26, 1/2, pp. 119-139.

perceived value of Project programs and services; Project management; and, the role of ACS moving forward.

Fourth, we gathered staff working in direct service roles to talk about what appears to be the Project's primary intervention strategy: casework services. Fifth, we distributed written surveys that looked at various elements of the Project, such as decision-making, leadership, and supply and demand of services. Surveys were distributed to staff working at all levels (Executive Directors, Parent Advocates, Attorneys, Social Workers, etc) at each of the organizations currently receiving funding from the Project. Sixth, we conducted regular, brief interviews with key informants, individuals working in central roles within the Project who could keep the evaluators abreast of Project developments, both major and minor. The seventh and final source of data is summary administrative data from the Administration for Children's Services that are used for the outcomes study.

The Bridge Builders Project: Year in Review

For the past eleven months, the organizations of the Bridge Builders Project have continued to provide direct services to the children and families of Highbridge. These services were originally organized around four central program components, each guided by a theory of change linking the work of that component with one (or more) of the four outcomes of interest to the Bridge Builders Project. These original core program components, and their accompanying theories of change, are:

- **Legal services and education:** Increasing the community's access to a highly competent, multidisciplinary legal team, one that not only offers efficient legal representation but also arms parents with the knowledge they need to effectively advocate for themselves, will lead to a reduction in the number of children placed in foster care and a reduction in the length of time children spend in care once placed.
- **Family support services:** Increasing the supply of, and the community's access to, high-quality support services will lead to a reduction in rates of reported maltreatment and a decrease in the length of time children spend in foster care.
- **Diversion:** Providing early and intensive intervention for families at risk of child abuse and neglect will reduce the need for Child Protective Services (CPS) involvement,

thereby reducing the rate of reported maltreatment and the number of foster care placements.

- **Parent and youth empowerment:** The child welfare system – and communities – will be strengthened and better able to meet families' needs if parents and youth are increasingly engaged in community affairs related to the health and well-being of children and families.

Although historically we have addressed each of these program components one at a time, we take a more holistic approach in this interim progress report. As noted above, we do this for two reasons. First, over the course of the last two service years, we learned that collaborative members no longer see the compartmentalization of their work into components as useful or as an accurate depiction of their real life experience. Rather, collaborative members describe an organic sharing of services, resources and clients. The lines delineating one component from another are often indistinct. Informal accounts from collaborative members suggest that both the partner organizations and their clients have enjoyed this shift in practice. Second, as we sought to understand what explained the gaps in services where those gaps emerged, we found that the same themes tended to surface.

This year we will describe the extent to which *the Project* established the programs and interventions outlined in their agreements with the donors' collaborative one year ago. First we will review the Project's accomplishments, focusing on the provision of direct services and outreach. In describing direct services we will focus some attention on casework services in particular, as they represent one of the Project's primary intervention strategies. We will also talk about the Project's computerized tracking system, given the time that has been dedicated to its creation and implementation and the promise it holds for enhancing communication and increasing accountability between partners.

Following our discussion of the Project's accomplishments will be a section on some of the unfinished business from Service Year III.⁵ We organize our discussion around three topic areas:

⁵ There are other pieces of unfinished business from years' past that remain aside from those mentioned in this year's interim progress report, such as the functioning of the Project's Executive Committee, the use of data to inform service decisions, and communication between Project partners. That these issues continue to be on the Project's collective agenda does not mean they should be classified as ongoing "problems" undermining the larger effort. Rather, these are issues that will require ongoing monitoring and regular maintenance. Our decision not to dedicate more attention to these issues in this year's report, however, should not be construed as a reason for collaborative members not to reflect on them over time.

Project infrastructure, youth engagement, and capacity building. We touch on the matter of capacity building only briefly in this section, as we come back to it in our broader discussion of Project management later in this report.

Summary of Accomplishments

Direct Services

The provision of direct services to families at risk of child maltreatment is perhaps the cornerstone of the Bridge Builders Project. It may also be the area of greatest accomplishment for the Project. For instance,

- The families of Highbridge continue to have direct access to high quality, holistic representation for a wide range of legal issues, including family law, public benefits, housing, and education law, amongst others.
- Project staff continue to collaborate with the local schools of Highbridge to provide community-based services to children and families in need. Almost 100 families were referred to the Project as a result of this ground-breaking partnership.
- Intensive casework services continue to be available to Highbridge families. Whether a family seeks concrete assistance meeting a discreet need or ongoing emotional support, community residents, working alongside a professional clinician, are there to help.
- Informal, peer support services continue to be made available to Highbridge residents through a number of Project partners. These client-driven services have in many ways become the entry point for clients into the Project's larger service network.
- Highbridge families under investigation by the Administration for Children's Services or for whom an abuse or neglect petition has recently been filed continue to have access – 24 hours a day, 7 days a week – to a multidisciplinary legal team.
- Highbridge parents whose children have been placed in care can participate in a weekly support group that offers a mix of emotional support and concrete assistance in completing reunification-focused service plans. These parents also have access to a case manager, someone who can help remove obstacles the parent or their foster care caseworker have encountered in identifying or securing needed services.

- Over 20 mini-grants (for a total of \$20,000) were distributed to Highbridge residents over the course of Service Year III. A diverse set of programs were developed and implemented by the Highbridge grantees, including a program to promote healthy, stable marriages; mentoring for early adolescents; and, reading assistance for school-aged children.

By and large, the partner organizations served the number of families they committed to serving during Service Year III. With the exception of just one, all of the organizations maintained staff at the proposed level. The extent to which the services supplied were sufficient to meet demand will be addressed in a later section. Our discussion here continues with comments on two related topics. The first topic, the provision of casework services, has direct bearing on the way in which the partner organizations interact with the community. The second topic, the Project's computerized tracking system, is directly related to the way in which the partner organizations interact with each other, with greater usage implicitly related to a better service experience for families.

Casework Services

Over the past year, the four components of the Project continued to provide casework services to the families of Highbridge in some way, shape or form. By our estimates, approximately 30% of the Project's overall budget has been dedicated to supporting individuals who provide casework services, which may signify that the provision of casework services has become one of the (if not *the*) Project's primary intervention.⁶

In the second half of this past service year we conducted a focus group to help clarify the depth and breadth of the casework offered by the partner organizations. We invited staff from each of the five organizations providing this type of service to take part in the focus group. Six of the twelve staff persons doing casework for the Project participated in the group. What we learned from that session is detailed below.

The Project's casework services are performed largely, but not exclusively, by community residents working in parent advocate positions. There is little to distinguish the para-professional from the professional staff in terms of the range of tasks done by each in their work, and there is

⁶ We arrived at this 30% estimate by summing up the amount of money spent on salaries and fringe benefits for staff filling casework positions. Although we recognize the importance of supervision to the provision of casework services, we did not include the cost of supervision in our calculations. This proved too difficult to accurately estimate.

quite a range of tasks indeed. When asked to describe the typical kinds of support they provide to families, focus group participants gave a veritable laundry list of activities, many of which they reported doing either "all of the time" or "often." This includes developing service plans with clients; speaking with other professionals on clients' behalf (i.e. doctors, school personnel, mental health professionals, child welfare caseworkers, etc); helping clients apply for public benefits; identifying and referring clients to services and other resources; physically going to appointments with clients (i.e. appointments to secure benefits, court appearances, etc); managing paperwork; and, offering ongoing emotional support to clients: in the office, on the telephone, and in the community – sometimes even in staff's own homes.

We also learned that while there is substantial variation in caseload size from organization to organization, nearly all of the Project staff working in casework roles feel they are working at or above capacity. Part-time workers, which include more than half of the Project's casework staff, carry an average of approximately 25 cases described as "active", with cases remaining active for an average of 6-12 months. The professional staff from the Project who do casework also have such additional responsibilities as supervising para-professional staff; overseeing committee work; running support groups; and, coordinating linkages between the Project and other service providers.

Interestingly, those staff who talked about working above capacity did not talk about wanting their caseloads reduced, or about wanting to work with less challenging clients. Rather, what staff want, and the Project's part-time staff in particular, is *more time to work*, so that they can do *higher quality work*. It is a testament, perhaps, to the commitment staff feel to the Project and to their community.

Before addressing the factors that distinguish the organizations vis-à-vis the provision of casework services, we want to address one final similarity found across organizations. Para-professional staff from each of the organizations that offer casework services talked about the challenge of managing their reactions to the parallels in their own lives to the situations that bring their clients in for help. It is a central paradox to using para-professionals as service providers. What makes para-professionals drawn from the community so effective at engaging and retaining clients in services is their ability to draw upon their own life experiences and offer clients understanding of the most authentic kind. By their own account, to the extent that a client's life circumstances mirror a para-professional's own experiences, para-professionals often report

feeling emotionally vulnerable – so much so that they perceive their ability to help may become compromised.

Despite the similarities there are a number of differences in the casework services offered by the partner organizations involved in this work. Two of these distinguishing features relate to point-of-entry. First, for some organizations the work begins when an adult approaches their staff for assistance. In these cases the adult family member (typically a parent) is the point-of-entry into the family. For other organizations, particularly those that do any work with the local schools, the work begins when a child who may be at-risk of maltreatment is brought to the attention of agency staff. In these cases it is the child that serves as the point-of-entry into the family. Second, it seems that when children are the point-of-entry into the family, the casework inevitably involves the whole family. However, for some of the organizations whose cases typically open when an adult/parent comes for help, the casework does not always extend beyond the adult. Rather, the locus of help remains the adult/parent throughout the duration of the case.

The third discernable difference in the casework services offered by the Project highlights the Project's multi-pronged approach to affecting child welfare outcomes. Whereas some organizations involved in casework focus on preventing maltreatment before it starts, there are other organizations ready to help families presently in crisis, including families who may already be involved with the child welfare system. It is when case managers of different varieties communicate with each other about a family, making sure that family is supported at all ends, no matter how their circumstances should evolve, that the Project's vision comes into full bloom.

We raise these differences here to highlight something we raised in last year's report; that is, the notion of the Project having a uniform approach to working with families. Our sense at this point in time is that the partner organizations value the differences between them vis-à-vis service approach and delivery. The idea of standardizing the approach to service delivery does not appeal to Project staff as much as standardizing the quality of services – ensuring staff levels are sufficient to meet demand; providing adequate supports for staff in terms of supervision and training; and, establishing robust mechanisms to facilitate efficient and effective communication between partners. This is not to say that the question of whether or not there should be a uniform approach to working with families should be taken off the table. Rather, we suggest examining the utility of those differences, if only to ensure staff have thought through the rationale behind

their service approach. Reflective practice helps refine the process of service delivery.⁷ It also makes it easier to determine when work with a family has, for whatever reason, deviated from the preferred methodology, and provides staff with a clear path back to the way they and their organization have chosen to engage families in the helping process.

Computerized Tracking System

In our second Interim Progress Report we talked about the Project's efforts to develop and implement a computerized tracking system. This system was created so that clients' travels through the Bridge Builders' service network could be tracked, thereby reducing the likelihood of clients "falling through the cracks." Last year at this time, the computerized tracking system was still in its infancy, having been utilized by just one of the partner organizations. Considerable progress has been made since then.

The Project's computerized tracking system is now up and running. All but one organization has the capability to use the system to monitor clients' movements through the Project's service network. The concerns left lingering at the end of Service Year II have, for the most part, been resolved. A procedure is in place to protect client confidentiality, and most of the organizations that already have their own electronic client databases have found a way to accommodate the Project's tracking system.

One looked-for feature of a database like the one being utilized by the Bridge Builders is the capacity to generate reports to help Project partners see how they are doing on a number of important measures, such as utilization, supply and demand, and accountability. The Project's computerized tracking system, however, remains somewhat limited in this regard. For instance, although the partner organizations are encouraged to "register" a client in the database at the time of intake, it is currently not possible to generate a report that details how many clients have been registered by each organization within a specific time frame. This type of information becomes quite important when trying to better understand issues related to service supply and demand and when making determinations about how to allocate scarce resources.

⁷ Donald Schon has written extensively about the idea of reflective practice, or "reflection-in-action." In short, reflecting-in-action consists of a process wherein practitioners examine their methods internally, while still within what Schon calls the "action-present." In his classic paper, Schon suggests that practitioners "...slow down the pace of action, go back and try again, and reduce the cost and risk of experimentation. In such explorations as these, grounded in collaborative reflection on everyday artistry, we will be pursuing the description of a new epistemology of practice." We would tend to agree. Schon, D.A. (1992). The crisis of professional knowledge and the pursuit of an epistemology of practice. *Journal of Interprofessional Care*, 6(1), p. 49.

What the Project's database *can* do, though, is provide a breakdown, by organization, of the number of referrals made on behalf of clients. This same report includes information as to the extent to which referrals made for clients are fulfilled; that is, how frequently the receiving agency makes contact with a referred client. Approximately five months after the official launch of the Project's computerized tracking system, 78 referrals made to any one of the Project's partners were logged into the system.⁸ Of these 78 referrals, nine (approximately 12%) were "completed," meaning the agency receiving the referral connected with the client and entered this activity into the Project's database.

We do not know how many of the remaining 69 referrals were actually completed but not entered into the database. What we do know is that the Project's computerized tracking system can only provide useful information to the partners to the extent that the partners actually use the system. Collaborative members are more likely to dedicate time and energy to the database if they see it not only as a tool used to capture client data, but as a tool used to support decision-making. If the individuals managing the data can shift their thinking about the database in this way, then the likelihood that the data capture process will be viewed as a more worthwhile enterprise – and therefore supported – will be enhanced.

Outreach

Reaching out to families at-risk of child maltreatment, and to service providers who may come into contact with these families, gets at the heart of the Bridge Builders Project's strategy for affecting the core child welfare outcomes. It is how the Project lets the community know of the services and resources available to them. It is also how other social service providers come to understand that, when faced with a family in need, there is a community-based network of helpers they can call on to support that family before problems rise to a level that warrants state intervention. Over the past service year we have paid close attention to this issue of outreach. Our findings, detailed below, are on the whole quite promising.

The Bridge Builders' outreach committee, an open committee staffed by a core group of professionals and parent advocates from four of the Project's partner organizations, has been very active over the last eleven months. Early in this past service year a comprehensive outreach plan was developed that outlined how the committee would target its resources and the outcomes it

⁸ These 78 referrals include only referrals made to one of the Project's partners. It does not include the four referrals made to organizations external to the Bridge Builders, nor does it include the five referrals made to the one Bridge Builders partner not yet connected to the computerized tracking system.

hoped to achieve. The outreach committee's goals were ambitious. Yet through a strong, coordinated effort the outreach committee accomplished a great deal, including:

- Identifying and reaching out to local day care centers, informing staff and parents about the range of services offered by the Bridge Builders Project;
- Using data from ACS that identifies "hot spots," where large clusters of families undergo CPS investigations, and carpeting these "hot spots" with Bridge Builders literature;
- Presenting the Bridge Builders Project to local medical centers and hospitals, in the hopes that staff will consider contacting the Bridge Builders when faced with a family in need of support or assistance;
- Maintaining a stable presence in each of the local elementary schools, offering regular reminders to school personnel of the availability of the Bridge Builders to reach out to and support vulnerable children and families;
- Establishing a relationship with the two shelters serving the Highbridge community, targeting both shelter staff (frequent callers to the State Central Register) and parents in need of extra support; and,
- Reaching out to various other social service providers and community groups about the availability of Bridge Builders' services, including drug treatment centers, the local community board, the ACS Neighborhood Network serving the Highbridge area, and a range of community fairs. The outreach committee also did a fair amount of media work over the past service year, utilizing newspaper, radio, and television to spread the word about the Bridge Builders Project.

The question, though, is not how much outreach did the Project do over the last service year, but what tangible benefits were derived from the Project's outreach efforts. This is a more difficult question to answer. The Project's computerized tracking system does not currently monitor how registered clients first heard about the Bridge Builders Project. Although a few of the partner organizations keep track of how new clients learned of their services, not all of the partners collect this information; those that do, do not do so uniformly. What is consistent, though, are the anecdotal reports that after particularly intensive outreach campaigns, agencies experience a spike in the number of new clients coming for help. The next question becomes, are the partner

organizations equipped to handle these periodic influxes? We respond to this question later, when we discuss the issue of capacity building.

Needs and Opportunities

No project of the magnitude of the Bridge Builders Project is going to accomplish everything it sets out to do in a given year. As we reflect on the Project's work over the past year, we came up with three themes that stand out when trying to understand those areas where plans did not play out as expected: Project infrastructure, the youth of Highbridge, and capacity building. We consider each of these areas in turn, below.

Project Infrastructure

When we talk about Project infrastructure, we are referring to the basic, underlying framework the Project needs in place in order for it to function productively. One important piece of that infrastructure is a mechanism for efficiently and accurately identifying families from the Project's target area who are either at risk of child maltreatment (and, subsequently, involvement with the child welfare system) or who are already involved with the child welfare system. Our review of the organizations' monitoring reports and our focus group with staff providing casework services suggests that across the board, the organizations of the Bridge Builders Project continue to find it a challenge to reach their target populations, and to limit their services to clients from the Project's target area.

At this point, we feel certain that the problem is not one of staff commitment or effort. Project staff have worked diligently to identify and engage those families for whom the Project is most concerned: those at risk of child abuse or neglect from the target area. Together with Project partners, staff have brainstormed, strategized, and reached out to stakeholders, all in an effort to focus their work on the three census tracts that comprise the Project's target area. From our perspective, the difficulty reaching the target population is rooted in an infrastructural gap vis-à-vis the Project's relationships with the Department of Education and the Administration for Children's Services, particularly as it relates to information sharing around children and families. Notwithstanding some headway with the local schools, there are still larger institutional issues that govern how much information sharing can actually take place.

With regards to the Department of Education we note that, much like our findings last year, the Project had some difficulty penetrating the third local elementary school in Highbridge. Although the Project has talked for some time about formalizing its relationship with the

Department of Education, given the Project's focus on the schools as a locus of intervention, so far the Project has taken a bottom-up approach to working its way into the fabric of the three local elementary schools. Project staff have had to spend considerable time building trust and demonstrating their commitment to the school and its students before school gatekeepers (i.e. parent coordinators, guidance counselors, assistant vice principals) consider incorporating Project staff into their day-to-day operations. Project staff have done this work and have found their efforts rewarded with increased referrals from school staff. Still, the number of referrals is not at the level it could be, and the schools continue to rely on the abuse hotline as a gateway into services for at-risk families.⁹

With regards to the Administration for Children's Services, we first want to acknowledge how far the Project has come in its dealings with ACS over the last three years. One example of ACS' acknowledgement of the work being done by the Bridge Builders in Highbridge is their decision to designate Highbridge as a pilot community for their Placement Decision-Making conferences. The Highbridge community has responded in turn by coming out in full force for a recent meeting with the Commissioner of ACS. Still, the infrastructural relationship envisioned at the Project's onset has yet to be realized. Namely, families from the Project's target area are served by an ACS unit that does not designate specific responsibility to the Project's target area. There is no system in place to ensure that families from the Project's target area under investigation for child abuse or neglect are made known to the Bridge Builders, so they can provide needed services and supports as early as possible. The Project still does not know of all the families from the three census tracts who have children currently in care; as such, they cannot make themselves available to help reduce these children's lengths of stay in care.

Of course, establishing these kinds of agreements with city agencies is no small task. Both the Administration for Children's Services and the Department of Education have city and state mandates to contend with that frame their approach to collaboration with other service entities. To the extent that there is room for discretion at the staff level, progress depends on a shared understanding of the unique position each participant has (those working for ACS, the Department of Education, and the Bridge Builders), along with a mutual sense of accountability for the outcomes. It is likely going to require a combination of these approaches – reaching

⁹ We want to make clear that this is an evolving process. Although it is important to recognize that the 14 referrals made to the third elementary school in Highbridge (a main target of the Project's attention during Service Year III) represent an increase in this school's use of the Bridge Builders, there is still a sense that with additional work, the number of referrals coming from this school to the Project will increase. That work is complicated, however, by the school's responsibility to report suspected maltreatment.

agreements with senior officials and building relationships and trust with local workers – for the Project to more effectively and completely reach their target population.

Youth of Highbridge

From the outset, youth engagement was an objective within a discrete component of the Project. In previous reports we have talked about the challenges the Project has faced in identifying and engaging the youth of Highbridge in services. As to the issue of identifying clients, the Project still does not have a reliable way of identifying youth in foster care – or even those in preventive services – from the Project's target area. This has been the case since the Project's inception, and remains the case today.

With regards to engaging youth, the Project continues to dedicate resources to engaging the youth of Highbridge, as consumers of services and service providers in and of themselves. For two years, a two-pronged plan to engage youth has been in place. Youth were to be engaged as consumers of an array of supports and activities to Highbridge youth, with a smaller group to be mobilized to serve as peer leaders. The job of these peer leaders would be to spread the word about the Bridge Builders Project to other youth in the community and to work directly with youth in need of peer counseling or other supports. Although headway has been made with respect to the number of target area children enrolled in after-school and other support services, efforts to engage youth in both of these regards remain stalled.¹⁰

Given this history, we wanted to get a sense of what collaborative members were thinking about the role of youth – and the youth component – in the Project. We learned that a considerable number of collaborative members believe that the youth of Highbridge are not being effectively recruited to participate in and/or benefit from the Project's programs and services. Indeed, the Project's outreach plan does not include a strategy specifically outlining how the youth of Highbridge will be recruited for services or participation in the Project. Our review of outreach committee meeting minutes and interviews with key informants suggests that the inconsistent participation of representatives from the youth component in the process of developing and writing the outreach plan helps to explain why youth were not effectively targeted.

¹⁰ Club Success, a program focused on preparing adolescents for life after foster care, was awarded a planning grant during Service Year III. We want to acknowledge the work that was done to bring the grant to fruition. Program planners hoped to have Club Success up and running in Highbridge by August and were able to accomplish that goal. The specific activity of Club Success in Highbridge is outside the purview of this particular implementation study. We look forward to observing Club Success in action in Service Year IV.

Monitoring reports from this past service year also point to the limited level of collaboration between the youth component and their Project partners with respect to referrals. The youth component's reports that the partner organizations are not referring youth to their programs is confirmed by the partner organizations, whose own reports indicate that a limited number of referrals were made to the youth component. Perhaps it is not surprising then, that when asked to identify which of the Project's programs and services seemed to be of lesser value at this point in time, close to half of those interviewed pointed to the programs associated with the Project's youth component.

We believe that the Project's limited utilization of its own youth component, the inability of the youth leadership program to get some lift, and the perception among collaborative members that youth services are of lesser value than some of the other services offered by the Project is explained, at least in part, by the extent to which the youth component is integrated into the Project's outreach committee and other recruitment-related activities. This may explain why, when the outreach committee developed and finalized the Service Year III outreach plan, the interests of the youth component were left unaddressed. Further, to the extent that youth component staff assigned to the Bridge Builders Project can only dedicate a portion of their time to collaborative work, strategic decisions may have to be made about how that time gets spent. As a result, recruitment-related work may get left by the wayside.

A second explanation for the continued underutilization of the youth component and the perception among collaborative members that youth services are of lesser value than some of the other services offered by the Project relates to a duplication of services within the collaborative network. We raised this issue last year with respect to the youth component. We noted that several organizations have youth programs in-house, and the extent to which staff from those organizations continue to refer youth to their own organization's programs may explain the low level of referrals.

Capacity Building

The following discussion of capacity building within the Bridge Builders Project is organized around two distinct concerns. The first concern is the extent to which Bridge Builders staff has the capacity to do their jobs well. The second concern is the extent to which the community residents of Highbridge – those employed by the Project as well as those whose efforts are offered on a volunteer basis – have the capacity for meaningful participation in the Project. We raise these issues here in our discussion of Service Year III implementation because over time

community resident involvement in the Project has been woven into the fabric of the Project, rather than representing an ancillary component of the Project.

Service Capacity

When we talk about service capacity, we are talking about two things. First we are talking about whether there are enough staff persons in place (supply) to meet the demand for services. Given the staff that are available, the second question is whether they have the skills and other resources that are needed to provide high quality services to children and families. With regards to the former, it is difficult to say whether Project staffing levels are sufficient to meet the demand for services. Interviews with key informants, in-depth interviews with collaborative members most directly involved with the Project, and a focus group with caseworkers suggest that Project staff are working at and in many cases above capacity with respect to caseload. In contrast, most of the Service Year IV proposals submitted by the partner organizations say nothing of needing more staff or needing to reduce caseloads to ensure that services remain at a sufficiently high quality.¹¹

In response to the question of staff skill-levels and the adequacy of other required resources, we look primarily to the issue of training. In our last report we suggested collaborative members consider whether additional training needs to be offered to build capacity for staff working on the front lines. We also suggested collaborative members consider whether the Project has (or should have) a model in mind for how front line staff should engage and work with children and families, and if staff are sufficiently trained around that vision.

Staff from each of the partner organizations have participated in training of one sort or another, all related in some way to the mission and goals of the Bridge Builders Project. A review of Project correspondence from the last service year reveals a steady stream of training opportunities offered to collaborative members by a number of organizations, many of them external to the Project.

¹¹ Historically, the partner organizations have made requests for additional staff in their yearly proposals for funding. This was the case in Service Year II and Service Year III. Only one of the partner organizations requested more staff hours in their Service Year IV proposal. We recognize that the partner organizations submitted proposals for funding with the knowledge that the Project would be operating under a reduced budget in Service Year IV, and understand this budgetary reality may have shaped the types of budgets each organization submitted. The Project's reduced budget, though, does not preclude the organizations from shaping their individual budgets with the need for increased staffing levels in mind.

Still, the training area that staff have identified as of critical importance remains largely unaddressed. At times talked about in terms of increasing the professionalism of the Project's para-professional staff and at other times described as increasing the level of support offered to community residents working on the ground, the need for training for the Project's parent advocate staff has been identified by a number of agencies, in both Service Year III and Service Year IV proposals. More compelling than the professionals' perception that the Project's parent advocate staff would benefit from additional training is the *parent advocates'* call for additional training. Specifically, the parent advocates engaged in the provision of casework services have identified the need for training that will address (1) the complexities of negotiating relationships with neighbors in their role as formal helpers, and (2) managing their personal reactions to their clients' problems, particularly when those problems mirror struggles the parent advocates themselves have confronted.

A review of the agreements reached between the partner organizations and the donors' collaborative reveals that, in fact, a number of organizations were slated to provide training specific to the unique professional needs of para-professional staff during Service Year III. Perhaps because of this – because no one, single organization was given the responsibility of organizing training for the Project's parent advocate staff – the training never came to pass. It may also be a function of the supply/demand issue raised above. That is, to the extent that demand for services either meets or outstrips supply, staff working in these organizations may have had to make a choice between meeting the needs of as many clients as possible and organizing a training program for Project staff.

Capacity for Participation

The evaluation team and collaborative members alike have spent a fair amount of time deliberating the matter of community resident or parent involvement in the Project. It is at the crux of the Project's mission statement, and has become so integral to the work of the Project that each organization receiving funding from the Bridge Builders Project is now asked to submit a "Consumer Participation Plan" along with their proposals for funding.¹²

¹² In the first half of Service Year III, a group of collaborative members came together to establish a formal definition of "parent," so there would be some uniformity with respect to how Project partners go about the business of engaging and involving parents in the Project's work. Per this group of collaborative members, the Project seeks to involve "parents" who meet the following criteria: "an adult who has first hand life experience with the challenges of raising a child or children in Highbridge, possibly including but not limited to public child welfare system involvement." Nowhere in this definition is mention made of parents necessarily being consumers of services, keeping in mind that for most parents, involvement with the child

Over the last few months, as we talked with collaborative members about community residents' participation in the Project, we focused on two central questions. First we asked about the extent to which community residents serve in leadership roles in the Project. We address our findings with respect to this question in a later section on Project management. We then asked how, if at all, the Bridge Builders Project is working to increase community residents' capacity for meaningful participation in the Project. Responses to this question clustered into two groups of roughly equal size. One group of respondents reported the Project is doing "nothing" or "not enough" to build the capacity of community residents to meaningfully participate in the Project. A second group of respondents reported the Project helps to build community residents' capacity simply by providing community residents with opportunities to participate in Project business (i.e. the Executive Committee, other sub-committees).

This is not to say the Project has not offered any specific skill-building opportunities to community residents. For example, two partner organizations offer comprehensive training programs that focus on teaching participants the fundamentals of New York City's child welfare system and how to navigate and advocate for parents involved with that system. This type of training is highly relevant for the Bridge Builders Project. These training programs have also helped a number of parents from the Project's target area secure gainful employment, in organizations within and external to the collaborative.

Still, the question is about how the Project is building capacity within the population of Highbridge parents, given the goal of turning the Project into a truly community-run initiative. Indeed, research suggests that building enough capacity among community residents for them to "take on technical roles alongside (and eventually in lieu of) outside professionals may lead to more sustainable change - if there are sufficient incentives for these residents to continue working in the community."¹³ This means that training for community residents needs to be specific to taking on the kinds of roles it is hoped community residents will take on in the future. It also means being strategic about what kind of trainings are offered, to whom they are offered, and how that training is delivered, so that community residents are prepared for the job ahead.

welfare system is not a choice made as a consumer of services; rather, it is a service arrangement entered into involuntarily. Since the formal definition of "parent" was established, the conversation about "parent involvement" in the Project seems to have morphed to some extent, with the term "consumer" at times acting as a substitute for the word "parent." We are not sure if the substitution is intentional.

¹³ Chaskin, R.J. Lessons Learned From the Implementation of the Neighborhood and Family Initiative: A Summary of Findings. Chicago, IL: Chapin Hall Center for Children, 2001.

Outcomes Since Implementation

The Bridge Builders Project was established to improve outcomes for the children and families of Highbridge by changing the breadth and depth of services offered to local residents. The changes, which enhance and expand the network of available services, include legal services, family support services, diversion services, and services designed to empower families and youth. The evolving service network has been the primary focus of three prior implementation studies, including a section devoted to the third program year found in this year's report. The focus of this report now turns to the outcomes.

Outcomes and Measures

The outcomes used to assess the Project's impact and their connection to the primary service strategies were outlined in the original planning documents. The outcomes are:¹⁴

- Reduce the rate of reported child maltreatment and the rate of repeat maltreatment (recurrence);
- Reduce admissions to foster care;
- Reduce the amount of time children spend in foster care; and,
- Reduce the rate of reentry into the foster care system.¹⁵

Our analysis traces the likely impact of the Bridge Builders Project on these outcomes. As described in the Interim Baseline Report prepared at the end of the second program year, we use a historical, comparative approach to assess the Bridge Builders Project.¹⁶ The approach is historical in that we examine outcomes for children from the Project's target area for the five years prior to the start of the project. The approach is comparative in the sense that we also study the experience of children from three matched communities to determine whether trends in Highbridge are unique to the target area or common to other, similar areas.

¹⁴ For a description of the outcomes in relation to the primary program strategies or components, please refer to the Interim Progress Report for the first program year.

¹⁵ Reentry data are not presented in this report. The primary reason for this has to do with the fact that too little time has passed to observe reentry patterns for children discharged during the 2 year period when the Bridge Builders Project was operational (2004 and 2005). These data will be covered in the 2007 report.

¹⁶ A description of how the comparison sites were selected is found in the Interim Baseline Report.

The outcomes are relatively straightforward. To assess how maltreatment has changed, we use three interrelated measures: the reporting rate, the substantiation rate, and the victimization rate. The reporting rate is the number of maltreatment reports received divided by the number of children living in the Project's target area. Population counts are based on the 2000 U.S. census and estimates for each successive year. These estimates were created using a simple interpolation based on the 2000 census counts and census estimates provided by Claritas, a commercial provider of census data. The count of maltreatment reports is based on the first maltreatment report per child in the given year. The reporting rate is the number of children reported per 1,000 children in the local population. The substantiation rate is the proportion of maltreatment reports that were indicated. Indicated reports are those that are found to have credible evidence that some form of maltreatment did occur. The victimization rate is the number of children who were the subject of an indicated maltreatment report per 1,000 children in the local population. Each subsequent indicator is based on the original maltreatment report in the year and is connected to unique children.

Maltreatment recurrence refers to children who were subject to an indicated maltreatment following a prior indicated maltreatment report. Because subsequent maltreatment reports often take years to observe, we have used a six-month observation window to standardize the period during which a subsequent maltreatment report occurs. A child who is the subject of an indicated maltreatment report is followed for six months to determine whether a subsequent indicated report is observed. The recurrence rate is measured as the proportion of children with a second indicated maltreatment report within six months of a prior indicated report.

We use two measures to track the placement of children in foster care. Foster care placement rates are calculated by dividing the number of children placed by the number of resident children. Foster care placements are counted in the same manner as maltreatment reports. A child's first placement within a given timeframe is counted; a subsequent admission is counted as a reentry to care and included in the reentry rate. Placement duration is measured as the likelihood of exit within 12 months. We use a truncated observation period in order to standardize the window of observation across multiple cohorts of children.

We use these measures to assess whether the Project has had its intended impact within its first two years of operation. We mention this for two reasons. First, we want to isolate the impact of the program to those children served during a time when an effect attributable to the Project is plausible. By agreement, the date of Project implementation was pegged as April 1, 2004. Prior

to that time, the Project was in its planning phase and the service capacity had yet to reach a critical mass. After April 1, 2004, Project participants generally agreed that services to families were being provided at a meaningful level. Second, it is difficult to put in place programs that change outcomes for at-risk children. In our judgment, notwithstanding the very significant progress made thus far, two years is still a relatively brief period of time within which to mount programs and interventions that alter outcomes for children and their families.

Context

It is important to remember that Bridge Builders operates within the broader context of New York City. As such, policies and programs that are used to guide the City's child welfare system as a whole have a potentially significant impact on what happens in smaller communities within the city. For example, official ACS statistics point to a 5.8 percent decline in the number of children involved in maltreatment reports in the year leading up to the start of the Project. The foster care population was also trending downward. When the Project started in April 2004, the foster care population stood at 20,149, a decline of more than 8 percent from July 2003. By December 2005, a period that coincides with the Project's initial implementation, the foster care population had fallen an additional 21 percent, to 15,877.

Equally important, events that happen in one part of the City reverberate through all of the boroughs. In late December 2005 and January 2006, a number of fatalities drew widespread attention to New York City's child welfare system. As a consequence, maltreatment reports increased from 4,337 in December 2005 to 7,775 one month later, an increase of nearly 80 percent. Over the same period, the foster care population increased from 15,877 to 16,202. Since early 2006, the number of reports citywide has stabilized and the foster care population has started to fall again.

We mention these events for obvious reasons. Highbridge is not and was not immune from the systemic influences affecting the city as a whole. The data presented below reveal trends and patterns that are quite consistent with what is known to have happened throughout New York City. As such, the task of isolating the impact of Bridge Builders on the children and families living in the target areas is that much more difficult. During the period when trends were moving in a favorable direction (i.e., lower maltreatment rates, fewer children placed in foster care), the question for the evaluation is: How did Highbridge stand out? During the period when trends were moving in a less favorable direction (i.e., increased maltreatment rates, more children placed in foster care), the question remains: How did Highbridge stand out? However, the shifting

context across New York City requires a more complicated response. Did the Project in Highbridge accelerate the rate of improvement when system-wide changes were generally positive? Similarly, how did the Project influence outcomes during the period when maltreatment reports were increasing and placements were rising? We address these questions in the sections that follow.

Safety

The child welfare system is designed to promote child safety. The basic indicator of child safety is maltreatment and the number of maltreatment reports is a fundamental, if imperfect indicator of child safety. In this section, we examine data in an effort to determine whether the services provided by the Bridge Builders Project had an observable impact on the number of children from the target area who were the subject of a maltreatment report.

Reports of maltreatment are an imperfect way to measure child safety for several reasons. First, not all incidents of child maltreatment are reported. Moreover, reporting of maltreatment is to some extent subjective. Over time, community norms, changes in reporting laws, and other contextual factors influence if and when a report is filed. Nevertheless, maltreatment reports provide a useful way to capture how many children (and their families) come to the attention of the child welfare system.

Reports of maltreatment are investigated by the Administration for Children's Services. Based on the evidence gathered during the investigation, reports of maltreatment are either indicated or not. Indicated reports are those reports where the investigators found credible evidence that some form of maltreatment did occur. Reports of maltreatment, regardless of disposition, may result in a service referral (e.g., mandated preventive services), placement in foster care, or no further action. Recurrence of maltreatment occurs when a child who was previously known to the child welfare agency because of an indicated maltreatment report is reported again and the subsequent report is also indicated.

Maltreatment Reports

The number of maltreatment reports involving children living in the target area and the three comparisons sites are reported in Table 1. The data displayed show the number of children reported in each year, regardless of prior history. Children reported for a second time in the same calendar year are counted only once.

The data portray a reporting pattern that is broadly consistent with trends observed for the City as a whole. From 2000 through 2002, the number of children reported each year for maltreatment increased. In 2003, children reported in the four community areas dropped below the level reported in the prior year. Reports continued to decline in 2004, the first program year. The number of children reported for maltreatment jumped by almost 10 percent in 2005.

Highbridge stands out in this context in that in the year leading up to the start of the Project (2003), reports in Highbridge increased by nearly 15 percent over the previous year. This parallels an increase in the other community areas that was recorded in 2002. The timing of the increase likely represents local variation in reporting as opposed to differences in the underlying risk within the communities themselves.

During the first program year the number of children from Highbridge reported for maltreatment dropped by almost 9 percent, a change in the number of reports that was in-line with the change in the number of reports in University Heights 2. In the other comparison sites, the number of children reported increased by 1.7 percent (Morissania) and 12.8 percent in University Heights 1.

Table 1: Number of Children Reported for Maltreatment by Community Area and Year: 2000 - 2006

Indicator and Community Area	2000	2001	2002	2003	2004	2005
Children Reported	1,339	1,415	1,459	1,351	1,337	1,470
Highbridge	356	373	342	393	359	405
Morissania	361	397	372	343	349	418
University Hts. 1	332	360	429	320	361	358
University Hts. 2	290	285	316	295	268	289
Percent Change	NA	5.7%	3.1%	-7.4%	-1.0%	9.9%
Highbridge	NA	4.8%	-8.3%	14.9%	-8.7%	12.8%
Morissania	NA	10.0%	-6.3%	-7.8%	1.7%	19.8%
University Hts. 1	NA	8.4%	19.2%	-25.4%	12.8%	-0.8%
University Hts. 2	NA	-1.7%	10.9%	-6.6%	-9.2%	7.8%
Maltreatment Report Rate	48.8	52.0	54.0	50.4	50.2	55.7
Highbridge	49.8	51.9	47.4	54.2	49.2	55.2
Morissania	48.6	54.1	51.2	47.7	49.1	59.5
University Hts. 1	45.5	50.0	60.4	45.6	52.2	52.5
University Hts. 2	52.2	51.9	58.3	55.1	50.7	55.3
Percent Change	NA	6.5%	3.9%	-6.7%	-0.3%	10.8%
Highbridge	NA	4.2%	-8.8%	14.3%	-9.1%	12.2%
Morissania	NA	11.1%	-5.3%	-6.8%	2.9%	21.1%
University Hts. 1	NA	9.9%	20.8%	-24.4%	14.4%	0.6%
University Hts. 2	NA	-0.5%	12.2%	-5.5%	-8.0%	9.2%

The data for 2005 show an increase in the number of children reported for maltreatment over 2004 in Highbridge and two of the three comparison sites. In Highbridge, the number of children increased by almost 13 percent, an increase that was smaller than the change seen in Morissania, but greater than the change observed in University Heights 2. In University Heights 1, the number of children reported for maltreatment dropped by less than 1 percent.

Table 1 also shows the number of children reported per 1,000 children living in the designated areas, an adjustment that accounts for the number of children living in each community. Presented this way, the data reinforce what has already been reported. Net of changes in the number of children living in Highbridge, there was a real decrease in the number of children reported for maltreatment in the Project's first program year relative to 2003. During that same timeframe, the reporting rate increased in two of the three comparison sites, but dropped in the third. In University Heights 2, the drop in the reporting rate was nearly as large as the dip reported for Highbridge. Overall, the differences in the reporting rate for 2004 across the four comparison sites are not statistically different, one from the other. The same is true for 2005. That is, the reporting rate in Highbridge is within an expected range, given what was observed in prior years within Highbridge and relative to the comparison sites.

Indicated Maltreatment

The number of children whose reports were indicated is presented in Table 2. Over the six years for which data are presented, the indication rate averaged 34 percent, a figure that is in line with figures for the City as a whole. Of the four sites, the average indication rate for all years in Highbridge was comparable to the rates reported in the two University Heights comparison sites. Indication rates in Highbridge were higher during the first program year than in the years leading up to program implementation. The indication rate in Highbridge increased by roughly 20 percent between 2004 and 2005, largely in response to heightened awareness following the fatalities at the end of calendar year 2005 and the beginning of 2006. The trend between 2004 and 2005 in Highbridge was matched in Morissania and University Heights 1. The increase in substantiation rates between 2004 and 2005 was statistically significant.

Table 2: Number of Children Reported for Maltreatment, Indicated Reports, and the Indication Rate by Community Area and Year: 2000 – 2006.

Indicator and Community Area	2000	2001	2002	2003	2004	2005
Number of Reports, Total	1,339	1,415	1,459	1,351	1,337	1,470
Highbridge	356	373	342	393	359	405
Morissania	361	397	372	343	349	418
University Hts. 1	332	360	429	320	361	358
University Hts. 2	290	285	316	295	268	289
Number of Sub. Reports, Total	450	479	519	467	407	535
Highbridge	113	110	92	131	125	158
Morissania	145	176	167	136	102	160
University Hts. 1	106	100	152	111	89	116
University Hts. 2	86	93	108	89	91	101
Substantiation Rate, Total	33.6%	33.9%	35.6%	34.6%	30.4%	36.4%
Highbridge	31.7%	29.5%	26.9%	33.3%	34.8%	39.0%
Morissania	40.2%	44.3%	44.9%	39.7%	29.2%	38.3%
University Hts. 1	31.9%	27.8%	35.4%	34.7%	24.7%	32.4%
University Hts. 2	29.7%	32.6%	34.2%	30.2%	34.0%	34.9%

Child Victimization

The victimization rate measures the number of children who were the subject of an indicated maltreatment report per 1,000 resident children. As was the case with the other maltreatment data, victimization rates vary from year-to-year. For Highbridge, Morissania, and University Heights 1, the victimization rate for 2004, the first Bridge Builder program year, was lower than it was in 2003. The drop in victimization in Highbridge was 5 percent, from 18.1 per thousand to 17.1 per thousand. Between 2003 and 2004, the rate of victimization increased by 3.5 percent in University Heights 2.

During the second program year (2005), the rate of victimization increased sharply, a trend that coincides with the higher number of maltreatment reports and the higher indication rate reported earlier. For the four sites together, victimization increased by almost 33 percent. The largest increase was in Morissania (58.6%). The increase in Highbridge was smaller (25.8%), but larger than the increase in University Heights 2 (12.4%).

Table 3: Number of Maltreatment Victims, Victimization Rate and Percent Change by Community Area and Year: 2000 to 2006

Community Area	2000	2001	2002	2003	2004	2005
Number of Victims	450	479	519	467	407	535
Highbridge	113	110	92	131	125	158
Morissania	145	176	167	136	102	160
University Hts. 1	106	100	152	111	89	116
University Hts. 2	86	93	108	89	91	101
Victimization Rate	16.4	17.6	19.2	17.4	15.3	20.3
Highbridge	15.8	15.3	12.7	18.1	17.1	21.5
Morissania	19.5	24.0	23.0	18.9	14.3	22.8
University Hts. 1	14.5	13.9	21.4	15.8	12.9	17.0
University Hts. 2	15.5	16.9	19.9	16.6	17.2	19.3
Percent Change in Rate	NA	7.2%	9.2%	-9.3%	-12.2%	32.5%
Highbridge	NA	-3.2%	-16.8%	41.7%	-5.1%	25.8%
Morissania	NA	22.7%	-4.1%	-17.7%	-24.2%	58.6%
University Hts. 1	NA	-4.4%	54.1%	-26.0%	-18.7%	32.2%
University Hts. 2	NA	9.4%	17.6%	-16.6%	3.5%	12.4%

Recurrence of Maltreatment

Recurrence of maltreatment involves indicated maltreatment reports that follow a prior indicated report. Basic recurrence rates are presented in Table 4, below. The number of indicated reports differs from the number reported previously in that Table 4 includes only indicated reports for the first six months of the year. Of those reports, recurrence is based on whether a subsequent report occurred within six months of the initial report. The abbreviated observation window allows for standardized comparisons across cohorts.

The data for all four sites suggest that the average recurrence rate increased during the '04-'05 period, a time that coincides with the implementation of the Bridge Builders Project. For that period, there was an average of 216 reports during the first six months (April through September), and of those reports about 20 percent involved children for whom there was a second report within six months of the first. The comparable figure for the prior four years was just under 16 percent.

The data also suggest that the recurrence rate dipped in 2005 when compared with 2004. Overall, the recurrence rate dropped from 22.3 percent in 2004 to 16.8 percent in 2005. Highbridge contributed to the decline. From 2004 to 2005 in Highbridge, the recurrence rate dropped from 31.7 percent to 17.1 percent. Only Morissania reported a comparable decline. That said, the

recurrence rate in Highbridge is higher than it is in Morissania and University Heights 1. In Highbridge, the rate of recurrence in 2005 was comparable to levels reported in the community earlier in the comparison window.

Table 4: Number of Indicated Reports and the Recurrence Rate by Community Area and Year: 2000 to 2006.

	2000	2001	2002	2003	2004	2005	Ave. '00-'03	Ave. '04-'05
Total	241	265	259	220	224	208	246	216
Recurrence Rate	16.6%	16.2%	18.1%	15.5%	22.3%	16.8%	16.6%	19.7%
Highbridge	51	53	55	51	63	70	53	67
Recurrence Rate	17.6%	22.6%	16.4%	19.6%	31.7%	17.1%	19.0%	24.1%
Morissania,	85	91	74	72	65	57	81	61
Recurrence Rate	17.6%	11.0%	21.6%	12.5%	18.5%	10.5%	15.5%	14.8%
University Hts Grp 1	59	65	70	56	46	39	63	43
Recurrence Rate	13.6%	12.3%	17.1%	16.1%	13.0%	12.8%	14.8%	12.9%
University Hts Grp 2	46	56	60	41	50	42	51	46
Recurrence Rate	17.4%	23.2%	16.7%	14.6%	24.0%	28.6%	18.2%	26.1%

Foster Care Placement and Permanency

As a matter of public policy, public child welfare agencies and the providers that work with the public agency are charged with helping families raise their children in their own homes. In this context, foster care placement is the option of last resort. When children cannot be kept safely at home, foster care placement represents a temporary solution, until such time as the parents are able to care for their children. Placement prevention and reducing the time children spend in foster care are important outcomes for the Bridge Builders Project. Through various means, the family support services, the diversion component, and the legal services are all designed to keep children together with their parents. If children do enter foster care, the Project's services are supposed to reduce how long children spend away from their parents.

To determine whether placement trends in Highbridge have moved in a direction that is consistent with expectations, three measures of foster care utilization are provided below. The number of children placed captures the number of children admitted to foster care between 2000 and 2005. As with the maltreatment data, the placement counts are standardized using population data.

Placement

Across New York City, a sharp drop in the number of children in foster care marked the period from 2000 to 2005. Official ACS statistics for the City as a whole put the number of children in foster care in 2000 at 29,530; by 2005, that number had dropped to 18,058, a decline of 39 percent. ACS data also indicate that admissions declined even more sharply. From a high of 9,583 in 2000, admissions in the City of New York dropped nearly 50 percent, to 4,794 in 2005.

The data for Highbridge and the comparison sites follow the citywide trends overall. In the four sites combined, placements fell from 220 in 2000 to 151 in 2005, a change of 31 percent. The number of Highbridge placements declined by 27 percent, from 67 in 2000 to 47 in 2005.

Year-to-year fluctuations can be smoothed out by taking the average number of placements for the four years prior to 2004 (the first year of implementation) and comparing that figure with the average number of placements during the two years of program operations in Highbridge. These data (see Table 5) show that the average number of placements from Highbridge during the two years of program operation stood at 41, about 27 percent lower than the average number of placements recorded in the four years prior to implementation of Bridge Builders. Comparable figures for Morissania and the two University Heights comparisons sites were 17 percent, 37 percent, and 52 percent, respectively.

Table 5: Number of Children Placed and Percent Change
by Community Area and Year: 2000 to 2005

Community Area	2000	2001	2002	2003	2004	2005	Ave. '00-'03	Ave. '04-'05	% Change
Total Placements	220	236	185	198	129	151	210	140	-33.3
Highbridge	67	62	38	59	35	47	57	41	-27.4
Morissania	42	61	49	56	34	52	52	43	-17.3
University Hts. 1	37	49	58	56	27	36	50	32	-37.0
University Hts. 2	74	64	40	27	33	16	51	25	-52.2

Presented in Table 6, trends that describe the rate of placement bear out these basic patterns. Placement rates for the four community areas combined were generally lower, from 8.0 in 2000 to 5.7 in 2005. However, the number of placements per 1,000 children increased between 2004 and 2005, a pattern that tracks the general increase in the number of children entering foster care following the fatalities that occurred toward the end of 2005 and early 2006, a period covered by these data. In Highbridge, the placement rate per 1,000 children increased by 33 percent, about

the same change reported in University Heights 1 and smaller than the increase observed in Morissania.

Table 6: Placement Rate Per 1,000 Children and Percent Change by Community Area and Year: 2000 to 2005

Community Area	2000	2001	2002	2003	2004	2005
Placement Rate, total	8.0	8.7	6.8	7.4	4.8	5.7
Highbridge	9.4	8.6	5.3	8.1	4.8	6.4
Morissania	5.7	8.3	6.7	7.8	4.8	7.4
University Hts. 1	5.1	6.8	8.2	8.0	3.9	5.3
University Hts. 2	13.3	11.7	7.4	5.0	6.2	3.1
Percent Change, total	NA	8.7%	-21.8%	8.8%	-35.1%	18.8%
Highbridge	NA	-8.5%	-38.4%	52.8%	-40.7%	33.3%
Morissania	NA	45.6%	-19.3%	16.4%	-38.5%	54.2%
University Hts. 1	NA	33.3%	20.6%	-2.4%	-51.3%	35.9%
University Hts. 2	NA	-12.0%	-36.8%	-32.4%	24.0%	-50.0%

Permanency

Data that describe the likelihood a child in care at the beginning of the year will be discharged within the next 12 months are displayed in Table 7. As noted, the twelve-month observation window standardizes the observation window so that the between-cohort comparisons are more realistic. In addition, to smooth year-to-year differences, the average rate of discharge for the pre-implementation period and the post-implementation period are presented.

On average, about one-third of the children in care at the start of a given year can be expected to leave care within the next 12 months. As with other data, the likelihood of leaving care varies considerably from year-to-year. The average rate of discharge for the pre-Project years in Highbridge was just under 30 percent, a bit lower than the rate for all four areas combined. Compared with pre-implementation discharge rates, the post-implementation discharge rate in Highbridge (Average '04-'05) was higher. However, a similar pattern was observed in both of the University Heights comparison sites. Again, the data do not yet point to a strong effect on outcomes that can be attributed to the Bridge Builders Project.

Table 7. Number of Children in Care by Community Area, Discharge Status 12 Months Later, and Year: 2000 to 2005.

Community Area and Discharge Status	2000	2001	2002	2003	2004	2005	Average '00-'03	Average '04-'05
Total	800	730	645	609	510	415	696	463
Still in care 1 yr later	545	501	449	399	322	266	474	294
Exited w/in 12 mos.	255	229	196	210	188	149	223	169
Percent discharged	31.9%	31.4%	30.4%	34.5%	36.9%	35.9%	32.0%	36.4%
Highbridge, total	196	194	161	163	159	130	179	145
Still in care 1 yr later	133	131	115	117	102	88	124	95
Exited w/in 12 mos.	63	63	46	46	57	42	55	50
Percent discharged	32.1%	32.5%	28.6%	28.2%	35.8%	32.3%	30.5%	34.3%
Morissania Grp 1, total	209	171	161	166	127	114	177	121
Still in care 1 yr later	133	121	116	102	85	76	118	81
Exited w/in 12 mos.	76	50	45	64	42	38	59	40
Percent discharged	36.4%	29.2%	28.0%	38.6%	33.1%	33.3%	33.2%	33.2%
Univ. Hts Grp 1, total	190	164	136	133	118	103	156	111
Still in care 1 yr later	130	107	89	79	76	58	101	67
Exited w/in 12 mos.	60	57	47	54	42	45	55	44
Percent discharged	31.6%	34.8%	34.6%	40.6%	35.6%	43.7%	35.0%	39.4%
Univ. Hts Grp 2, total	205	201	187	147	106	68	185	87
Still in care 1 yr later	149	142	129	101	59	44	130	52
Exited w/in 12 mos.	56	59	58	46	47	24	55	36
Percent discharged	27.3%	29.4%	31.0%	31.3%	44.3%	35.3%	29.6%	40.8%

Summary

The Bridge Builder partners have made significant strides putting a coherent system of care in place. During the implementation phase, it can be said that for the children from the targeted areas of Highbridge the measured outcomes moved in a positive direction. However, it must also be said that those improvements were, more often than not, level with changes observed in the University Heights areas selected for comparison, but better than Morrisania. In other words, if the Bridge Builders Project expects to lay claim to having had an impact over and above what might have otherwise happened, work to differentiate the experience of children served by the Project remains.

We note that changes attributable to the Bridge Builders Project have *yet* to realized. From the beginning of the project, it has been our view as evaluators that once the network of services reached a point of stable operations, attention would have to turn to the task of designing

programs that draw on evidence-based interventions. By all accounts, the Project has increased the accessibility to services. Service coordination is improving. However, as we pointed out in our report following the second program year, the partners have to focus on the extent to which the services currently provided by the Project are based on what is considered “best practices” in the field. Are services family-centered, flexible, and adaptive? Are services client-driven, meeting the expressed needs of children and families? Are services intensive enough, long-lasting enough, and comprehensive enough to stabilize families in the short and long-term?

For example, in our review of parenting classes, one of the more frequently recommended services, we found that classes were offered at times that were convenient for the parents. However, we also found little consistency among the organizations providing the service. Nor did we find a concerted effort to integrate evidence-based practices within the array of services.

The challenges facing Bridge Builders are not out of line with what other programs with similar aspirations have encountered. The recent history of system of care reforms suggests that better service coordination does not necessarily improve outcomes for children. For example, Bickman (2002); Bickman, Lambert, Andrade, & Penaloza (2000); and Bickman, Noser, & Summerfelt (1999) have studied mental health systems of care (systems of care are a variant of integrated service strategies) and found that although service access improved, the outcomes for children were not better when compared with children who received services outside the system. Similarly, the evaluation of the Comprehensive Child Development Program (CCDP), a case management, home visiting model offering a range of educational, health, and social services, failed to produce positive effects consistent with the underlying theory of change (Goodson, Layzer, St. Pierre, Bernstein, & Lopez, 2000).

In sum, we note that working collaboratively is difficult work; designing services that work is just as difficult. Experience suggests that both are essential and very time consuming.

Service Year IV and Beyond: Critical Issues

As in years past, we want to spend some time talking about issues we believe to be of central importance to the functioning of the Project as a whole. With the Bridge Builders at such a critical moment in its development, that task takes on particular importance this year. We focus our discussion on three areas: service delivery, leadership, and the role of ACS in the Project moving forward. These three areas are not totally distinct; indeed, when we get into the details, we find that each one of these themes directly affects the other two.

Service Delivery

Last year we focused our comments vis-à-vis service delivery on three topics: access to services, service utilization, and quality of services. Insofar as those issues remain, this year we expand the discussion and focus on service supply and demand, concentrating on those services collaborative members reported to be in highest demand, and the extent to which those services are readily available to clients. We also offer comments on what collaborative members think about the programs and services offered by the Project, focusing on those services collaborative members consider the most valuable. Finally, we address the question of what collaborative members feel the Project's top service-related priorities should be going forward.¹⁷

Supply and Demand

Towards the end of Service Year III we distributed surveys to individuals from each of the Bridge Builders' funded partners who work directly with the Project. Thirty-five surveys were distributed to staff working at all levels (Executive Directors, para-professionals, social workers, attorneys, etc). Of these 35 surveys, 22 were completed and returned to the evaluators.¹⁸ Sixteen of the respondents work in direct service roles, and were able to respond to our questions about demand for services and service availability. What can be gleaned from their responses follows.

In certain areas, survey responses mirrored what we have learned from other data sources (i.e. focus group, in-depth interviews). Peer support services, intensive family preservation services, and housing are in high demand. Adult and children's mental health services, housing, and job training/employment services are also reported to be in scarce supply. In other areas, though, the findings were somewhat surprising. For example, although Project staff have persistently emphasized the need for more mental health services, only half of those responding to our questions about service demand indicated that either "more than half" or "all or nearly all" of their

¹⁷ We want to make clear that we are not simply adding on to the list of concerns with respect to service delivery. Although the problems related to access to services, utilization of services, and service quality have not been entirely resolved, meaningful progress has been made. For example, another foundation recently joined the donors' collaborative providing support to the Project, and has asked that their funds go specifically to increasing the supply of mental health services in Highbridge. Further, the Project's computerized tracking system is positioned to become a useful tool for tracking service utilization. There is, of course, still work to be done. Yet like the functioning of the Project's Executive Committee and the matter of interagency communication, these issues related to service delivery will need ongoing attention as time goes on, rather than being discrete "problems" that can be summarily resolved.

¹⁸ We asked survey respondents to identify the role they play in their organization. We received 9 surveys from para-professional staff; 3 surveys from professional staff; 4 surveys from middle managers; 2 surveys from senior managers; and, 3 surveys from Executive Directors.

clients required mental health services. The other half indicated that either "none" or "just a few" of their clients required mental health services. Similarly, although collaborative members have talked for some time now about the community's need for substance abuse services, most respondents indicated that either "none" or "just a few" of their clients require substance abuse services.¹⁹

We attribute these seemingly contradictory findings, at least in part, to the small sample from which these findings were drawn. In fact, the sample is simply too small to allow us to say anything conclusive about service supply and demand in Highbridge. But the data do suggest that the Project could benefit from an internal mechanism that enables collaborative members to keep track of issues related to service supply and demand, so that the Project can better match the supply of certain services with the demand for those services.

Most Valued Services

During our in-depth interviews, we asked collaborative members to tell us which of the Project's programs and services they consider the most valuable at this point in time. Among the list of responses, three of the Project services stood out: legal services, preventive services, and the Project's school-based work. That these three services in particular – legal services, preventive services, and the Project's school-based work – stand out in the minds of collaborative members is encouraging. It speaks to the extent to which collaborative members are organizing their work around the Project's core child welfare outcomes, as each of these services is directly connected to at least two of the four core outcomes of interest.

These services also speak, though, to the broader goals of strengthening the community and empowering families, of making the child welfare system a more just system – a value underscored in the Project's mission statement. The focus on the school-based work and preventive services speaks to the promise of early intervention, of supporting families before problems become crises. The identification of legal services as particularly valuable speaks to the power of leveling the playing field, by providing cutting-edge legal representation to traditionally disempowered parents. All three services rely on the efforts of smart, well-connected, empathic professionals and parent advocates to engage, assist, and uplift families in need.

¹⁹ We want to emphasize again the very small sample upon which these findings are based. Moreover, 9 of the 16 direct-service respondents are para-professional staff, who may not be sufficiently trained to identify mental health or substance abuse problems.

Top Priorities

We also asked collaborative members to tell us what they think the Project's top service-related priorities should be going forward, including those that may not currently be a part of the Project's complement of services. Two services stood out amongst the others. Again collaborative members talked about the importance of – and need for additional – preventive services for their clients. Collaborative members also talked about the need for high quality, reliable mental health services, including individual counseling for children and adults, family therapy, and outpatient adult psychiatric services.

On the one hand, the focus on mental health services as a top-priority for the Project comes as no surprise. In our first two interim progress reports we noted that despite demand, mental health services continue to be in limited supply in Highbridge. To be sure, the need to further develop the community's capacity to provide a range of mental health services to families surfaces from time-to-time in meetings of the collaborative. On the other hand, data from surveys distributed towards the end of Service Year III contradict what we are hearing from collaborative members, both informally and within the context of our formal, in-depth interviews. As noted above, only half of survey respondents indicated that "more than half" or "nearly all" of their clients require mental health services. What we have then is two versions of reality, both of which cannot be true at the same time. Where the truth lies is an important question to answer.²⁰

The focus on preventive services, however, is a bit more interesting. We noted above that collaborative members see preventive services as one of the more valuable services the Project currently has to offer. We note here that collaborative members feel resources should be dedicated to securing more preventive services for families. What is interesting about this is that a considerable focus of the Project is the provision of informal, peer-led, preventive services. What collaborative members seem to be after, though, are traditional preventive services akin to those provided by ACS-contracted agencies.

There are a number of reasons why collaborative members think the addition of preventive service slots should be a top priority for the Project. The first reason relates to our earlier discussion of staff capacity. It could be that direct service staff working for the Project are working with families whose problems are at a level of intensity that exceeds staff's capacity to

²⁰ We recently learned of the Oak Foundation's intent to fund a mental health program in the Highbridge community. The details of this program are as yet undisclosed, but the commitment of funds in this direction is certainly a positive development step.

manage those situations. Second, collaborative members' experience may be that ACS-contracted preventive service workers are able to connect families with needed services more quickly or more reliably than collaborative members can. Third, it is possible that collaborative members – and the organizations for which they work - feel more comfortable with particularly vulnerable, high-need families being served by ACS, where additional layers of monitoring and accountability are in place.

It may be worth collaborative members fleshing out for themselves why they think it so important to secure more preventive service slots for their clients. Such a conversation may bring to light aspects of the preventive services program that could be imported into the Project's service design. It may also be an opportunity for Project staff to identify how they think preventive services "as is" could be modified so that they better fit the Project's values around service design and delivery. This way, whatever increase in preventive service capacity results reflects collaborative members' best thinking as to what their clients need and how those needs are best met.

Project Management

We dedicate a section of this report to the matter of Project management because as the Project prepares to transition to a more community-sustained entity, the current leadership structure will necessarily change to accommodate that shift. It is important to understand current processes as they relate to the management of the Project, so that as collaborative members plan for the future, they can chart a course that appreciates where they have been – an appreciation that will help them shape the future that best suits their goals.

Decision-Making

We addressed the matter of Project-wide decision making last year, largely in the context of the structure and functioning of the Project's Executive Committee. This year we took that frame away and asked collaborative members to talk to us about how high-level decisions are made for the Project. The vast majority of those interviewed reported that high-level decisions are made for the Project without input from collaborative members. In fact, only one respondent reported that high-level decisions are made collaboratively. Indeed, collaborative members still report that, like last year, the Project's external leaders have considerable influence in the Project's affairs, in terms of policy setting as well as day-to-day operations.

What is interesting, though, is that of those collaborative members who spoke to the level of control exercised by the Project's external leaders, about half reported that their involvement is still useful, and that the Project is not yet ready to operate without their oversight. From our perspective, it might be useful to the collaborative to think about this finding from a skill-building perspective. For instance, collaborative members identified a range of people they feel are currently left out of Project-wide decision making, such as those working "on the ground," the Executive Directors of the partner organizations, voting members of the Executive Committee, and community residents. Further, nearly half of those interviewed also feel that it "would not be a good idea" for the Project to try and manage common fiscal resources of their own. However, if collaborative members were more involved in making decisions for the Project, if they had greater opportunities to practice the skills necessary for high-level collaborative decision-making and fiscal management, they might feel differently about the extent to which they need the kind of external leadership currently in place.

Leadership

The question of who comprises the current leadership of the Project is one area where we found near total consensus. As far as collaborative members are concerned, the Project Director, together with the two representatives from the donors' collaborative, are the leaders of the Bridge Builders Project.²¹ The consensus breaks down, though, when it comes to what collaborative members feel would be the ideal leadership structure for the Project going forward. The current model still appeals to a fair number of collaborative members: that of a Project Director coordinating the various facets of the Project and two Executive Committee co-chairs overseeing the Project's governance structure. But a larger number of collaborative members are looking for a leadership structure that is more inclusive. Some collaborative members focused on the need to include more of the "on the ground" workers. Others honed in on the need to bring the Executive Directors of each of the partner organizations into the management of the Project, while still others concentrated on the matter of involving community residents in leadership roles.

This lack of consensus on how the Project should be led is likely related to two other findings that emerged from our in-depth interviews. First, when asked to tell us what concerns them about the Project at this point in time, the responses clustered in two general areas: concerns about the quality of collaboration between partners, and concerns about the uncertainty of the Project in the

²¹ A smaller, but still substantial, group of respondents also identified the Executive Committee co-chairs as members of the Project's leadership group.

future.²² Second, when asked to talk about the kind of leadership structure they see for the Project three-to-five years from now, again we found two response clusters: those who could not answer the question and those who doubted the Project would still be in existence three-to-five years from now.

What we have, then, is a situation where collaborative members feel excluded from decision-making that affects their future and uncertain about how that future is shaping up. Collaborative members seem to be having a hard time wrapping their heads around the future look of the Project because the collaborative process is not yet refined enough to allow for deliberation as to the preferred approach to Project leadership, both now and in the future. Collaborative members may not be invested in working towards those potentially tough conversations because of their uncertainty around the future of their work together.

That said, an exit strategy for the Project's external leaders is currently under construction. To date, conversations about the transition to community administration and control of the Project have not been as inclusive as perhaps they could be. We recently learned of, and find encouraging, plans currently being made for the Project's technical assistants to help facilitate this conversation, to ensure a broad range of participants and a decision-making process that is inclusive, transparent, and responsive to local concerns.²³

Community Residents as Leaders

We addressed the matter of capacity building for community residents above in our discussion of Project implementation during Service Year III. We come back to the issue of community resident involvement in the Project here because capacity building for community residents is

²² An interesting finding emerged from our in-depth interviews. A considerable number of collaborative members mentioned the poor quality of collaboration between partners as one of their outstanding concerns about the Project at this point in time. When asked about Project highlights over the past six-to-twelve months, many of these same individuals went on to talk about the significant improvements they've noticed in the quality of collaboration between Project partners. It seems, then, that collaborative members are acknowledging the progress that has been made, while noting the work left to be done. Although we have mentioned this before, clearly it bears mentioning again: the issue of collaboration is a complicated one.

²³ Although it may go without saying, it will also be of vital importance that these future conversations about the transition from the Project's current administrative structure to one that is more community-driven be truly *collaborative* conversations. Here we are thinking largely about the notion of empowerment. Lasker and Weiss (2003) wisely point out that "individual empowerment is a product of the collaborative process. It is not something that powerful participants give to other participants" (Lasker, R.D. & Weiss, E.S. (2003). Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 80(1), p. 23.).

useful to the extent that opportunities exist for those residents to take leadership roles in the Project where they can hone their new skills. We asked collaborative members to tell us about the extent to which community residents have taken on leadership roles in the Project. Two distinct groups of roughly equal size emerged. The first group reported that community residents have not assumed leadership roles in the Project sufficiently. The second group pointed to the six voting seats on the Executive Committee designated for community residents not affiliated with any of the partner organizations as evidence of the way in which community residents are assuming leadership roles in the Project.

Much in line with our discussion about parent involvement in last year's report, it seems to boil down, at least in part, to the need to better define our terms. While some respondents understand "leadership" to mean having *actual* influence in policy setting, governance, and program design, others understand "leadership" to mean having *the potential* for influence in these arenas. Whereas some collaborative members see community residents at the table and think "meaningful involvement" has been achieved, others suspend their judgment, choosing to wait and see *what happens* at that table: whose voices are heard, which opinions dominate, and so on.

Although our analysis may seem simple, the implications for the collaborative are not so. That discussions of parent involvement in the Project continue to be marked by ambiguity is most certainly an indication of how complex these conversations can be. It may also be an indication, though, that collaborative members are not having these difficult, potentially thorny conversations enough.

For instance, a meeting took place in the first half of this past service year that directly addressed the matter of parent involvement in the Project. This was by many accounts a productive meeting, where a number of important issues were raised: how the Project defines "parent" when it talks about the issue of "parent involvement"; how parents should be included on the Board of Directors in each of the partner organizations; and, how the Project can provide additional opportunities for parents' voices to be heard. Several suggestions were made as to how parents might become more deeply involved in the Project, including increased advocacy for the inclusion of parents on agencies' Boards of Directors; dedicating time at each Executive Committee meeting for comments from parents and other community residents; the creation of a parent advisory council; and, considering how the Project will work collaboratively with established, grassroots community councils in Highbridge.

To date, there has been very little advancement on any of these suggestions. Likewise, there has been no follow-up meeting where collaborative members can discuss what progress has been made vis-à-vis parent involvement in the Project, and strategize how to move the situation closer to an established ideal. Given the profundity of the shift in thinking and practice for which some collaborative members are advocating, this kind of fits-and-starts movement is not surprising. Increasing the rate of progress in this area could simply be a matter of identifying collaborative members who are ready and willing to take this issue on, to keep the conversations going and see that progress gets made.

Role of the Administration for Children's Services

The Bridge Builders Project was created to improve the child welfare system such that one geographically defined area – three census tracts within the Highbridge community of the Bronx, NY – would experience improved outcomes with respect to the safety and well-being of the children and families who live there. Indeed, the Project's framers believed that the Bridge Builders model would bring children and families not only improved outcomes, but "greater justice" in their dealings with helping professionals from within and without the city's public child welfare system (Bridge Builders Project Mission Statement, 2004).

Over time, ACS has played an increasing role in Project affairs, from an informal participant on Project working groups and committees to formal membership on the donors' collaborative to a collaborator on the design of the Highbridge-based Placement Decision Making pilot program. In fact, the message over the last two service years of the Bridge Builders Project has been that formal (i.e. financial) support for the Project by ACS will be necessary in order for the Project to sustain itself in years to come. With the launching of ACS' Community Partnerships Initiative in the near future, the Project will have its first opportunity to alter the balance of its funding structure, from 100% private, foundation money to a mix of private and public funding.

Still, children and families' perception of change and of greater justice in the child welfare system will be influenced more (and more readily) by their on-the-ground experience of how ACS works with community-based helpers than by macro-level policy shifts. At this point, it is difficult to talk about how the Project will interact with ACS at the direct service level in the future, as we have had little opportunity to observe Project staff interacting with ACS staff. By many accounts, over the past six-to-eight months ACS has been largely absent from the Project in terms of their participation on the Executive Committee, in working groups, and other components of the Project's daily operations. Despite this, most collaborative members have a sense that ACS will

be more formally connected to the Project down the line, likely as a partial funder. The details of this involvement are unclear, though, as most collaborative members reported they are uninvolved in determining the shape of ACS' role in the Project down the line.

However, the majority of collaborative members do want to see ACS involved in the Project. Although little consensus emerged as to how ACS should be involved, the range of responses speaks to the many opportunities collaborative members see in working hand-in-hand with ACS. From helping Project staff better connect families to needed services and resources to using the Bridge Builders Project as a resource for families whose problems rise to the level of investigation but not to the level of state intervention, most collaborative members are in favor of establishing a formal working relationship with ACS.

This enthusiasm for working alongside ACS is not absolute, though. There are still those collaborative members who have serious concerns about the impact a formal relationship with ACS will have on their credibility in the community, given the community's fear of and history with the public child welfare agency. Still other collaborative members wonder how a Project funded, even in part, by ACS will be able to continue to provide the range of services currently offered, such as legal services for parents under investigation by ACS.

The next few months should bring increased clarity on the issue of the Project's future relationship with ACS. ACS is about to formally roll out its Community Partnership Initiative (CPI), which begins with the selection of three collaboratives to serve as pilot programs. The leaders of the Bridge Builders Project have declared their intent to apply to serve as one of these pilot collaboratives. Whether the Bridge Builders Project is awarded the CPI and what the collaborative's experience of the CPI is will have much to do with the future shape of the Bridge Builders Project.

Concluding Thoughts

Over the past three years we have continually come back to the idea, indeed, the expectation, that collaborative-based endeavors such as the Bridge Builders Project will evolve and mature over time. Thus far our discussion of the Project's evolution has emphasized the evolving nature of the process of collaboration, focusing on such themes as collaborative decision-making, inter-organizational communication, and governance, to name but a few. Over the past two years we have come to understand that this evolutionary process extends beyond mere collaborative processes and into more conceptual arenas, such as discussions around and approaches to parent

involvement in the Project; collaborative members' thinking about how Project success will be measured; and, the organizing framework of the Bridge Builders model. We touch on each of these, below.

We noted above that at the very least the language used in conversations about parent involvement in the Project has shifted some, so that terms like "parent," "community resident," and "consumer" are used interchangeably. That the discourse around a topic as pivotal as how community members are involved in a community-based initiative focused on the safety and well-being of their children and families has evolved over time is unavoidable. Yet we think it important to underscore that in a community based program, you have residents, you have consumers, and you have parents. Theoretically speaking, parents are always a part of the resident set, but not always a member of the consumer set. The opposite argument holds as well: consumers are always a part of the resident set, but not always a part of the parent set. In both cases, the overarching category is that of community resident, without regard to consumers or parents as categories. We raise this point because the interests of these three sets are not necessarily going to be the same. Which set or sets the Project decides to engage most vigorously will likely have major implications for the approaches taken in this regard.

We have also witnessed an evolution of sorts around the issue of Project outcomes. Our in-depth interviews over the past year revealed that while a number of collaborative members readily identify the four core statistical outcomes as the basis for how the Project's success will be measured, just as many collaborative members pointed to broader goals such as overall community well-being, community change, and capacity building within the community. While it is understandable that as staff become increasingly embedded in the community their commitment to the community becomes deeper and broader in scope, this shift in perspective may make it more difficult to focus their efforts on affecting change along the Project's original outcomes of interest.

Lastly, and perhaps most importantly, the organizing framework for the Project seems to be in the midst of an evolutionary shift. We are at a point where Project's roots in the community have become firmly implanted, more service providers have joined the Project's effort, and the policy landscape has begun to shift with the onset of ACS' Community Partnership Initiative. It bears asking the very fundamental question, what was the original intent and purpose of the Bridge Builders Project and what has the Project become? Is the Bridge Builders Project a community leadership model? Is it a model of coalition building in a geographically defined community?

Or, is the Bridge Builders Project a model of best practices with respect to affecting child welfare outcomes for children and families? In many respects, the answer to this last question could be the key to how the Project focuses its efforts and resources in the coming years.